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

EUROPEAN REPORT

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October 2012

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1. Introduction

1.1 Background and terms of reference

The progress made by many Member States across the EU in introducing positive actions aimed at enhancing the inclusion of people with disabilities slowed and faltered with the onset of the economic crisis in 2008. Since the onset, concerns have been raised by all interested parties that people with disabilities should not be required to pay for the consequences of the economic crisis, not only in terms of increased unemployment but also in terms of reduced income supports, cuts to disability services and withdrawal of resources from disability representative organisations. **A major consequence of such developments is that progress on the rights of people with disabilities as laid out in the UN Convention on the Rights of Persons with Disabilities (UNCRPD) is being put in jeopardy.**

This study set out to examine the evidence at both European and national level of the effect of the economic crisis, and its consequences in terms of austerity measures, on the rights and status of people with disabilities. In particular, it focused on the impact on the delivery of social services and income supports and allowances particularly aimed at people with disabilities. The scope of the study included employment and vocational training measures; inclusive education mechanisms; health and social care services; accessibility, personal assistance and independent living supports; and progress in the promotion and protection of disability rights. Evidence was gathered through a review of European reports and statistics and through six country reports compiled by national correspondents on the basis of documentary evidence and interviews with representatives of people with disabilities, services providers and funders. The UNCRPD and particularly Article 4 provided a framework for synthesising the results of the European and national studies.

The approach adopted involved the production of a European Background Report as an intermediary deliverable which informed the development of a set of templates upon which national correspondents based their documentary research and interviews and structured the national reports The countries included in the study were Greece, Hungary, Ireland, Portugal, Spain and the UK.

The background report presented the results of desk research based on available information sources and databases that contained comparative data on the theme, notably the MISSOC Labour Force Survey and the EU Survey of Income and Living Conditions. The report focused primarily on cash assistance and services but also adopted a wider perspective on progress towards the implementation of UNCRPD. Based on the findings of the background report, guidelines were drafted for the national correspondents. These were accompanied by three semi structured questionnaires designed to capture the views of local authorities or funding agencies, representative organisations of people with disabilities and services providers. National correspondents were required to carry out between two and three interviews with representatives from each of the stakeholder groups.

This report reflects both the findings of the European Background Report and the more in-depth and concrete information from the national reports. The report presents a synthesis of the data gathered at European level and supports this with additional findings extracted from the country studies. Information derived from the country reports prepared for this study is not explicitly referenced in the footnotes. Where concrete examples are presented of how the crisis directly impacted on the lives of people with disabilities, in other countries not surveyed, the appropriate sources are referenced.

1.2 Definition of ‘austerity measures’

Most of the countries in the European Union (EU) went, or are going through, a review of their public spending following the economic and financial crisis which started in 2008/2009, which continues to affect European economies today and will most probably do so in the years to come. Many national governments have adopted budget cuts, or are currently in the process of doing so, in order to contain growing public national debts and to anticipate low economic growth. When public spending cuts are at stake, sectors such as social protection (where the pension and health insurance sectors represent the most costly areas), social services, health care and education are the most likely candidates for reductions.

From a fiscal perspective, since 2010, the EU has embarked on a new far-reaching and integrated surveillance system of the Member States. The EU is more than ever closely monitoring the economic performance of the Member States through the stability and convergence programmes while at the same time closely watching how Member States perform in relation to the new Europe 2020 strategy. In this respect, the European Commission has issued clear recommendations addressing the Member States on both their economic policies (including national public debts) and on their National Reform Programmes in which Member States have committed to contribute to the European wide headline targets.

Data analysis and interviews carried out for the background study and the country reports revealed that the impact of the economic crisis on the social sector substantially differs between countries, with some Member States (e.g. Germany, Austria, Scandinavia) facing, at least for the time being, rather fewer budget cuts in social benefits and social services. In four of the countries surveyed for this report it was clear that changes in the social sector directly resulted from austerity measures. This was the case in Greece, Ireland, Spain and Portugal. In the other two countries, Hungary and the UK, the changes identified reflected reforms of their social security and social protection systems. Underpinning these reforms were the need for modernisation and the containment of long term pension costs. **The disability sector is a particular focus of such reforms.**

1.3 Approach and methodology

There have been significant developments in the disability sector at national and international levels over the past twenty years. A particularly significant milestone in this was the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which entered into force on 3 May 2008. To date 119 countries have ratified the Convention and 72 have ratified its Optional Protocol which means that the UNCRPD has been integrated into their national legislation. The UNCRPD defines persons with disabilities as those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Article 1).

This construal of disability has been embraced by the EU, which ratified the UNCRPD in December 2010, and is reflected in a broadening of perspective from disability as a factor in social exclusion requiring specialised services and supports to include disability as a civil rights issue in which impairment is conceived as an individual difference similar to gender or ethnicity that can result in discrimination and the denial of rights.

The EU addresses disability through a set of parallel strands of action. On the one hand, within the EURO 2020, the Integrated Guidelines for Growth and Jobs and the ESF regulations, people with disabilities have been mainstreamed as a priority group along with other groups that are vulnerable in the labour market. On the other hand, the EU is committed to promoting the rights of people with disabilities to full participation in society.

The annex to the Integrated Guidelines for Growth and Employment specified that particular attention must be paid to significantly reducing employment gaps for people at a disadvantage, including people with disabilities in line with national targets. The Guidelines also referred to other important mechanisms including individually based solutions, reasonable accommodation, corporate social responsibility, access to mainstream training and education, addressing special learning needs and creating accessible and inclusive learning opportunities.

The Communication on Situation of disabled people in the European Union: the European Action Plan 2008- 2009[1] can provide a background to this study. It reflected the European commitment to ensure that people with disabilities were able to access their rights. It highlighted the strong correlation between disability and ageing, disproportionate exclusion of persons with disabilities from the labour market and the particularly disadvantaged position of women with disabilities. **It expressed serious concern at the level of labour market exclusion of persons with disabilities, not only from the perspective of equal opportunities but also from an economic imperative to make the most of the untapped potential of disabled people.** People with learning or intellectual disabilities in the labour market were given specific mention.

It proposed a range of mechanisms which could make a difference between a person with a disability being active in the labour market and being dependent on social welfare, including creating new jobs (e.g. to meet the increasing demands of an ageing population), and it proposed a comprehensive approach to increase the employment rate of people with disabilities.

There was an emphasis on personal assistance and workplace adaptations taking into consideration the needs of people with disabilities in open employment as one element of flexibility and security in the labour market[2]. This was viewed as a way to assist job seekers

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[1] Communication from the Commission to the Council, The European Parliament, The European Economic and Social Committee and the Committee of the Regions: Situation of disabled people in the European Union: the European Action Plan 2008-2009 COM(2007) 738 final of the 26th November 2007.

[2] COM (2007) final: More and better jobs through flexibility and security,

entering the market for the first time to access employment and to help those who were in employment to retain their jobs or to redeploy to another position.

The current EU level mechanism for promoting progress in the UNCRPD is the European Disability Strategy 2010-2020 which addresses Accessibility, Participation, Equality, Employment, Education and Training, Social Protection Health and External Action. The High Level Group on Disability has reported on progress in the implementation of the UNCRPD[3] [4]. The second report noted that while there was a wide degree of variation in the stages of implementation and different practices across Member States, there was nonetheless evidence that all had intensified their efforts in the implementation process.

It also highlighted the extent to which Member States had expressed a desire for actions in support of the development of a common approach, including engaging in mutual learning in order to benefit from existing solutions and the development of joint initiatives and coordinating processes particularly in areas where there is shared responsibility between the Member States and the EU. In such cases there is the possibility of establishing a common working forum to generate approaches and solutions that can be shared by those with responsibility for the deployment of the Treaty at all levels. One area within the remit of such a forum was the development of training and awareness raising programmes about rights and redress, and the fostering of leadership skills among people with disabilities so that they can better contribute to the implementation and monitoring process at national and European levels.

Member States agreed to report on progress in seven priority areas: accessibility, legal capacity and access to justice, independent living, voting rights, monitoring mechanisms and the empowerment of people with disabilities. Member States agreed to work through a range of common actions. These included sharing good practice and information exchange on legislation, guidelines and measures through thematic conferences, expert working groups and structured dialogue with civil society. In addition to a special role for the European Disability Forum, there was a strong emphasis on the involvement of people with disabilities in the shared process, the empowerment of representative organisations of people with disabilities and the preparation of persons with disabilities to play a role at EU level.

The core content of common actions revolved around exploring common challenges facing Member States and sharing existing and possible solutions. Among the main topics addressed were setting minimum standards, agreeing common rules and procedures, developing common reporting formats, indicators and comparable and systematic data collection.

The European Disability Strategy 2010-2020 and the UNCRPD are the two primary points of reference adopted for this study which documents the impact of austerity measures on the rights of persons with disabilities using four distinct perspectives. These are:

- Social services for people with disabilities;
- Disability-related social security benefits;

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http://ec.europa.eu/employment_social/news/2007/jun/flexicurity_en.pdf

[3] First Disability High Level Group Report on the implementation of the UN Convention on the Rights of Persons with Disabilities, 2008, http://ec.europa.eu/social/main.jsp?catId=431&langId=en

[4] Second Disability High Level Group Report on the implementation of the UN Convention on the Rights of Persons with Disabilities, 2009, http://ec.europa.eu/social/main.jsp?catId=431&langId=en

- Progress in implementing the UNCRPD and the protection of rights at EU and Member State levels
- The impact of economic crisis and austerity measures on specific articles of the UNCRPD.

Chapter 2 describes the macroeconomic context and presents evidence relating to the deteriorating situation of persons with disabilities in terms of labour market exclusion, access to an adequate standard of living, the mental health impact and its influence on public opinion and attitudes. Chapters 3 and 4 set out the evidence for the impact of the crisis on social services and disability-related social security benefits respectively. Chapter 5 provides an overview of evidence of the impact of the crisis on the implementation of the UNCRPD and summarises the findings of the study in terms of specific articles of the Convention.

2. Macroeconomic context

2.1 Introduction

The previous chapter set out the terms of reference for this study and described the approach and methodology adopted. The current chapter addresses the background macroeconomic conditions and describes the way in which the economic crisis has impacted negatively on the participation of people with disabilities in the labour market, their access to an adequate standard of living, the impact of the crisis on mental health and how it has adversely influenced on public opinion and attitudes to disability. It also presents the perspectives of representative organisations and international agencies on the crisis and its implications for people with disabilities.

Chapter 3 summarises the evidence of the impact of the crisis on social services in general and on specific services including employment and vocational rehabilitation, health and social care, independent living, education and vocational training services. It reviews a range of austerity measures including direct budget cuts, reduced funding for non-governmental social service providers, staff reductions and shortages, decreased direct payments, the withdrawal of financial support to representative organisations of people with disabilities and the postponement or cancellation of planned investments. It presents the evidence for structural changes in the social services sector such as the decentralisation of responsibilities to under resourced local governments, the discontinuation of services, the move from cash to in-kind benefits and the consequent increase in inequalities. The impact of the crisis on service delivery mechanism are described in terms of the merger or discontinuation of services, increased outsourcing and privatisation, more stringent tendering requirements, increased pressure on staff, cuts in staff training, reduced investment in research and innovation, the growing uncertainty for private providers, rising waiting lists, more stringent eligibility conditions, quality risks and the standardisation of services, the reversion to more institutional services solutions and the application of the medical model , the pressure on mainstreaming and the implications for independent living.

Chapter 4 addresses the impact of the crisis on disability-related social security benefits such as direct cuts in amounts paid, the non-indexation of benefits, changed non-contributory period conditions, social security deductions from benefits, increased user charges and delayed payments. It describes the way in which entitlement for benefits have been changed in terms of longer qualifying periods, more stringent means testing, revised disability assessment procedures and increased level of need required for eligibility. It also reviews the impact of the crisis on financial incentives and supports for job seekers with disabilities and employers who recruit workers with disabilities.

Chapter 5 provides an overview of evidence of the impact of the crisis on the implementation of the UNCRPD and summarises the findings of the study in terms of specific articles including equality and non-discrimination (Art. 5), accessibility (Art. 9), independent living (Art. 19), personal mobility (Art. 20), education (Art. 24), health (Art. 25), habilitation and

rehabilitation (Art. 26), work and employment (Art. 27), adequate standard of living (Art. 28) and participation in public and political life (Art 29b).

2.2 The economic crisis – status as of May 2012

The economic crisis, which occurred first in 2008-2009, appeared to be resolving itself during the first half of 2010. Instead the economic turmoil has continued to strongly persist throughout 2011 and to date in 2012.

Economic figures for 2011 and the first half of 2012 demonstrate a further slowdown and even contraction of some of the national economies. The economic growth of the EU recorded a poor 0.1% growth rate for the last quarter of 2011 and the prospects for 2012 are grim[5]. The Commission's forecast for March 2012 revised the EU GDP growth rate forecast down to 0.0% in the current year.

Public deficits are reaching alarming levels with 9 Member States exceeding the 80% of GDP level at the end of 2011. Amongst them are the big four: France, Germany, Italy and the U.K.

Unemployment rates are peaking with a 10.2% overall unemployment and an unprecedented 22.4% youth unemployment rate recorded in February 2012. Compared to the 2008 pre-crisis figures, these figures represent an increase of 3.1% and 6.4% respectively.

The economic crisis is affecting a growing number of EU countries. National governments are forced to take drastic austerity measures and initiate far reaching public budget cuts and/or raise tax income. Ireland, Greece and Portugal were perhaps the first and hardest hit, resulting in the widely debated EU/IMF bail-out agreements. Italy and Spain followed shortly but other countries such as Belgium, Bulgaria, Cyprus, Czech Republic, Estonia, France, Hungary, Latvia, Lithuania, The Netherlands, Poland, Slovenia, Slovak Republic, Romania and the U.K. are also being exposed, though to a varying extent.

A few Member States appear to have been able to contain the worst effects of the crisis such as Austria, Denmark, Finland, Germany and Sweden, although most of these governments have started (or announced) austerity measures as well. Most recent indicators demonstrate that these countries may become increasingly exposed to the negative consequences of the economic crisis in the months ahead.

In short, the economic crisis has affected the entire EU and its 500 million citizens and brought about a clear division (and even divide) between Member State affected by the crisis and those that have more or less coped. The gaps between the countries and especially regions in the EU in terms of employment, poverty and living standards are widening fast.

Compared to 2008, overall employment rates fell in the EU by 1.9 pps on average[6]. Only a few countries recorded an increase of employment rates during the same reference period such as Belgium, Germany, Sweden, Malta, Austria and Poland. In all the other 21 Member States the employment rate decreased and in some of them with percentages above the 10% such as Ireland, Greece, Latvia, Spain and Bulgaria.

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[5] See also the EU Annual Growth Survey for 2012.

[6] Eurostat, Employment Rates statistics

24.6 million people in the EU were unemployed as of February 2012 or 1.9 million more than a year previously. 18 out of the 27 Member States recorded increases in their unemployment rates[7] whereas another 8 countries[8] noted decreases over the past year (though with rather low rates of between -0.6% in Germany and Finland and -0.1% in Sweden and, since early 2012, with slowing trends).

The gap between the EU Member States in terms of unemployment rates continues to widen, with a difference of 19.4 pps between Austria (4.2%) and Spain (23.6%).

The rise in the unemployment rate has affected more adults (up by 9.2% in the last year) than youngsters (up by 5% during the last year) though the youth unemployment remains significantly higher as compared with the general figures for unemployed of working age.

Youth unemployment has reached unprecedented levels, 22.4% in April 2012 or 6.4% more than in 2008. The share of young people who are neither in employment nor in education or training (NEET) has reached 14.3% (third quarter 2011) as compared to 12.5% in 2008 or an increase of 1.8%.[9]

At the end of 2011, the long term unemployed represented about 43% of the unemployed across the EU. Compared to the 2008 figures long term unemployment in 2011 increased in all Member States with the exception of only two Member States: Denmark and Luxembourg.

Long term unemployment increased by almost 60% in the EU over the 2008-2011 reference period. Slovakia, Spain, Greece, Ireland, Latvia and Lithuania recorded long term unemployment levels above 8% for 2011[10].

2.3 Measuring the impact of the economic crisis

2.3.1 Introduction

The cause-effect relationship between the economic crisis, the related austerity and fiscal consolidation measures and their impact on the social and the disability sectors is not always clear-cut. In some of the Member States the effects are more directly connected with austerity measures. They are often much more drastic and already demonstrating profound impacts in the social and disability sectors and daily lives of the citizens often to the detriment of the most vulnerable. This is most evident in the Member States that were subject to EU-IMF bail-out agreements (Ireland, Greece, Portugal, Latvia) and in Member States that (more recently) suffered from increasingly high public deficits, sky-rocketing unemployment figures and negative economic prospects (Spain, Italy, Hungary, Romania, Slovak Republic).

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[7] European Commission, Monthly Labour Market Fact sheet, April 2012

[8] Latvia, Estonia, Lithuania, Germany, Finland, Austria, Czech Republic and Sweden. Malta recorded a zero change.

[9] EU Employment and Social Situation Quarterly Review – March 2012

[10] Eurostat Long term unemployment statistics updated on 18.04.2011

Other Member States have also taken austerity measures, though to varying degrees these have not been overtly linked with the crisis. Reforms in public sector systems such as social protection and health care are being implemented throughout the EU but they often are publicly justified by the objective of creating more sustainable and accessible systems. These reforms were sometimes already planned prior to the crisis, in some countries they were initiated by new governments that have taken office recently. The crisis has in these countries functioned as a catalyst or accelerator for change and often the reforms have gone further than what was originally planned.

Likewise **it is noteworthy that the usual time gap between initiating austerity measures and recording real impacts on the social and disability sectors has been overtaken by the urgency and volume of interventions in some of the Member States.** Depending on the capacity to temporarily address increasing demands and pressures on public social protection expenditures or to maintain people in the labour markets, this time lapse appears to be approaching its end, implying that the full social impact has still to materialise in the absence of substantial economic growth.

It is also important to draw attention to **the absence of proper indicators for measuring social impacts including those that concern the lives of persons with disabilities.** Unlike that which is being implemented across the EU with regard to (un)employment monitoring, there is no systematic and continuously updated information gathering, let alone statistical information, available on the status of persons with disabilities. Monitoring of poverty developments for instance happens but has been to date always based on data collected from past years reflecting situations that may already have been overtaken by most recent developments.

Finally, measuring impact would require a proper insight into the future needs and demands for social services. All EU Member States have acknowledged the fact that societal developments are such that more social and health services will be needed in the future for a structurally growing group of users. Proper forecasts and systematic monitoring of future needs is not being undertaken. Slashing services or cutting expenditures now may not only imply that short term increases in service needs, triggered by the crisis won't be met, it implicitly means that the gap between levels of services and the demands is rapidly widening year on year. **The longer term result of this widening gap may specifically be to the detriment of ageing people with disabilities and other peoples with disabilities who have been traditionally less well catered for, such as persons in need of high level support, including persons with intellectual disabilities and mental health conditions**.

2.3.2 The impact of the crisis: perspectives of representative organisations of people with disabilities and international agencies

Representative organisations of people with disabilities and a number of international agencies have been closely monitoring the impact of the economic crisis on people with disabilities over the course of the last four years. A brief overview of these reports and position papers can serve as a backdrop to the current study. The **European Disability Forum (EDF)** has consistently raised concerns about the potential impact of the economic crisis on European Citizens with disabilities**.** In 2008, it issued a call to all European institutions and Member States to ensure that people with disabilities were not required to pay for the consequences of the economic crisis in terms of reduced income and benefits, restricted job opportunities or cuts to disability representative organisations. In support of its position it referred to reductions in supports and benefits in many countries including Ireland, Hungary, Sweden and Italy[11].

Similar concerns were raised by **the ILO** which convened a discussion on people with disabilities in times of economic crisis in 2009[12]. This noted many reports of increased unemployment for people with disabilities, reduced expenditure on public employment programmes and the impact of shrinking markets for goods produced by enterprises specifically employing people with disabilities. It suggested that those in need of health and rehabilitation were among the most vulnerable in times of crisis.

In the same year**, the OECD** carried out a thematic review of the impact of policies, initiatives and institutional reforms in response to increasing numbers of sickness and disability benefit claimants in 13 jurisdictions[13]. It concluded that prior to the crisis the key challenges facing people with health problems or disabilities which were likely to be exacerbated by the economic downturn included restricted labour market participation, insufficient income in their households, reliance on permanent disability benefits and increasing mental health problems. These trends were resulting in significant increase in the costs of sickness and disability benefit schemes.

In May 2010, EDF passed an emergency resolution reaffirming its positions and reiterating its concern that the economic and political crisis in Europe was threatening people with disabilities of all ages and their families. It called on Member States and EU institutions to engage with disability representative organisations to explore cost effective solutions which did not impact on quality of life and rights and to develop concrete inclusion measures[14].

One potential implication of the economic crisis raised was that disability targeted measures would be postponed or have reduced in priority. In particular, the case of employment services where the overall increase in unemployment figures placed pressure on job placement resources was emphasised[15]. A review of National Reform Programmes (NRPs) in EU Member States, carried out by **the Academic Network of European Disability Experts** (**ANED)**, identified a number of themes. There was no overall pattern in the way people with disabilities were addressed. There was little change in the employment status of people with disabilities or in approaches to promoting social inclusion in a number of Member States including Ireland, Romania and Slovenia. In some Member States, such as Belgium, France, Cyprus and Spain, there were indications of increased or planned investment in measures that could impact positively on the social inclusion of people with

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[11] EDF Statement issued in November 2008
http://www.edf-feph.org/Page_Generale.asp?DocID=13874&thebloc=19538

[12] ILO, November 2009, People with disabilities in times of economic crisis, ILO panel discussion, Geneva
http://www.ilo.org/skills/events/WCMS_115119/lang--en/index.htm

[13] OECD (2009) Keeping on track in the economic downturn ; Background paper OECD High-Level Forum on Sickness, Disability and Work, Stockholm, 14-15 May 2009 Organisation for Economic Cooperation and Development, available at http://www.oecd.org/dataoecd/42/15/42699911.pdf

[14] EDF (2010) EDF Resolution on the Economic Crisis in Europe
http://www.eud.eu/uploads/EDF%20emergency%20resolution%209%20May%202010%20on%20economic%20crisis.pdf

[15] Priestly, M and Roulstone, A., Targeting and mainstreaming disability in the 2008-2010 National Reform Programmes for Growth and Jobs, Academic Network of European Disability Experts, Human European Consultancy and Centre for Disability Studies – Leeds University, 2009

disabilities. In some cases these were specifically targeted and in other cases they were measures designed to stimulate growth. In contrast, in other Member States, there was evidence that the priority of disability within NRPs was de-emphasised or that service or funding had been frozen or reduced, e.g. Austria, Poland, Lithuania and Latvia or that disability was not addressed explicitly in objectives e.g. Bulgaria.

Discernible or potential impacts of the economic crisis were identified in Italy, Sweden and the Netherlands in terms of increased disability pension claims and threats to disability employment initiatives by social and mainstream employers. In the UK, reform measures already in process such as changes to disability assessment procedures and eligibility criteria and the reduction in sheltered work opportunities were considered to represent a challenge during the economic downturn.

In 2010, ANED invited its country teams to submit brief reports on employment and recent developments. Teams were asked to provide an assessment of the way in which economic conditions were affecting people with disabilities[16]. Based on these reports ANED concluded that unemployment and inactivity rates remained high and employment remained significantly below the EU2020 target. This was considered to be a particular challenge for young people with disabilities. Substantial gaps in relative poverty rates were identified in a number of countries between families with a member with a disability and those without.

ANED noted that in the early stages of the economic crisis disability benefits and subsidies lessened the impact of job losses. However, where data was available it was ambiguous and it was difficult to extract data on trends. Nevertheless, it was possible to conclude that reduced disability allowances and actions on accessibility were an element of austerity measures and that people with mental health difficulties, intellectual disabilities or in need of high level support and elderly people with disabilities were most vulnerable to cutbacks. Women with disabilities were also more vulnerable.

It was also noted that the economic crisis had contributed to the intensification of measures which were in process prior to its onset such as the redesign of disability pensions and the changing eligibility criteria and assessment procedures.

While some positive policy developments were identified, these were not specifically targeted at protecting people with disabilities from the effects of the economic crisis. Overall, despite some instances where long-term benefits were increased, the general trend was to freeze or reduce benefits, including the withdrawal of financial supports for the procurement of medication or equipment, particularly for people assessed as having less severe conditions.

The report concluded that it was important to gain a perspective on how people with disabilities were likely to be impacted by both generic austerity measures and cuts to disability specific supports and services. Particular concern was expressed about the effect of austerity measures on local authority budgets and the impact of this on their capacity to provide local services.

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[16] ANED, – Academic Network of European Disability Expert, 2010 Annual Activity Report Human European Consultancy and Centre for Disability Studies – Leeds University, 2010

There was general concern about the potential negative impact of austerity measures on opportunities for living independently in the community[17] and in particular, the withdrawal of community based services such as personal assistance or reliance on existing segregated, institutional options[18]. Such a development was viewed as contrary to the obligation on the majority of Member States who have ratified the UNCRPD and in a range of EU commitments to promote quality community services, independent living and transition from institutional care[19].

The **Network for Independent Living (ENIL)** cited a number of instances, even in Member States which had been leaders in promoting independent living, where people with disabilities have had their personal assistant hours reduced and where local authorities had ceased offering support services. In other Member States, people had to endure substantial periods on waiting lists for personal assistance services, cuts in the level of pensions and community based services. ENIL received reports from members in many Member States, including some that have been at the forefront in promoting the right to independent living, that many disabled people had their personal assistance hours cut and local support services were being closed down. In the UK the Independent Living Fund, which supports more than 21,000 people with high support needs, is closed to new applicants and will be eliminated by 2015. In Sweden there have been changes in the assessment of the needs of people with disabilities, which have resulted in less hours of personal assistance being granted In Flanders (Belgium), waiting lists for necessary support are effectively indefinite with over 5,500 people waiting for a Personal Assistance Budget. In Ireland 21% of people registered with the National Physical and Sensory Database were waiting to be assessed for personal assistance and support services[20].

In 2010, **the European Parliament** adopted a resolution on the mobility and inclusion of persons with disabilities and the European Disability Strategy 2010-2020[21]. The resolution expressed concern that austerity measures were resulting in decreased services for persons with disabilities and a restriction in social inclusion projects. On the basis that the poverty rate of persons with disabilities was 70% higher than that within the general population, it called on Member States to safeguard social protection for people with disabilities by refraining from unwarranted cuts in social protection in forming their austerity responses to the economic crisis. It emphasised the objectives of the new European Disability Strategy 2010-2020 (EDS) and the use of European Structural Funds to promote accessibility and inclusion and called for a the reduction of the co-financing rate for organisations of people with disabilities to 10% of the value of the projects implemented by them. It suggested that accessibility of goods and services could be promoted through mandatory accessibility selection criteria in European public procurement procedures.

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[17] ENIL, Proposal for a Resolution of the European Parliament on the effect of cuts in public spending on persons with disabilities in the European Union, Spain, 2011

[18] COM(2010) 636 final

[19] Resolution of the Council of the European union and the representatives of the Governments of the Member States, meeting within the Council of 17 March 2008 on the situation of persons with disabilities in the European Union (2008/C 75/01)

[20] ENIL Proposal for a Resolution of the European Parliament on the effect of cuts in public spending on persons with disabilities in the European Union: Background note, September 2011 http://media.fd2011.enil.eu/2011/09/Background_paper_Resolution.doc

[21] 2010/2272(INI) - 25/10/2011 Text adopted by Parliament, single reading, http://www.europarl.europa.eu/oeil/popups/summary.do?id=1173008&t=d&l=en

It called for measures to ensure the involvement of people with disabilities in designing and reviewing all measures which impact upon them and for the EC to guarantee adequate financial support for EU level disability representative organisations to support their contribution to policy making, the implementation of legislation and other decision-making processes which impact on people with disabilities.

It emphasised the need for a greater investment in gathering accurate and up to date data on the status of people with disabilities and disability services including residential supports and options and for the EC to enhance the processes of monitoring and promoting cooperation and exchange of good practice.

The need for more flexibility in employment regulation, legislation and policies was noted as a means of promoting greater and more sustainable labour market participation on the part of people with disabilities. It particularly referred to mechanisms which were customised to the needs of each type of disability including plans and vocational guidance which should be made available immediately people registered as job seekers.

Finally, it called for increased investment in education and training systems to reduce the very high drop-out rates on the part of people with disabilities, which have significant implications for social and employment exclusion and poverty, including enhanced policies; the introduction of individual learning supports; effective and alternative VET options customised to the needs and strengths of learners with disabilities; and inclusive education to guarantee universal access to education at all levels for learners with disabilities. It also proposed that adequate support for rehabilitation services in the fields of health, education, training, employment and tools for independent living and accessible transport are made available.

In June 2011, the **European Disability Forum (EDF)** established an on-line observatory to monitor the impact of the crisis on people with disabilities. Individuals and organisations can log on to the EDF website and provide feedback on four questions relating to the national, regional or local consequences for people with disabilities, the nature of austerity measures being implemented, the impact of the crisis on societal perceptions of disability and any measures taken to protect people with disabilities from the negative consequences of the crisis.[22] During an event to mark the European Day of Persons with Disabilities in December 2011, a report compiled by the EDF Observatory was referenced which documented the ways in which austerity measures were impacting on the rights of persons with disabilities including reductions in disability allowances, having to undergo reassessments of disability status, cuts in services and negative impacts on the capacity of disability representative organisations to champion the interests of their members[23]. Specific reference was made to developments in the UK and the Netherlands where personal budget schemes were being cut, withdrawal of funding for supported employment in Spain and the fragmentation of mental health services in Greece.

The event highlighted complaints received by the European Network for Independent Living from a wide range of Member States including Sweden, the Netherlands, UK, Belgium, Bulgaria, Slovenia, Italy, Spain, Portugal, Ireland and Greece over the intervening years

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[22] EDF Observatory on the Crisis http://www.edf-feph.org/Page_Generale.asp?DocID=13854&thebloc=13856

[23] Europe's way out of the crisis: the disability rights perspective.

since the UNCRPD came into force.[24] Many complaints were about welfare systems in which reforms and cuts in public expenditure had occurred. A number of trends were identified including the reassessment of disability eligibility, cuts in disability allowances and benefits and reductions in local authority budgets. Further, reduced funding for disability representative organisations and the absence of consultation with these organisations, in contravention of Article 33 of the UNCRPD, were highlighted. This is discussed further in Section 5.2 of this report.

More recently, ENIL launched a revised proposal for a resolution of the European Parliament on the effect of cuts in public spending on persons with disabilities in the European Union which is supported by a broad range of NGO's committed to equality and social inclusion for a range of groups[25]. The primary concerns include the disproportionate burden of the cost of the economic crisis that people with disabilities have to bear in terms of the limitations imposed on their independence by cuts to personal assistance and direct payments and increased reliance on institutional care. It called on the European Parliament to stress the rights of people with disabilities; reaffirm the European Union's commitment to social inclusion; recommend measures to reinforce the rights of people with disabilities as specified by the UNCRPD; support the continued commitment to the transition of people with disabilities in institutional care to community living; and to call on Member States to pull back from cuts in funding for community based services and to develop a national deinstitutionalisation strategy in line with commitment under the UNCRPD.

This was followed up with a hearing in the European Parliament in support of its resolution[26]. In addition to reiterating measures described above, evidence of austerity measures being implemented from a number of other Member States were presented including disability reassessments in Greece, cuts in disability allowances and assistance in Italy and Ireland and reductions in support hours and support for Centres of Independent Living in many countries.

Other concerns were raised about the risk of re-institutionalisation of residential and health services. In Ireland, the 'community employment scheme' which was a critical factor for CILs in employing personal assistants was cut by 66%. In Bulgaria, spending on institutional services far outweighed that assigned to community living and in the current economic situation this was unlikely to change. An overview of the impact of the crisis based on responses to the EDF Observatory confirmed much of the evidence presented in this report. It indicated that reassessment of disability status, cuts in allowances, increased taxes, reduced local authority spending, reduced support for disability representative organisations were taking place without any consultation with those who were most affected in contravention of commitments under the UNCRPD.

In January 2012, the **European Association of Service Providers for Persons with Disabilities** carried out a survey of its members and received responses covering 18

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[24] Evans, J., Rights and Responsibilities or Cuts and Social Exclusion, Presented at Europe's Way out of the Crisis: The Disability Rights Perspective - European Day Conference for People with Disabilities, 2011

[25] http://enil.eu/2012/01/enil-launches-proposal-for-a-new-resolution-of-the-european-parliament/

[26] ENIL, Hearing in the European Parliament, February 2012, Defend the Right of Independent Living – How the EU's austerity policy is undermining the lives of people with disabilities. Available at: http://bambuser.com/v/2354621

countries representing all regions of the EU and some candidate countries[27]. A majority of respondents reported that the economic crisis was impacting on annual disability plans and programmes, operational programmes relevant to service providers to persons with disabilities and long term disability strategies where these were in place. Substantial cuts in public spending on social services were reported in 2011 and further cuts planned for 2012. A majority of respondents expressed the view that budgets were negatively impacting on sustainability, variety, quality of services and was increasing the risk that programme will revert to institutional solutions.

The main aspects on which the downturn was impacting included reductions in resources, decreases in benefits, reduced salaries and increased unemployment rates. The sectors which were rated as being most severely affected were employment and social support. Education and health care were also rated as being significantly impacted upon. Specific effects reported included reduced funding for core public and non-governmental social services, delayed payments and innovative projects; greater difficulty in obtaining private sponsorship and funding; downgraded staff conditions in terms of pay cuts, redundancies and increased job insecurity; reduced service quality such as increased ratio of clients to staff, reduced hours of services or services being temporarily closed down; and greater difficulty on the part of persons with disabilities in accessing services as a result of more stringent eligibility criteria for services; cuts in direct payments and the reduced capacity of service users to pay for their services out of their own income. Many respondents believed that EU structural funds could ease the situations but pointed to many difficulties in accessing such funds through national programmes.

In March 2012, **the European Agency for Fundamental Rights** warned against the potential for the economic crisis to progressively erode the advances that have been made in establishing, and promoting, the rights of persons with disabilities through cuts in public spending and reduced services and support[28]. It issued a statement referring to reports of the '*extremely negative effects*' of austerity measures on people with disabilities, despite reassurances from European institutions that they would be safeguarded, which called for Member States to make sure that responses to the economic crisis do not undermine the rights of persons with disabilities[29].

In April 2012, the EDF along with a broad coalition of EU level NGOs, representing older people, disability and women amongst others, highlighted the potential risk to existing conditionalities in the regulations of the European Structural Funds in relation to non-discrimination, genders equality and disability in current proposals[30]. In May 2012, EDF adopted a resolution on a human rights way out of the crisis[31].

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[27] Gauthier, H. and Bertana, I., Inclusion is the solution, not the enemy: EASPD Survey on the impact of the crisis on the disability sector, European Association of Service Providers for Persons with Disabilities, 2012. Available at: http://www.easpd.eu/Home/tabid/2575/ctl/ArticleView/mid/9315/articleId/191/Inclusion-is-the-solution-not-the-enemy.aspx?SkinSrc=/Portals/easpd/Skins/easpd/NoRight

[28] http://fra.europa.eu/fraWebsite/disability/infocus11_0212_en.htm

[29] EDF Media Release, March 2012, http://www.edf-feph.org/Page_Generale.asp?DocID=13855&thebloc=29483

[30] Joint statement on important provisions under threat in council discussions on the Structural funds legislative package for 2014-2020, available at http://www.e-include.eu/en/news/1088-joint-statement-on-the-threat-in-the-discussion-on-the-structural-funds-legislative-package

[31] http://www.adaptbulletin.eu/docs/EDF_resolution_human_rights.pdf

In conclusion, **there is a broad consensus within the disability community that people with disabilities are bearing the brunt of austerity measures.** This view is shared by a number of international agencies including the ILO, the WHO, the European Agency for Fundamental Rights and the European Parliament. Concerns are based on feedback from the majority of EU Member States; even those that have coped relatively well with the economic crisis.

2.4 Employment and disability in 2012

The ANED 2010 study revealed that the average employment rate for people with disabilities in the EU in 2008 was 45.2% compared to 73.7 % for persons without disability or a difference of 28.5%. The employment rate of persons with disabilities was below 50% in 17 of the Member States and particularly low (below 40%) in Romania (29%), Hungary (31%), Poland (31.6%), Ireland (33.1%), Greece (34.3%), Czech Republic (37%), Bulgaria (37.7%) and Belgium (38.5%).

The unemployment rate for persons with disabilities was in 2008 more than double the equivalent for persons without disabilities (16.5% as opposed to 7.2%). The Irish National Census indicated that a person with a disability was 2.5 times less likely to be employed than a person without a disability. The estimate of representative organisations of people with disabilities is that 70% of people with disabilities in Ireland are either unemployed or economically inactive. A study in public sector employment carried out by the National Disability Authority (2009-2010) identified a 10% decrease in the employment of workers with disabilities compared to a 4% decrease in the non-disabled workforce.

In the UK employment figures for people with disabilities were not affected. The employment gap between disabled and non-disabled had narrowed between 2005 and 2009 from 33.5% to 30.3%. It is not clear if this is the result of an increase in employment for people with disabilities or that the employment rate of those without disabilities dropped more steeply. The Spanish Labour Force Survey (2008-2010) recorded an increase in unemployment for people with disabilities of 43% (16.3% to 23.3%). The equivalent increase for non-disabled people was 78% from 11.3% to 20.1%.

In Spain a Survey of Dependency, Personal Autonomy and Dependency in 2008 documented that the activity rate for people with disabilities was 25.5% compared a rate of 75.2% for the general workforce. The Labour Force Survey (2008-2010) reported a greater impact on the employment of males with disabilities and on 16-24 year olds with disabilities for whom unemployment rate increased from 42.6% to 50.2%.

In Hungary, a survey carried out in 2011 found that the employment rate of people with altered work capacity in the 18-64 year age range was 18%, the unemployment rate was 25% and the activity rate was 24%. The equivalent figures of the general population were 61% in employment 10% registered as unemployed and activity rate of 68%. 38% of households with a member with altered capacity were jobless compared to 16% for those without a member with altered capacity.

The most recent figures available on the employment status of people with disabilities in Portugal relate to 2007. These indicate that activity rates for people with disabilities were

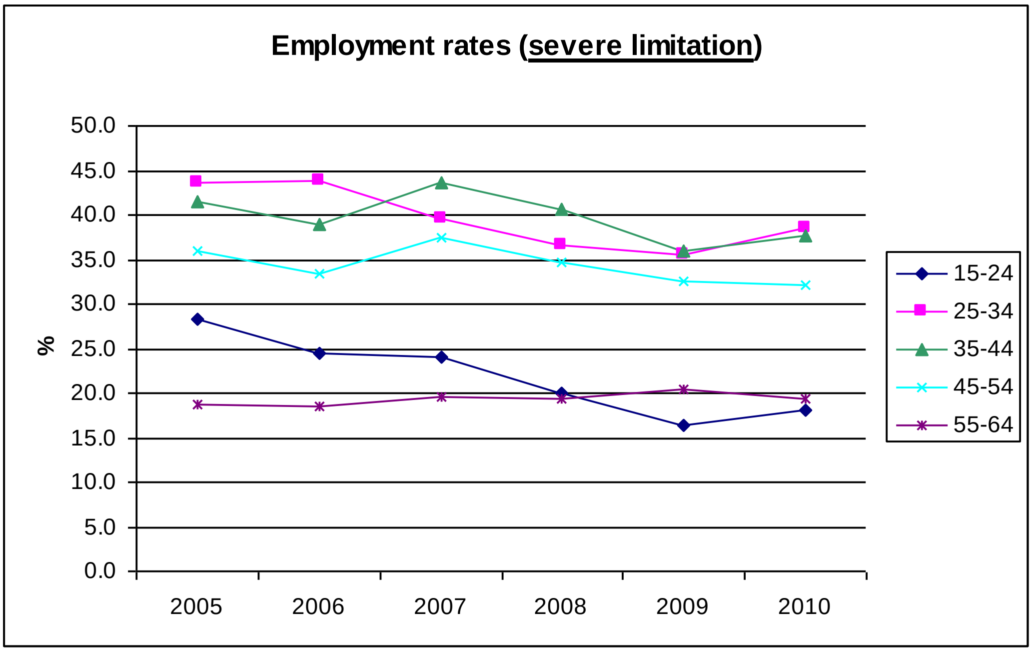
50% lower than the general workforce and unemployment rate were double those for people without disabilities. 1.2% of employees in private companies with over 100 workers had a disability. The equivalent figure for the public sector was less than 1% and most employees had acquired their disability after recruitment.

In the preparation of this report, the publicly available EU-SILC data on the Eurostat website was analysed. Disability is not directly recorded in the data so data on those reporting 'self-perceived limitations in daily activities - activity limitation for at least the past 6 months' were used as a proxy for disability. The data present the percentage of people reporting limitations amongst the total population in particular age groups and amongst the employed in particular age groups. The data were analysed separately for people reporting severe limitations and those reporting some limitations.

The employment rates for those with severe limitations between 2005 and 2010 are presented in Figure 1 and the rates for people with some limitation are presented in Figure 2.

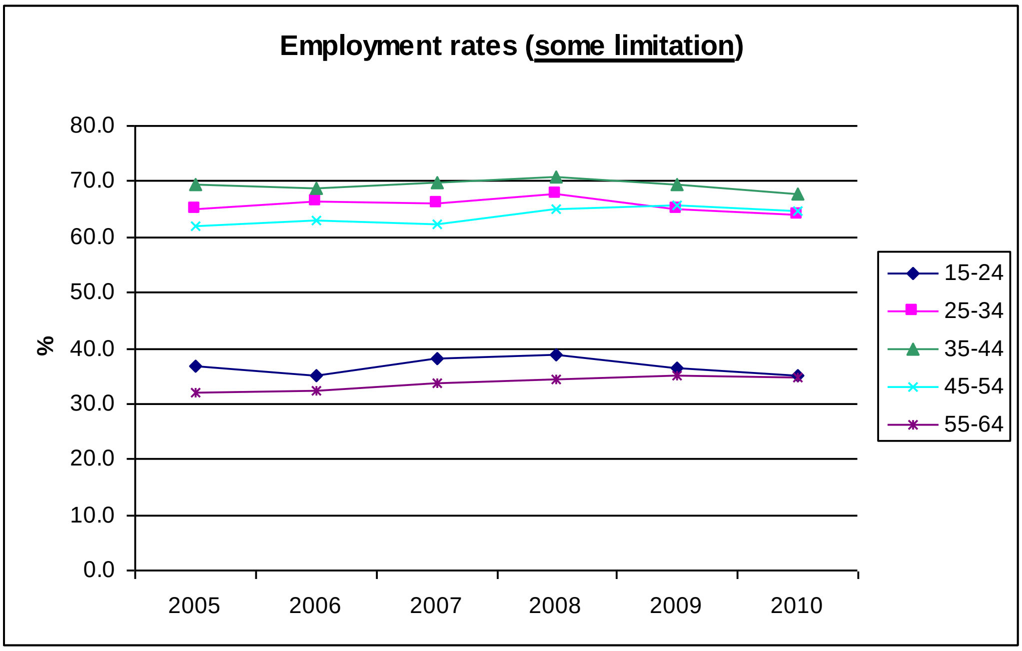
The impact of the economic crisis on the employment rates of people with severe limitations is evident. Between 2008 and 2009 a significant decrease was recorded for people of all ages apart from those in the 55-64 year age range who were already at a very low level. Prior to 2007 a downward trend in the employment rate of young people with severe limitations (15-24 years) was already perceptible. This was exacerbated between 2007 and 2009. A small increase was recorded in 2010 but the rate was still well below the rate in 2005. People with severe limitations in the 45-54 year age range also experienced a significant drop in employment, a trend which continued in 2010. Employment rates for those in the 25-34 and 35-44 year age range also dropped but recovered in 2010. They were still below levels in 2007. The trends for people reporting some limitation in daily activities indicate that the impact of the crisis was less severe.

Figure 1: Employment rates of people reporting severe limitations in daily activities 2005-2010



The EU-SILC data provide strong evidence that during the years of the economic crisis there has been a significant decrease in the employment rates of the majority of people with severe disabilities.

Figure 2: Employment rates of people reporting some limitations in daily activities 2005-2010



While there was some increase for those in the 25-44 year age range, employment rates are still below pre-crisis levels. Young people with disabilities and those in later middle age have been most significantly impacted in terms of employment.

At least in the initial stages of the economic crisis there was evidence that it was impacting on the lives of persons with disabilities in terms of their employment status comparatively more than on the lives of the general population of working age. It is fair to conclude that the recent overall 2012 figures on employment and unemployment rates (especially those concerned with long term and structural unemployment) in the EU are affecting persons with disabilities disproportionately when compared to the general population of working age. **With the exception of a few Member States, labour market participation of persons with disabilities seems to have generally decreased in the EU and it is likely that the extent is larger than for persons without disabilities**. A similar reasoning applies with regard to the unemployment status of persons with disabilities and to increasing rates of economic inactivity on the part of persons with disabilities.

Employment figures are only one indicator of the labour market status of people with disabilities. **There is evidence that people with disabilities are more likely to be on temporary contracts and to be paid lower wages than their non-disabled counterparts.** In Spain the National Observatory of Disability (OED) noted an increase in temporary contracts for workers with disabilities. A secondary data analysis carried out in 2010 in Portugal reviewed data from the National Health Survey 2001; European Household Panel

1995 and 2001; EU Survey of Income and Living Conditions 2007. The conclusions of this analysis found that people with disabilities were more economically insecure. It indicated that the average income of people without disabilities was 37% higher than people with disabilities. The main source of income for people with disabilities was from disability pensions and the average additional costs associated with having a disability was between €4,000-€24,000.

2.5 Poverty and disability

Unlike employment related indicators, statistics on poverty have not yet been systematically made available for 2011 and are usually from 2010 or from earlier years. The main study undertaken by Eurostat dates back from 2010[32] and is based on data sources from preceding years. As a consequence the real poverty indicators relevant for 2011 and 2012 are not available, making it difficult to draw evidence based conclusions, based on comparable statistical information, on the impact of the crisis on poverty.

When comparing the available statistics on poverty such as the number of people at risk of poverty and social exclusion between 2008 and 2010[33], it appears at first sight that there was an improvement recorded in the two year reference period with an average decrease of people at risk of poverty of 1.46% in the EU. Within the EU-12 an even more significant decrease of 4.73% was recorded for the same reference period.

However, in some of the EU countries including Ireland (+26.16%), Lithuania (+21.01%), Denmark (+21.27%), Spain (+11.35%), Cyprus (+8.11%), Hungary (+6.03%) and Malta (+5.10%), the at risk of poverty rates have sharply increased between 2008 and 2010, showing a deteriorating poverty situation in the countries concerned when compared to the pre-crisis situation.

Of further interest is the fact that when compared to 2009 levels, the at-risk-of-poverty rate increased in 2010 by 1.73% for the entire EU. Apart from the above listed countries, Slovakia, the U.K. and France noted significant increases in the-at-risk-of-poverty of 5.1%, 5.0% and 4.85% respectively between 2009 and 2010.

This seems to indicate that at the beginning of the crisis in late 2008 and 2009, countries were able to cope more or less and absorb the negative consequences on poverty, but as time elapsed the real effects on poverty have surfaced. The initial cushioning of the effects are attributed to stretchable social protection systems. In countries with more developed social protection systems, the poverty increases were better absorbed than in countries with lesser and tighter social protection coverage[34].

It is possible to discern growing disparities between the regions in the EU in relation to poverty (at risk of poverty rate). In the Prague region, about 7% of the local population lives

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[32] Eurostat, Income and Living conditions in Europe, 2010

[33] Eurostat, People at risk of poverty or social inclusion

[34] See also Frazer Hugh and Marlier Eric, Summary Report on the social impact of the crisis and developments in the light of fiscal consolidation measures, EU Network of independent experts on social inclusion, February 2011

at risk of poverty which is 6 times smaller than in the Severen region in Bulgaria where 1 resident out of 2 lives at risk of poverty[35].

The available, but not that recent, statistics on the proportion of people living at risk of poverty consequently point to a gradual but determined impact of the crisis on poverty in the entire EU with the exception of a very few Member States like Germany and Austria. It is likely that the poverty data for 2011 and 2012 will confirm this trend and that taking into account the economic downturn of 2011 and the forecasts for 2012, poverty levels in the EU will rise further.

This tendency and the negative effect of the crisis on poverty are more clearly detectable in the available statistics on the number of people living in households with very low work intensity. The EU on average recorded an 11.11% increase in the two years between 2008 and 2010. Only Germany, Romania, Poland, Austria, Bulgaria, Czech Republic and Cyprus recorded an improvement. In all other 20 EU Member States the share of people living in jobless households rose, with some striking figures like for Latvia (+139.22%), Lithuania (+80.39%).[36]

According to the recent 2010 pan-European ANED study, which is based on the EU-SILC statistics[37], people with disabilities face a much higher risk of poverty than persons without disabilities. **More than 1 out of 5 persons with disabilities are at risk of poverty in the EU (21.1%) as compared to 14.9 % for persons without disabilities or a difference of 6.2 pps. The situation of women is worse compared to men for both women with disabilities and without disabilities.**

The higher risk of poverty for persons with disabilities is present in all Member States without exception. Only in a very few Member States is the at risk of poverty rate for persons with disability slightly higher than for persons without disability (or less than a 4% difference): Czech Republic (3.2%), Denmark (0.5%), Hungary (0.7%), Luxembourg (1.5%), Poland (1.2%), Romania (2.9%), Sweden, (3.6%) and the Slovak Republic (1.2%).

In the following 11 countries, persons with disabilities have more than 25% chance of being at risk of poverty: Bulgaria, Cyprus, Estonia, Greece, Spain, Finland, Lithuania, Latvia, Portugal, Slovenia and the U.K. and the gaps between the situation of persons with and without disabilities vary between 8.6% in Greece and 22.9 pps in Latvia.

In the UK the poverty rate, specified as 1/60th of median household income (2005-2011) increased slightly but not significantly between 2005 and 2011 (about 1%). However people with disabilities were overrepresented amongst those living in consistent poverty (2005-2008) (11% compared to 7% for people without disabilities. This was attributed to higher unemployment, a greater proportion of people with disabilities in part-time jobs and fuel poverty.

According to the QNHS, household income fell by 14% between 2005-2011 in Ireland. Overall poverty rates increased from 14.1% (2009) to 15.8% (2010). People with disabilities

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[35] Eurostat, People at risk of poverty per NUTS region; updated as of 16.04.2012

[36] Eurostat data on people living in households with very low work intensity by age and gender

[37] Grammenos Stefanos, IDEE, indicators of disability equality in Europe, ANED 2010 Task 4 preliminary list of comparative indicator items, ANED, the Academic Network of European Disability experts, CESEP ASBL, December 2010. The data are based on EU-SILC Cross sectional UDB 2008, rev.1, August 2010

were more than twice as likely to be poor and the consistent poverty rate for people with disabilities or health problems, 13%, was the second highest rate. Unemployed people had the highest rate at 15.2%. The deprivation level for people with disabilities, as measured in terms of not being able to do at least 2 of the following: heat home; buy a warm coat or new clothes; eat meat or fish every second day, was 42%. This was the highest for any group (2009-2010).

Poverty rates in Ireland are exacerbated by a number of direct and indirect taxes including increases in income tax, an increase in the VAT rate from 19%-23% and the introduction of a flat rate household charge.

In Spain, the income of people with disabilities has remained at pre-crisis levels but prices are higher and thus spending power has been reduced.

In Hungary a survey of the status of people with disabilities carried out in 2011 indicated that people registered as having altered work capacity had income levels 10-15% less than the general population, the proportion who were income poor was 20% compared to 15% for people without altered capacity. 40% experienced material deprivation. The equivalent rate for people without altered capacity was 23%. A quarter of people with altered capacity were housing poor.

Whereas few information sources on poverty indicators for the years 2011 and 2012 are available, there is evidence confirming that the general at risk of poverty rates in the EU are on the rise since 2010. The trend of increasing poverty is likely to continue throughout this year and beyond. Persons with disabilities are significantly more affected by increased poverty indicators than persons without disabilities.

A longitudinal study carried out in the UK in 2012 with a small group of people with disabilities estimated that people with disabilities and their carers had experienced a **reduction in income of over €600 m (£500 million) in the two years after the emergency budget in 2010 and predicted further cuts of over €11bn (£9bn) by 2015**.

On the basis of this evidence it is legitimate to conclude that **the economic crisis has had a greater impact on the standard of living of persons with disabilities compared to the general population.**

2.6 Mental health impact of the crisis

Concerns were also raised that the economic crisis has the potential to exacerbate disability particularly in terms of its impact on people’s mental health. The link between deteriorating economic conditions and increases in poverty rates, inequalities and social conditions is well documented. Young adults, women and people with low qualifications are singled out as being at greater risk.

In 2011, the World Health Organisation issued a report into the impact of the economic crisis on mental health[38]. The link between deteriorating economic conditions and increases in poverty rates, inequalities and social conditions were seen to be at the core of mental health risks. About 30% of new disability benefit claims were on the basis of mental health conditions and this is rising in many EU Member States. The OECD mental health and work project published a report that set out clearly the challenges and potential responses to the burgeoning problem of mental ill-health[39]. At any one moment, around 20% of the working-age population is experiencing a clinically significant mental health problem and lifetime prevalence has been estimate to rise to 50%.

In the same year, the Irish Mental Health Commission published an overview of the evidence of mental health and negative economic conditions[40]. It highlighted the harmful stress effects of high personal debt, reduced property values and changes to benefits and support services. It concluded that cuts in staffing levels in mental health services were having a greater impact on community based services. Several interrelated trends were emphasised including poverty, unemployment debt, childhood mental health problems and suicide.

Research carried out by the University of Glasgow amongst General Practitioners in some of the most socio-economically deprived areas of the UK concluded that there is a growing recognition of the impact of the crisis on both people in work and the unemployed population[41]. Those who are still employed face increased workplace stress in terms of extra workload as a result of staff cuts, deteriorating personal relationships at home and at work and job insecurity. People who have lost their jobs have trouble making ends meet and coping with debt. There has been a noticeable increase in referrals to psychiatric services and in prescriptions for psychotropic medication. Many people resort to self-medicating using alcohol and illicit drugs. The general health implications of these behaviours are not only about the immediate negative impact of drug and alcohol misuse on mental and physical health, it is also about the potential long terms health implications as many people are reluctant to take time off work to access appropriate treatment due to job insecurity.

In Ireland, the Human Cost report, carried out by the Mental Commission in 2011, provided an overview of the **evidence that austerity measures were having a negative impact on mental health**[42]. It documented that higher personal debts coupled with a dramatic drop in property values resulted in people in negative equity. With regard to people with disabilities in particular, it found that the changes in the benefit structure and state supports have been to the detriment of people on low incomes. It stated:

"The reality is that an increasing number of people are suffering stress and anxiety as a result of the recession. We cannot ignore the fact that the economic slowdown is having an affect on our mental health and consequently there will be greater demand for mental health services. Coping with unemployment, debt and poverty understandably puts pressures on

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[38] WHO (2011) Impact of economic crises on mental health, WHO Regional Office for Europe, Denmark http://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf

[39] OECD (2011) Sick on the Job: Myths and Realities about Mental Health and Work http://www.oecd.org/document/20/0,3746,en_2649_33933_38887124_1_1_1_1,00.html

[40] Mental Health Commission (2011) The Human Cost - An overview of the evidence on economic adversity and mental health and recommendations for action
http://www.mhcirl.ie/News_Events/HCPaper.pdf

[41] http://www.gla.ac.uk/media/media_232766_en.pdf

[42] Human cost An overview of the evidence on economic adversity and mental health and recommendations for action, Mental Health Commission September 2011 Cited in the Irish Country Report

individuals and families, and as a society, we must recognise this and try in whatever way we can to support people through the crisis."

Calls to financial and mental health telephone help lines have increased substantially since the onset of the crisis and the suicide rate in Ireland jumped 24% increased from 424 in 2008 to 527 in 2009. This documented increase in mental health problems needs to be viewed in the context of a 14% reduction in Mental Health Service staff.

While no systematic data were available in Hungary, higher levels of hopelessness and aggression was reported in people seeking legal counselling. Even people without disabilities were seeking advice from the services. It is also important to note that people with psychosocial impairments are not covered by the disability support system in Hungary.

2.7 Opinion and public attitudes

In a context of intense cuts and the search for savings that prevails in many countries, people with disabilities are first victims of stereotypes. They are increasingly finger-pointed by media and society as a weight for the common budget and become the usual scapegoat for States deficits. Words like scroungers are increasingly used in media terminology. Research carried out in UK showed that people largely over-estimated the level of fraud made by people with disabilities, justifying their estimations by references to newspapers.[43]

A 2012 survey (25) by the National Disability Authority in Ireland revealed that attitudes towards people with disabilities had deteriorated since a previous study carried out prior to the economic crisis[44]. It is a matter of great concern from an inclusive education perspective that 20% of respondents indicated that they would object if a child with an intellectual disability was placed in their own child's classroom compared to 8% in 2006. Other troubling findings included the fact that 61% of respondents held the view that people are not able to participate in society because of their disabilities and not as a result of environmental barriers. Between 2006 and 2011, the figure for those who answered that "it is society which disables people" by creating barriers for them fell from 62% to 57%. Further evidence from this national survey shows that 44% of individuals believe that people with disabilities are treated fairly in society.

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[43] Bad News for Disabled People: How the newspapers are reporting disability, Strathclyde Centre for Disability Research and Glasgow Media Unit, University of Glasgow, citied in the UK Country Report

[44] Hardening of attitudes towards people with disabilities, National Disability Authority http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/BC383A4E141B19838025799F00413084?OpenDocument, cited in the Ireland Country Report

3. The impact of the crisis on social services

3.1 Introduction

Chapter 1 set out the terms of reference for this study and described the approach and methodology adopted. Chapter 2 addressed the background macroeconomic conditions and describes the way in which the economic crisis has impacted negatively on the participation of people with disabilities in the labour market, their access to an adequate standard of living, the impact of the crisis on mental health and how it has adversely influenced on public opinion and attitudes to disability. It also presented the perspectives of representative organisations and international agencies on the crisis and its implications for people with disabilities.

This chapter summarises the evidence of the impact of the crisis on social services in general and on specific services including employment and vocational rehabilitation, health and social care, independent living, education and vocational training services. It reviews a range of austerity measures including direct budget cuts, reduced funding for non-governmental social service providers, staff reductions and shortages, decreased direct payments, the withdrawal of financial support to representative organisations of people with disabilities and the postponement or cancellation of planned investments. It presents the evidence for structural changes in the social services sector such as the decentralisation of responsibilities to under resourced local governments, the discontinuation of services, the move from cash to in-kind benefits and the consequent increase in inequalities. The impact of the crisis on service delivery mechanism are described in terms of the merger or discontinuation of services, increased outsourcing and privatisation, more stringent tendering requirements, increased pressure on staff, cuts in staff training, reduced investment in research and innovation, the growing uncertainty for private providers, rising waiting lists, more stringent eligibility conditions, quality risks and the standardisation of services, the reversion to more institutional services solutions and the application of the medical model , the pressure on mainstreaming and the implications for independent living.

Chapter 4 addresses the impact of the crisis on disability-related social security benefits such as direct cuts in amounts paid, the non-indexation of benefits, changed non-contributory period conditions, social security deductions from benefits, increased user charges and delayed payments. It describes the way in which entitlement for benefits have been changed in terms of longer qualifying periods, more stringent means testing, revised disability assessment procedures and increased level of need required for eligibility. It also reviews the impact of the crisis on financial incentives and supports for job seekers with disabilities and employers who recruit workers with disabilities.

Chapter 5 provides an overview of evidence of the impact of the crisis on the implementation of the UNCRPD and summarises the findings of the study in terms of specific articles including equality and non-discrimination (Art. 5), accessibility (Art. 9), independent living (Art. 19), personal mobility (Art. 20), education (Art. 24), health (Art. 25), habilitation and

rehabilitation (Art. 26), work and employment (Art. 27), adequate standard of living (Art. 28) and participation in public and political life (Art 29b).

A broad scope has been applied in this review of the impact of the crisis on social services for people with disabilities. The term ‘social services’ has been taken to include employment and vocational rehabilitation services, education and vocational training services, health and social care services and the more typical personal social services.

Recent comparative literature on the social impact of the economic crisis in EU Member States and more particularly on the impact of the crisis on the social services sector is relatively sparse. Reports that focus on social services for people with disabilities are particularly scarce.

Many policy documents including some at EU level acknowledge that the crisis in many of the Member States has already triggered considerable and adverse social consequences. They refer mainly to the impact on levels of (long term structural) unemployment and on (child) poverty[45]. Most recent EU policy documents seem to anticipate a further deterioration of the social impact due to the prolonged economic crisis and pessimistic economic forecasts.

In a review of the 2011 National Reform Programmes (NRP), produced by all Member States under the First European Semester and recommendations for the year 2012, the European Council and Commission set as one of the five priorities for Member States to address the social consequences of the economic crisis. The recommendations, however, seem to accept that Member States need to tackle economic stability and limit further deterioration of the public finances in the first place and only as a secondary priority to seek the implementation of the national targets that incorporate the common EU headline targets on employment, poverty reduction and school drop outs[46] in national agendas through the NRP. In other words, the EU seems to promote the idea that the prime goal of the Member States is to contain public deficits and implicitly accepts thereby that Member States defer their efforts to actively implement policies that reduce poverty and, to a lesser extent, policies that increase employment.

It is important to note in this context that the Commission reported late 2011 already that in spite of the agreed EU headline targets on Employment and Poverty for 2020, the combined commitments from the Member States under the 2011 NRP would fall short of achieving the EU objectives. Whereas, in relation to employment the difference between the envisaged headline target and joint commitment is small (headline target 75% - joint commitment about 74.3%), the situation regarding poverty is strikingly different. EU Member States have in their 2011 NRP committed to only 60% of the EU headline target, leaving 8 million poor Europeans unattended to in spite of the Europe 2020 objective. People with disabilities are particularly affected as they are confronted with higher at risk of poverty rates than people without disabilities.

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[45] See for instance the March 2012 Quarterly EU Employment and Social Situation Review: the Review reports on a rising share of children at risk of poverty. Children appear to be more affected than the rest of the population as they are living in households headed by working age adults who were directly hit by the rising unemployment. Child poverty is on the rise in 18 Member states between 2008 and 2010 including in countries as Germany, France and Denmark. As with most data on poverty the figures are based on the 2008-2010 period and more recent data are not (yet) available.

[46] The Europe 2020 strategy sets out the following ‘social’ headline targets : employment rate of 75%, poverty reduction by 25% or 20 million individuals and a school drop out rate of below 10%.

In its February 2011 Report[47], the EU Independent Social Inclusion Expert Network noted a deepening of the impact of the crisis but with wide variation across the Member States. Present 2012 study reveals that **a growing number of Member States are being forced to cut in their public spending on social, health and education services thereby affecting people with disabilities disproportionally**.

The Report of the Inclusion Network made reference to the unavailability of statistical information and the absence of systematic monitoring of the social impacts by national governments especially in the areas of poverty and social exclusion. The current study reveals that **the absence of up-to-date statistics on poverty, social services and disability is persistently being reported as the principal obstacle for an adequate monitoring of the social impacts of the austerity measures in the Member States**. The information and data in the Member States are fragmented, outdated, not recorded or not made public, which makes an accurate analysis of the country situation difficult and a cross-country comparison almost impossible.

The network reported on the time lag between the occurrence of the crisis and its effective impact on people's lives as one of the reasons that the real social impact has yet to be seen and is expected to further materialise in the years to come. The present study confirms this trend. The most drastic cuts affecting the social services sector in the Member States appear to have been initiated recently, in 2011 and 2012 and countries report on further planned austerity measures in the social services area. The real effects and impact of these recent and additional measures will only be noted in the years to come.

The Report of the social inclusion network lists a series of measures that have occurred in Member States, though it doesn't give country specific details[48], such as cut backs in income and employment support schemes, cuts in social services and increases in direct and indirect taxes such as VAT, the latter particularly hitting the poor among which people with disabilities.

The report indicates that, at least for the countries that have suffered from the economic crisis, a negative overall effect on social services can be noted but that at the time of writing (February 2011 on inputs of September 2009), it was too early to assess the full impact of the crisis on the public (social) services.

The report indicates some general trends that have occurred in a number of Member States:

- ***Cuts in health, social and education public expenditures***

  Reduced expenditure in the public social, health and education services, as part of fiscal consolidation or austerity measures is the most direct and tangible intervention identified. The consequent potential negative impact on the availability and accessibility of the services and on the quality of the services concerned was noted. Direct public spending cuts in the social, health and education sectors has occurred in a considerable number of Member States. Job cuts and salary decreases in addition to other types of budget cuts were also reported.

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[47] Frazer Hugh and Marlier Eric, Social Impact of the crisis and developments in the light of the fiscal consolidation measures, the EU network of independent experts on social inclusion, February 2011. The Report is based on (unavailable) country reports produced in autumn 2010.

[48] The research team approached the network for obtaining the country reports but the request was declined.

- ***Growing demand for social services, which were not accompanied by increased resources***

  Member States reported increased numbers of beneficiaries for both cash benefits and social services and a higher number of applications for emergency social services. This increasing demand for social services was not matched by additional budgetary measures with the result that greater needs are to be addressed with the same or reduced financial resources.

The report was pitched at a general level and does not allow for country by country comparisons or for a detailed analysis of the nature of the austerity measures and their impact on the general social services sector nor on specific social services.

The current study which was carried out in the course of 2012 builds further on the report of the EU Independent Social Inclusion Expert network and attempts to explore more recent comparative and national sources. The aim was to further map the effects that the austerity measures have already had in the area of social services and more in particular on the lives of persons with disabilities and their families.

3.2 General impact on the social services sector

The ways in which social protection and social services are regulated, organised and provided across the EU Member States[49] diverge widely. The social protection (including social security) and social services sectors are traditionally policy areas that are governed by the well-known *'subsidiarity'* principle that is enshrined in the EU Treaties. They are basically national competences and the EU is prevented from interfering. As a consequence we have effectively 27 national 'social' systems that have historically evolved within national societal contexts and which are characterised by extremely large disparities in material and personal coverage, benefit and service levels and delivery mechanisms.

While the national contributory and non-contributory social protection (or 'social security') schemes providing for cash benefits are covered in the following section of this report[50], the social protection systems of most Member States also contain cash transfers to vulnerable groups, including people with disabilities that are fully, or partially, financed by local authorities from their own local budgets. Apart from these 'monetary' benefits, local authorities often[51] provide for in kind benefits through the direct provision of certain goods or vouchers or through other means like price reductions or subsidies on public services. These benefits are often means-tested and take the income situation of the applicant or the family into account. They are sometimes allocated in a discretionary way leaving room for decision making to the local authority.

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[49] See study on social services of general interest, European Commission, Directorate General Employment, Social Affairs and Inclusion, October 2011, available at http://ec.europa.eu/social/main.jsp?catId=794&langId=en

[50] See also Analytical Support on the socio-economic impact of social Protection Reform, ASISP, synthesis report on pension reforms, health care and long term care reforms, October 2011.

[51] There is a shifting trend to provide more in-kind benefits and services as opposed to cash benefits.

Social services,[52] on the other hand, encompass a wide range of services such as child and social care services, employment and labour market integration services, vocational assessment and rehabilitation services, home care services, housing services, etc. Social services are often connected with the health, education and vocational training services. Their scope and nature vary from country to country but most often (public) social services are largely financed out of general public taxation, regulated at a more decentralised level, often at regional level, and provided at lower levels of government by either local public providers or by private providers that are identified through public procurement.

It is at the level of the local authorities, in those Member states where this system of provision is in place, that one can often detect an institutional link between the provision of the non-contributory cash and in-kind benefits, between the latter and the social services, and between the social, health and education services for the most vulnerable groups in society. Decreased local authority financing has in most countries a direct impact on social services spending, which constitutes a considerable part of the local budget.

3.2.1 Public budget cuts in the 'social sector'

The austerity and fiscal consolidation measures EU governments have introduced are primarily aimed at reducing public spending. Social protection and health care spending represent a considerable part of the public expenditures in the EU[53] [54]. Measures aimed at public spending cuts are therefore likely to impact on social protection and health care expenditures.

The available reports and data examined under present study confirm that the austerity measures in Member States have impacted on social security and health care spending and, to a lesser extent or with more diversity among the Member States, also on education and employment support services. Social services on the other hand appear to be the hardest hit. This is affecting people with disabilities disproportionally.

This chapter provides an overview of the cuts with specific attention to a wide variety of social services[55]. It is of necessity a general summary as data sources remain scarce and there is few comparative statistics available. When countries are referred to with regard to some actions or trends, it does not mean that the action or the trend is absent in other Member States but merely that no information was found to confirm its existence.

On the basis of the available literature and reports consulted, public budget cuts affecting the ***wider social protection systems*** have been initiated and recorded in most of the Member States. In terms of social security, old age pension policies have received most public attention and public pension systems are under review in most Member States. This is often

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[52] A definition of social services of general interest is provided for in the Communication from the Commission on Implementing the Community Lisbon programme: Social services of general interest in the European Union, April 2006, COM(2006)177 final.

[53] Social protection spending counts for 26% of GDP on average in the EU. Data from Eurostat at http://epp.eurostat.ec.europa.eu/

[54] Health care spending represents on average 9% of GDP throughout the EU. Bartosz Przywara, 'Projecting future health care expenditure at European Level: drivers, methodology and main results', Economic Papers 417, July 2010, European Commission

[55] 'Social services' in present chapter encompasses the 4 categories that we have used in the last section of this chapter

aimed at raising pensionable ages and containing the growing expenditures. But the austerity measures have also affected the wider spectrum of national social protection systems and included changes in the health care insurance and unemployment insurance schemes. In some Member States reforms were introduced that profoundly changed the social security schemes targeting persons with disabilities.

Whereas fiscal consolidation measures in social protection in most Member States seem to have been oriented firstly or primarily towards pension policies, ***health care systems*** in Member States also seem to have been subject to cost cutting measures though in a less pronounced way[56]. Rationalisation of health care expenditures in attempts to create more sustainable health care systems, as a consequence of reforms and/or as a direct consequence of the crisis, have taken various forms such as the privatisation of health care providers, increased co-payment levels and changes in the reimbursement mechanisms, amongst others. Cuts in health care spending have been reported in Member States such as Greece, France, Ireland, Latvia, Portugal, Romania and the UK but also in Member States that have been less affected by the crisis, such as Austria and Germany where the political agenda in recent years has included rationalisation of health expenditures. People with disabilities face on average higher medical care costs than people without disabilities. Austerity measures in the health care domain are therefore likely to have a disproportionate impact on the lives of people with disabilities.

The ***education sector*** has been targeted by austerity measures most often in the Member States that have suffered most from the economic crisis. Public sector staff and/or wages have been curtailed in Greece and Spain where large additional spending cuts were announced in May 2012. The measures taken do not only concern public education personnel in terms of their numbers and salaries but also increased tuition fees, larger classes with more pupils/students, more teaching hours per individual staff and the reduction of training for the education sector personnel. Cutting in public budgets for mainstream education and/or for special school education for children with disabilities and for vocational training for young adults with disabilities has occurred in a series of Member states often -but not only- those that have suffered mostly from the crisis such as Greece, Portugal, Spain and Ireland. It is clear that these austerity measures can have a serious impact on the equal opportunities and lives of children and young adults with disabilities.

The wider ***social services sector*** has, in many Member States, been affected by serious cuts in public expenditures[57]. **The extent of the cuts appears to have been far more drastic than in what regards the social security, health care and education systems**, though the situation appears to be different from country to country. In Denmark, Germany, Sweden, Finland and to a lesser extent also in Austria, Belgium and France cuts in the social services sector seem to have been relatively limited, although even in these countries

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[56] Horstmann Sabine, Synthesis Report 2011, ASISP, October 2011, available at http://www.socialprotection.eu/, in 'publications'

[57] Updated reports, records and statistics on social services provision are not systematically available at EU level. The unavailability of such statistics/data has been claimed to be a major impediment for cross-country research and comparison in many policy documents and independent reports. Trying to obtain reliable data is particularly challenging because of the fact that in many Member States social services are (regulated,) financed and/or provided at decentralised levels of government being it at regional and/or local authority level. Data and information on local authority budget cuts in the social services area need therefore to be obtained directly from local information sources.

growing demands for social services and a deteriorating financial status of the local authorities are being reported.

Recent reports[58] -including all country reports produced under present study - confirm that public social services financing and provision is being very seriously curtailed in Member States such as the Baltic states, Bulgaria, Greece, Hungary, Ireland, Italy[59], Portugal, Romania, Spain and the UK[60].

The public budget cuts in the social services sector have taken *various shapes* and have been implemented through *various means*.

The curtailing of 'national' budgetary allocations for social services

This is often achieved by means of downsizing the levels of financing allocated to the lower levels of government. It is the most direct type of intervention in the available reports. The drastic reduction of the local budget allocations for social (care) spending in Italy and the UK are notable. Decreasing budget allocations earmarked for social care and services to lower authorities will inevitably have an impact on the levels and volume of social services that are provided to the communities and persons with disabilities, one of the main categories of beneficiaries.

In the UK, there has been an unprecedented 28 % cut (40% if inflation is taken into account) in the grants for local authorities and a decrease of 14% (25% allowing for inflation) of the local authorities spending power[61]. Special grants previously allocated to the most deprived authorities, which have been hardest hit by these measures, have been curtailed. Such authorities are confronted with a loss of up to 28% in their spending power or about the double of the average. A Demos Report carried out on behalf of a national organisation for people with disabilities concluded that 81% of the local authorities will be required to limit their funding support to those with substantial or critical needs[62].

In Spain, local authorities report decreases in their financing levels between 2,3% and 5%.

In Portugal an overall cut of public budgets for 2012 of 5% was reported which includes the social sector;
A 23% cut in public spending including on social services has been reported in Ireland, 85% through staff cuts and 15% through cuts in salary packages for professionals.

In Greece, the central budget of the Ministry of Health is expected to be cut with an additional €1,6 billion under the new series of austerity measures announced for 2013.

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[58] ASISP reports 2011, available at http://www.socialprotection.eu/

[59] The Italy 2011 ASISP Report notes a decrease of 79% of public spending in state financing of social care and assistance between 2008-2011 and expects that by 2013 the cut as compared to 2008 will amount to 89%. The same report mentions furthermore the abolishment of the National Fund for Dependent People, which was created in 2007. The Fund had an overall financial capacity of €400 million in 2008.

[60] The UK 2011 ASISP report indicates a decrease in local government spending for the next 4 years of 27%, which will have a negative impact on social care provision as the latter (comprised of adult social care and service for children) represents between 40-60% of the local budgets. The Report mentions sources that indicate cutbacks of 23% in social care services spending over the same reference period

[61] The source of information is the A Joseph Rowntree Foundation Report

[62] Destination unknown Summer 2012, Claudia Wood, DEMOS/SCOPE

In Hungary, funding for social care, day care and residential care services decreased substantially between 2008 and 2011.

Decreasing ***financing and funding possibilities for private social services*** sector

Reductions in the funding allocated to not for profit non governmental and for profit providers have been reported in most Member States. This had an impact on the volume and the level of these services. The partial or complete closure of some social services has been reported, often in more rural areas of the country (Greece, Romania, Portugal, and Ireland), mergers between different services and the re-organisation of the services by decreasing number of opening hours or days of certain services.

Funding for service providers has decreased in Spain where one agency faced a 7,5% reduction compared to the previous year, and another experienced a decrease of 25% of its funding through public contracts. A 15% decrease in local funding of non governmental agencies that are working with people with disabilities was confirmed by one local authority.

In Portugal, decreased funding levels for service providers were reported to be a consistent trend over the last 4 years. Between 2009 and 2011 public expenditures on professional rehabilitation for people with disabilities (including assessment, training, follow-up, self and supported employment and the provision of technical aids during employment) had been reduced by 62% with a reduction of more than 26% of participants. Providers of early intervention services for children with disabilities saw their monthly allocation of funding reduced from 240 EUR to 160 EUR per child, resulting in staff cutting, reduction of the average duration of the intervention services and compromising the quality of the services.

In Ireland reductions of between 15%-23% in direct funding to social service providers was reported.

Government funding through the prefectures for not for profit service providers has severely decreased in Greece. All not for profit providers of services to people with disabilities which were interviewed for present study reported on very drastic cuts in their financial income from public sources. One agency reported a 66% reduction of public funding while another reported on a decrease in public funding of 50% with an additional 20% announced for 2013. The Home Help care programmes which were extensively developed by the local authorities over the past 2 decades are breaking down as a consequence of the funding cuts.

In Hungary, public funding for residential services for psychiatric patients decreased between 2008 and 2011 with 15%.

Direct staffing (costs) cuts in the *public* social and health services sector

Another area in which the austerity measures aimed at public expenditure containment have intervened is in the ‘white sector’ (health and social sector) jobs[63]. Whereas a few countries report little or no changes in the staffing levels in the social and health services sectors such

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[63] Personnel cuts have also occurred in the private social services sector (not for profit non governmental and for profit organisations) but they are indirectly the consequence of public budget cuts as the private sector reports decreasing funding and contracts which results in closing/reducing of services and their levels.

as Belgium, Germany, Finland and France, a large majority of Member States seems to have been confronted already with personnel cuts in varying ways. Some countries such as Greece, Hungary, Ireland, Italy, Portugal, and Romania have been particularly affected whereas in Spain the reduction of staff in the social services seems thus far to have been more or less contained.

In countries where a substantial part of the social services is provided by the public sector, direct staffing (cost) reductions of public servants have been introduced. Downsizing the public sector workforce is not only happening in the *public administration* at national, regional and/or local level but also among the *professional*s working directly in the public social and health care services with the service users.

Staffing (costs) cuts in the public social services systems have materialised in different ways:

- Direct cuts in staffing levels through[64]
    - Redundancies;
    - Introduction of early retirement schemes, partial employment schemes and/or (technical) unemployment schemes;
    - Reduction of employment positions;
    - Recruitment freezes;
    - Not replacing staff who are entering old age pension schemes, whose temporary contracts have ended, etc.;
    - Introduction of more temporary contracts instead of permanent contracts.

Under the local authority austerity cuts in the U.K., voluntary redundancy and early retirement schemes were introduced. One local authority representative indicated that under these schemes about 400 staff had left in the last 2 years. Another local authority reported that their social work department lost 65 of their staff.

In Ireland, there has been a complete recruitment embargo for three on-going years on recruiting staff in public services including the social services sector.

- Cuts in Salary
    - Direct cutting of salary packages, such as in Greece, Ireland, Spain and Romania where a salary decrease of 25% of all personnel in the public sector was imposed;
    - Freeze in pay rises, no pay increments, no remuneration for overtime
    - Skipping the automatic ‘indexation’ or corrective mechanism which is periodically taken into account in wage policies in order to take into account price inflation;
    - Changing the corrective mechanism that is periodically taken into account in wage policies, such as in the UK.

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[64] The focus group with service providers in the disability field organised as part of the current study in spring 2012 confirmed that in the non-governmental sector, jobs disappeared and salaries were sliced in Greece, Ireland and Portugal.

In Greece, income of civil servants, including in the social sector, have been cut by 40% since 2010 and a 50% cut in benefit levels for civil servants working in the Ministries is announced. A unified pay scale for all civil servants is planned to be introduced and the reduction of the 13th and 14th month salary discussed. Not for profit service providers in Greece report salary decreases between 10% and 25%. The service providers furthermore report on delays in the payments of the wages for the staff for periods between 2 and 5 months.

In the UK pay rises were frozen in the public social sector, no pay increments paid out and no annual inflationary pay increases applied as a consequence of the austerity measures and reduction of the local authorities' budgets for social care.

In Spain salaries of professionals have been decreased by 5%.

The *staffing cuts* in the health and social care sectors are remarkable for several reasons:

- Most Member States reported that demand for staff is growing as a consequence of the economic crisis due to the increase in the number of clients needing both emergency support and more structural poverty-related support services;
- All Member States reported on the structural shortage of professionals in the social, care and health sectors due to the ageing process;
- All Member states widely acknowledged that white sector staff shortages pose a challenge that requires urgent and structural responses[65].

It is noteworthy that in many countries salary levels in these white sector jobs are already very low. Of interest in this regard are reports from the UK where the white sector typically is a minimum wage sector where personnel work at the lowest salary levels. Moreover, there is indication of a growing in-poverty work incidence amongst social care staff.

Less information is available on the job cuts and salary decreases for the personnel in the *private* (or the non-governmental) social sector. It is nevertheless clear that the decrease and downsizing of the services in the non-governmental sector has a direct impact on the number of professionals and other staff available to provide services. These trends have occurred in Bulgaria, Greece, Ireland, Portugal, Romania and also Spain.

Structural staff shortages

Among the causes of structural staff shortages, which have been observed in all Member States, are low payment levels and unattractive working conditions.

Some of the newer Member States (Bulgaria, Estonia, Hungary, Latvia, Lithuania and Romania) report on large staff shortages in the health and social sectors caused by large emigration flows of the professionals and the very low local salary levels. **The white sector brain drain from these countries in times of crisis is likely to increase further**. The already considerable gap between supply and demand for white sector professionals is likely

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[65] Interesting in this regard is that EU policy documents point at the need to fill in vacancies in white sector jobs as one of the roads to achieve the Europe 2020 strategy

to widen further due to the ageing of the local population and growing needs for professionals.

Direct payments to people with disabilities

Decreases have also been reported in the *direct payment and personal budget schemes which are designed to provide people with disabilities* the possibility to purchase the services they require to enhance independent living[66].

Over the past decade, several Member States have introduced personal budget schemes that allow disabled people to take control over their own care and to choose to continue to live in their communities rather than in residential care.

Over a number of years, cuts have been reported in these budget schemes in several countries and even their complete closure in some cases.

In December 2010, the UK Government announced that the Independent Living Fund (ILF), set up as a national resource in 1988 with the goal to enable people with severe disabilities to live independent lives in their community rather than in residential care, will be permanently closed for new applications. Payments to existing users are to continue until 2015. The Fund, which operated as a trust, had a financial capacity of around € 335 million[67]. In March 212 a joint parliamentary committee produced an alarming report on the implementation of the right to independent living for persons with disabilities and concluded that the recent reforms initiated by the government risk leaving persons with disabilities without the right to independent living[68]. The closure of the Independent Living Fund, reduction of housing benefits, transformation of the Disability Living Allowance into a Personal Independence Payment and restrictions in eligibility conditions for social care support have the potential to impact harmfully on people with disabilities. The report explicitly mentioned that the combined development may push persons with disabilities out of their homes and local communities back into residential care.

The personalisation agenda which was introduced by the previous government is still upheld by the current government and heralded as being instrumental in improving more personalised care for people with disabilities. However personal budgets have been cut up to 40% according to data obtained from the National Centre for Independent Living.

"We are seeing some quite horrific figures, which really bear no relation to the reduction of funding that the local authorities are getting". "It doesn't look transparent to me and I think local authorities need to come clean and explain service users and their staff, who I think are being put in an impossible situation, exactly what the rationale is because I don't understand it".

In 2011 the Dutch Government decided to drastically decrease the personal budget scheme (*Persoonsgebonden Budget, PGB*) as of January 2012. New customers who are assessed as being in need of extramural (as opposed to residential) care no longer qualify for a personal budget. As a result, 90% of those recipients in 2011 would have lost their PGB by

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[66] Personal budget schemes do not exist in 5 of the 6 countries that were taken in present study : Greece, Hungary, Ireland, Spain and Portugal. Only the U.K has a personal budget scheme for people with disabilities.

[67] Figures for 2007

[68] House of Lords and House of Commons, Joint Committee on Human Rights, Implementation of the right of disabled people to independent living, 1 March 2012

2014[69]. It should, however, be noted that in the budget pact concluded by parties united in the so-called Kunduz-coalition in late April 2012 (following the fall of the Government a week earlier), cuts in the PGB scheme were reversed by EUR 150 million. Similarly in Ireland, cuts are affecting the number of personal assistance hours granted[70].

The personal assistance budget *(Persoonlijk Assistentiebudget, PAB)* of the Flemish community of Belgium has faced waiting lists since its inception in 1999. Since then, the waiting lists have grown every single year, to reach 5,644 persons end 2011[71]. This exceeds by 300% the number of PAB-holders[72].

The reduction and cutting of personal budgets limits the free choice of persons with disabilities to independently form their own opinion and decide on which services to purchase. Changing personal budget schemes into the provision of in kind benefits or services appears to be a setback in acknowledging the rights of persons with disabilities as enshrined in the UNCRPD.

Financing of representative organisations for persons with disability

While not directly involved in service provision, reduced funding to disability representative organisations is nevertheless another example of budget cuts that concern the disability sector and may impact on the lives of persons with disabilities as they impact on the information, advisory and advocacy services for persons with disabilities.

A 20% decrease of financing of disability organisations in a particular autonomous region was reported in Spain.

In Portugal a 30% decrease in public funding between 2011 and 2012 for disability organisations was imposed.

In Hungary, national associations representing people with disabilities will receive between 10-15% less funding from the national budget for the year 2013.

Planned investments are being stopped and/or postponed

Budget cuts have also resulted in the deferral and cancellation of planned initiatives.

In Spain earlier investment plans aimed at improving the accessibility of public buildings, services and transport have been virtually paralysed.

In summary, the social services sector has been hit particularly hard in most Member States by austerity measures with the exception of a few countries that have been able to more or less cope and contain the negative effects of the crisis thus far. The reduction of local budget allocations for social services delivery from central government resources is the most

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[69] European Network on Independent Living, ENIL, Proposal for a Resolution of the European Parliament on the effect of cuts in public spending on persons with disabilities in the European Union, Background note, September 2011.

[70] *Ibid*.

[71] http://www.10jaarpab.be/rapport/standvanzaken/

[72] VAPH, Zorgrapport 30 November 2011, available at http://www.vaph.be/vlafo/view/nl/4777109-Zesmaandelijks+rapport++vraag+en+aanbod+zorg+voor+personen+met+een+handicap.html.

tangible austerity measure that is being enforced in many of the Member States, and not only in Member States that have suffered most severely from the crisis. Almost all countries, including those that are more economically robust, are experiencing severe challenges with local authority budgets, which are also being allocated greater responsibilities in social services provision.

The public budget cuts in the social services sector have, in many Member States, already led to a decrease in the volume and levels of social services in both public and private service provision. Access to social services for vulnerable groups appears to have been considerably reduced as fewer services (levels) are available as compared to the pre-crisis situation. Services have to operate with less staff for a growing group of people who develop a need for such services as a consequence of the crisis. This must be viewed against an overall background of increasing demands due to ageing societies and higher occurrence of various forms of disability that goes together with the ageing process.

Staff reduction in the social sector clearly impacts on service delivery and on the availability and access to social services. Less staff are available to deliver for the same or increased number of clients and the specialisation of staff is becoming devalued. These trends undoubtedly affect the quality of the social services.

Smaller social services and services operating in more rural and more deprived areas appear to have been affected most by the austerity measures. This raises questions on the geographical spread of the social impact of the crisis. Areas which often were already ‘under-serviced’ are getting stripped of social services. Beneficiaries residing in more isolated regions are left with less or no access to the social services they previously had access to.

People with disabilities have particularly been affected by decreasing social service levels. They have been hit more severely in that services which specifically are targeting the needs of persons with disabilities have been curtailed significantly by the austerity measures and limits of public financing. Labour intensive schemes such as personal assistant services for people with disabilities are increasingly under pressure. Moreover, in countries where independent living has been developed, there seems to be a recent set back in that financial allowances promoting independent living are being curtailed or even terminated.

3.2.2 Trends at macro level and structural changes in the social services sector

The social services sector in most of the EU Member States is undergoing far going changes. The budget cuts described in the previous section reveal that there is less funding available and that the volume and accessibility of social services has decreased. Most recent and planned austerity measures are likely to cut further in the social service provision.

Member States on the other hand report on a **widening gap between the needs and the available social services**. The causes for the increasing needs are multifold. Some are directly related to the crisis like the increase of applications for social support due to economic hardship, for emergency support and mental health services. Other causes are rooted in societal changes and related to the ageing process and the occurrence of new types of disabilities amongst the elderly but also among the general population and children.

This section highlights some tendencies that can be identified at macro level some of which have affected the structural organisation of the social services.

3.2.2.1 Accelerated decentralisation to under-resourced local governments

Some Member States, such as Greece, and Romania, seem to have recently entered into new or accelerated waves of decentralisation of social, and sometimes health services, transferring responsibilities to lower levels of government.

The available reports indicate at the same time that the local authority levels are experiencing *very severe financial circumstances* and have insufficient resources to take over the responsibilities for the financing and provision of the social services. These trends of fast-track decentralisation without the financial backing/resources at lower levels of government have undoubtedly an immediate effect on the current and future availability and provision of social services for vulnerable groups including for people with disabilities. Reports directly point to the far-reaching consequences for the beneficiaries who are depending on social services and who as a consequence of the economic crisis and absence of public financing at local level, have no longer access to social services.

The very precarious financial situation of local governments in Italy has been reported. **Local governments, which are the main long term care providers, are being forced to suspend/close services as a result of severe cuts in the state funding** for social and long term care. In Greece, reports mention that services that were established prior to the crisis, often with ESF support, have not become integrated into the local authority service packages as was originally intended and that national funding for the integration of these services was withdrawn.

Decentralisation often seems to create additional *regional or local disparities* in social service provision and regional/local discrepancies in the quality of the social services. The growing gap in social service provision between the regions and local authorities is not only notable in the Member States that have most suffered from the crisis but also in those that have coped relatively well. Regional disparities in social service provision appear to be a growing trend across the EU.

With regard to quality assurance, reports reveal that quality concerns, for example in the long term care sector[73], are a key concern in many Member States, often triggered by growing disparities in the quality of service provision resulting from decentralisation. Nevertheless, many reports refer to a lack of indicators for assessing quality and of coherent approaches to quality assessment, particularly in countries where decentralisation is combined with high levels of informal and privately paid care such as in Italy and Greece.

The trend of increased decentralisation that has occurred in some of the countries in parallel or as a consequence of the crisis seems to point at a central concern that in spite of the very poor financial situation of the local authorities, they are increasingly becoming the main funder of social services in the EU Member States. The weak status of local government finances is reported in almost all Member States including in the Nordic countries, which

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[73] Germany, Finland, Ireland, Iceland and Luxembourg are among the countries that report on increased attention to quality assessment predominantly focused to institutional care (nursing homes) but sometimes also to home care.

traditionally have long histories with local self-government and social service provision through the municipalities and local authorities.

The consequence of this decentralisation move combined with insufficient financing capacities at lower levels of government has pushed the social services sector to the verge of collapse in those Member States where the sector was not yet developed at the time that the crisis set in. Public and private social services have vanished in many instances. The situation is particularly worrisome in more rural and remote areas and in the territories of poorer local authorities. Romania and Bulgaria but also South European Member States including Greece, Portugal and Spain are witnessing alarming levels of setbacks in social service provision and growing regional disparities.

In Hungary, the social services sector reform currently on-going is characterised by an opposite trend with increased centralisation of powers. The new government announced for 2013 the abolishment of the county levels of administration which were local self-governments and which were entrusted with the specialised social services. The latter are replaced by county institution maintenance centres that are under the direct control of central government structures. A new governance level will be revitalised from the seventies (small regions or the 'jaras') which will be allotted with some responsibilities in social care provision. At the same time, hospitals and clinics operating under the previous county administrations are scheduled to become nationalised.

3.2.2.2 Postponement of pre-crisis reform plans in disability/social services

The economic crisis and fiscal consolidation measures have not only led to public budget cuts but also to Government decisions (national, regional and local level) to abandon, postpone or contain public sector reforms that would cost money in the short run. Whereas in the areas of social protection (both cash contributory and non-contributory benefits), social services and health care, the main interventions were focussed on cutting costs and increasing efficiency, interventions in the long term care sector seem often to have consisted mainly of the shelving of earlier planned reforms or in deferring new policy initiatives in spite of a general consensus among policy makers and stakeholders that action is required.

In 2010-2011, discussions on national policy reforms and changes in the LTC sector, which are generally considered as necessary in the rapidly ageing societies throughout the entire EU, have been postponed in many of the Member States in Central and Southern Europe as a direct consequence of the economic crisis and the lack of sufficient public resources[74]. In other countries, such as France and Poland, similar trends have occurred where the introduction of social insurance based schemes for long term care were abandoned[75] [76].

Long term care is in most Member States financed by means of a combination of public and private resources with a growing share of the latter. This requires either complete or partial financing from public resources. The lack of sufficient resources as a consequence of the crisis has been systematically raised as the main reason for postponing action in the sector. The failure to push reforms forward in a context where the gap between the demand and

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[74] Horstmann Sabine, Synthesis Report 2011, ASISP, October 2011, available at http://www.socialprotection.eu/, in 'publications'

[75] Germany, Luxembourg, Flanders and the Netherlands are countries/regions where long term care is partially financed out of social contribution schemes.

[76] In Slovenia, the discussion on introducing a long term care insurance seems to be still on-going.

supply of services and between those who can and those who cannot afford to pay their share for the services is widening is particularly a key concern for persons with disabilities in need of long term care services.

There is also an indication that *national reform strategies* or plans in the disability sector have come to a standstill or were slowed down as a consequence of the crisis and the lack of availability of public funds. Reforms inspired by the UNCRPD that were initiated before the crisis have in several Member States such as Spain, Portugal and Ireland resulted in legislative changes but the legislation has in many instances not been put into effect.

Larger de-institutionalisation plans in the disability sector have been abandoned in Bulgaria and Romania[77].

In Ireland pre-crisis reforms which aimed at an increased and improved alignment of national disability policies with the UNCPD objectives have been delayed, abandoned or not put into practice. Legislation has sometimes been adopted, such as the Education for Persons with Special Educational Needs Act (EPSEN) in 2004, but not put into effect. In spite of the government's strong commitment to inclusive education for children with disabilities, many of the legislative initiatives have been postponed due to the crisis. Plans for the Advocacy Service for people with disabilities have been postponed, as have elements of the 2005 Disability Act. The multi annual investment programme for disability support services has been halted. In 2009, The National Carers Strategy was abandoned as a consequence of the crisis.

In Portugal a pilot project on the introduction of personal budgets for people with disabilities which was planned to be rolled out in 2011 has not yet materialised and it is likely that it won't be launched in the near future.

Plans and programmes aimed at accessibility improvements and barrier elimination have reportedly been halted by most local authorities in Spain. At the same time Spain recently adopted new legislation promoting the rights of persons with disabilities. This legislation has not yet been implemented.

In Hungary, de-institutionalisation plans for large residential care facilities have not been put into practice. The reasons are reportedly not directly related to the economic crisis. In spite of adopted policies and legislation promoting more community based services as opposed to institution based care, most of the public funding including about €79 million from ESF financing was channelled to residential institutions as opposed to creating community based services.

In Greece the large de-institutionalisation programme for mental health 'Psyhargo' has been dismantled as a direct consequence of the economic crisis.

Chapter 5 examines the extent to which national implementation plans for the UNCRPD have been implemented in a timely and adequate manner by the EU national governments[78]. It reports on delays and/or changes to original planning which have occurred in the course of

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[77] As to Romania, it has been reported that the deinstitutionalisation was stopped when Romania entered the EU and that it was as such not the direct result of the economic crisis

[78] It appears that in the 2011 National Reform Programmes of the EU Member States under the Europe 2020 strategy only Germany makes reference to the implementation of the UNCRPD.

2011 ad 2012 as a consequence of the lack of financial means. The first report of Portugal on the implementation of the UNCRPD was due in December 2011 but was not yet published in summer 2012.

The economic crisis has put a halt to many social policy reforms that were planned or initiated in the Member States including initiatives that are relevant to greater adherence to the UNCRPD principles such as increased independent living, access to community based services, de-institutionalisation and increased mainstreaming for people with disabilities.

In some countries such as Portugal, **legislative and policy reforms that were initiated prior to the crisis and which aimed at implementing the UNCRPD, have been abandoned due to a lack of resources,** in addition to far-reaching changes in the financing of the services. This has in some instances led to a situation where children and young adults with disabilities are far worse off than before these reforms were initiated. Reforms of the inclusive education services and the early intervention programmes, which were inspired by the UNCRPD have in reality severely impacted on the lives and rights of children with disability.

3.2.2.3 Discontinuation of services established previously with ESF funding

Some sources, such as the Greek ASISP Report (2011), reveal that prior to the crisis the social services sector developed with large financial support from the ESF. Many new, often more specialised and innovative, services were opened reaching out to vulnerable groups whose needs were previously not being met. Services, such as day care centres, home care services for elderly and persons with disabilities, vocational training and rehabilitation services, were created with EU support but often in a fragmented way, with precarious employment contracts for staff, and insufficiently embedded into existing institutional frameworks and lacking a connection with other existing services.

The economic crisis and budget cuts resulted first in the reduction of national and local co-financing capacities of public authorities and subsequently, after completion of the ESF projects, in a discontinuation of the funding and closing of the services concerned.

The ESF, especially in the latest programming cycle of 2007-2013, has been considered and used by many Member States to promote the active inclusion of vulnerable persons including persons with disabilities. ESF funding facilitated innovative projects that otherwise would not have materialised. Challenges in the absorption of ESF financing have been reported in Bulgaria and Romania and the issue of the co-financing capacities especially from the poorer local authorities and smaller non governmental agencies has been raised. In September 2012, Romanian NGOs, many of which are social service providers, formed a coalition in order to campaign against the huge delays in payments from ESF funding from the government. The delays in payment have resulted in collapses of small scale providers and closures of services.

The discontinuation of social services that were set up with ESF co-financing raises many fundamental questions. The rules for co-financing may need to be revisited especially given the context that local authorities are widely being recorded as being in a weak financial position and in which they are being allocated more responsibilities for the financing and provision of the services throughout the EU.

The sustainability of local services as opposed to the mainstreaming of ideas must be an issue of serious reflection for those currently drafting the regulations for the forthcoming ESF. Whereas the ESF definitely proved to be an adequate vehicle to establish new types of services in many of the Member States, the longer term sustainability of these services has proven to be one of the weaker parts of the scheme. ESF procedures seem to contribute to a wider fragmentation of social services that have life cycles as short as the period of their ESF financing without achieving its goals in terms of generalising good ideas throughout the EU.

3.2.2.4 Moving from cash to in-kind benefits and services

Based on the available reports it occurs that cash payments, whether they are embedded in social insurance based schemes, in non contributory schemes or in typically social assistance type of benefit schemes, are being curtailed or abandoned. They are often being replaced by new ones with changed eligibility conditions and payment levels. Chapter 4 provides examples of how cash benefit levels in social protection schemes have been changed and of social protection cash benefit schemes that have been replaced by new ones, often with stricter qualifying conditions. Cash benefits for persons with disabilities have been affected in several Member States.

More difficult to detect is how cash transfers are gradually being replaced by in-kind benefits or the direct provision of goods and services. Local authorities that are in many of the Member States confronted with high pressures on local budget spending seem to opt increasingly for in-kind benefits or for provision of services as opposed to direct payments.

In Hungary, the government announced a reduction of the funding for the social assistance benefits in cash by €54 million in order to allocate the resources to basic social services.

3.2.2.5 Increased inequalities

Available sources indicated that in many Member States there is an increase or a persistently high level of inequalities in access to health and social services[79]. In the area of health care, national reports cited inequalities in terms of differences in the quality of care provision between the public and the private providers, better access for higher income groups to private health services (Germany, Finland, France, Italy, Portugal, U.K.), inequalities in access to education (Netherlands, Malta) and, as previously mentioned, regional disparities, in larger Member States often between the urban and rural parts of the country.

A particular issue is the phenomenon of informal (under the table) payments that are reported to exist in health care systems in Lithuania, Romania, and the Slovak Republic and which prevent low income families from accessing health care on an equal basis with the better off. High out of the pocket expenses and private payments are reported in Italy to be the reason why 1.5 million people had to relinquish services to meet their health and long term care needs. An estimated 2.6% of the population suffered impoverishment due to costs associated with long term care services.

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[79] Horstmann Sabine, Synthesis Report 2011, ASISP, October 2011, available at http://www.socialprotection.eu/, in ‘publications’

Growing inequalities in terms of access to social services have been reported in all country studies undertaken in present research. In the UK, growing disparities between the wealthy and more deprived local authorities as a consequence of the budget cuts in social care financing to local authorities have been reported. Compared to the more wealthy ones, deprived local authorities are disproportionally affected by the budgetary interventions. As a consequence fewer service users residing in deprived parts of the country will have access to fewer services. This trend is particularly worrisome for people with disabilities who are living in the more deprived localities.

In Portugal, Greece, Spain and Hungary a similar growing gap in access to services between the urban and more rural areas was evident. Historically, social services were locally fragmented and unevenly spread throughout these countries. In the years before the crisis, many new services were established, often with the financial support from the ESF, and the gap between rural and urban areas gradually narrowed. Improvements were noted in what regards the availability and accessibility of services for people with disabilities in remoter areas. The crisis and austerity measures seem however to have completely reversed the progress that was made and in some of the countries this even led to a complete collapse of services for people with disabilities in rural parts of the country. The cutting of transport allowances for people with disabilities to reach the social and health services in distant cities and urban areas combined with long waiting lists for assessment and access to the services have undoubtedly severely impacted on the lives of people with disabilities who are living in rural areas.

In Hungary, ‘rehabilitation’ has recently been given a new definition. Rehabilitation is currently not any longer referring to the life long process enabling people with disabilities for independent living and social integration but rather to a method for qualifying people with altered working capacity who are no longer entitled to the disability pension system after its fundamental reform.

The crisis and related austerity measures have undoubtedly led to **growing inequalities in access** to social services **between persons with different income levels** and capacities but also **between different vulnerable groups**. **People with disabilities are among the first to be affected. People with intellectual disabilities and those suffering from mental health conditions are the hardest hit**. **Children with disabilities are increasingly and disproportionally affected by the austerity measures in some of the Member States**. The gaps in access to services **between rural and more urbanised areas** seem to be growing, creating additional regional disparities in cohesion within the Member States themselves and also across the EU.

3.2.3 The impact of the crisis on service delivery mechanisms

Social services systems and structures are under pressure in the EU and **far reaching reforms are being initiated**. In some countries, such as in the UK and Hungary, structural reforms have been announced as being part of modernisation plans or have been inspired by new political views on social policies. In countries that have suffered most from the economic crisis, reforms are often less about politically motivated reform but about confronting the consequence of drastic austerity cuts, at times even in contradiction of new legislative and policy initiatives, such as in Greece, Portugal, Spain and Ireland.

Public spending constraints and cuts due to the economic crisis have in all countries concerned impacted on the volume and functioning of the social services, on the number and functioning of the providers and on the lives of the service users, including people with disabilities.

This section presents some trends related to the social service delivery mechanisms, which have occurred in EU Member States. They relate to the availability of social services, the funding mechanisms for social service provision, the functioning of the services and providers and to some fundamental changes in disability policy approaches.

The trends that have been identified are all directly or indirectly relevant to the lives of people with disabilities.

3.2.3.1 Contraction, termination and merger of services

The *closure* of social services is probably one of the most immediate and tangible effects of the crisis. The closure of services has been recorded in all Member States that have introduced austerity measures affecting the social sector and appears to have affected both the public as non governmental social service provision, particularly in poorer and more rural regions.

Many of the Eastern and South European Member States such as Bulgaria, Greece, Hungary and Romania reported a **devastating impact on the non-governmental social services sector** where many organisations have suspended or terminated their activities. The closure of non governmental social services must be viewed in conjunction with decreasing volumes of social services provided by the public sector.

Closures have been reported in all 6 country reports that were produced for this study. Closures were primarily attributed to public spending cuts for social services. In the UK considerable numbers of sheltered workshops and supported employment services have recently been closed. Similarly, in Greece, Hungary, Ireland, Spain and Portugal the termination or collapse of providers and services were reported.

In Hungary, the number of community based service providers decreased between 2008 and 2011 from 258 to 207 or a reduction of 20%.

It is striking to note that in some countries such as in Greece, Spain and Romania, social service providers were forced to close down as a consequence of delayed payments from public authorities. In Romania, for example, providers were only paying the social security contributions of their staff without paying out the salaries for several consecutive months. Other providers have collapsed as a consequence of delayed payments from public authorities which often operated with ESF money. In Spain several service providers have collapsed due to serious delays in payments from public authorities facing cash shortage, for example in Valencia and Andalusia. In Greece providers report delays in payments from public authorities of more than 1 year. Social service providers have collapsed as they could not any longer advance on the wages of their staff.

Mergers of different services and/or centres, which were accompanied by internal re-organisation, often leading to staff reductions and downsizing of the services, have also been reported. Mergers often happen to the detriment of the smaller services and those located in more rural areas.

The *contraction of social services* has taken many forms ranging from the full dismantling of entire centres and services to the termination of small service units. The volume of services has been restricted to the absolute minimum provision of services in residential care institutions. Opening hours/days in day care facilities have been reduced and the duration of the service provision has been shortened.

It goes without saying that these developments have an immediate implication for the service users who are increasingly confronted with reduced service packages or denied access to services. **Service users in many cases are being returned to the care of their families, voluntary support mechanisms or institutional care.**

3.2.3.2 Increased 'privatisation' or outsourcing of social services

There is a growing trend of privatisation or externalisation of public social services or the transfer of previously recognised public service obligations out of the public systems towards non-public for profit and not for profit agencies. This trend has been reported on in Hungary and Romania, for example,[80] and similar trends are noted also in Ireland, Greece and Portugal.

The UK seems to have embarked in a similar direction with regard to long term care services[81]. A widening and strengthening of the private social care sector within the learning difficulties sector has been noted in the UK where less than 10% of care was in State hands in 2011.

In the health care domain, it is possible to observe similar though less pronounced trends, for example health services and even hospitals are being prepared for privatisation in countries like Poland and Slovakia. Increased privatisation or outsourcing of social services, in itself, may or may not be a positive development and welcomed or disapproved by policy makers and/or wider stakeholders[82]. Privatisation is often promoted as part of modernisation plans for the public sector aimed at increased efficiency of service provision or the consequence of a policy to increase competition between service providers and to rely thereby on the procurement of the services.

Available information sources, however, seem to point to a rather different dimension of the phenomenon. The financial capacities of local authorities are constrained to such a high degree in many of the Member States that it is no longer a question of providing the services internally or through external providers but more a matter of the economic feasibility of the services themselves. Social services for the most vulnerable and services, which are unlikely

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[80] ASISP reports 2011, available at http://www.socialprotection.eu/

[81] The U.K. 2011 ASISP report mentions that 'hence it seems very likely that access to long term care will be restricted to many areas in the near future' and that according to a recent study (Forder/Fernandez 2010) 'the reduction in public support would prompt people to pay privately for care and/or seek informal care' raising serious equity questions as poorer parts of the population will be the losers.

[82] Reference can here be made to the Communications from the European Parliament expressing concerns about the growing tendency to privatise social services delivery.

to be of interest to commercial and not-for profit providers, seem as a consequence to be drastically reduced and even closed due to a lack of financing.

The growing privatisation trend may consequently have **adverse consequences for the most vulnerable groups with complex needs, including many people with disabilities**. The interests of competing private service provides in such services is likely to be low and as a result the burden of service provision may be shifted back to the families of the service users in terms of both the partial financing and even provision of these services.

In the UK, this trend is evident in the provision of employment services for people with disabilities. The recently introduced Work Choice programme has led to situations where people with disabilities who have the highest chance for labour market integration are being preferred for intake by the providers and severely disabled people being disregarded.

In Ireland there is a growing trend to outsource social and educational services to for profit providers which unlike the not for profit organisations pay minimum wages to their staff and are often only providing the basic services in absence of minimum standards governing service provision.

3.2.3.3 Increased and more demanding tendering of services

Alongside the trend of an increased externalisation and privatisation of social services, some Member States have introduced or reviewed the purchasing and acquisition mechanisms that are being implemented by the public contracting authorities.

Reference can be made in this context to the EU 2004 Procurement Directives which offer Member States the possibility to reserve markets exclusively for sheltered workshops provided that a national law has been adopted for that purpose and on condition that at least 50% of the staff of the sheltered workshops are people with disabilities. Some Member States have made use of this option, whereas others have not. In the case where a Member State applies the provision of the Directive, competition between sheltered workshops has to be ensured.

Sheltered workshops, both in Member States that have and in those that have not made use of this facility as well as other for profit and not for profit service providers have reported on recent changes in the tendering approaches that public authorities are currently adhering to in their purchasing policies. Tender specifications are reported to have become more cumbersome and more demanding in terms of results to be achieved and in terms of the performance requirements in comparison to previous times. More or higher outputs are expected and payment levels have substantially decreased.

The increased focus on performance in the public procurement process has contributed to positive results in some cases in that service providers have been forced to assess their own performance and reflect on organisational improvements.

However, service providers for persons with disabilities in countries such as Ireland, Portugal and the Netherlands reported that technical specification requirements have evolved to the extent that they negatively impact on flexibility and inhibiting the introduction of innovative approaches and ultimately putting at risk the quality, and person centred nature, of service delivery.

In the UK, increased complexities in tendering for services, which are more time and resource consuming for the applicant organisations than before are impacting on the providers. A similar trend is noted in Ireland.

3.2.3.4 Increased pressure on staff

Several reports indicate that as a consequence of staffing cuts combined with equal or higher demands and needs, fewer professionals are doing more. Fewer individualised time is available for the service users, working hours are becoming longer and pressures on staff have increased. These developments are impacting on the quality of the services.

A survey of members of a social care network in the UK undertaken by the Guardian revealed that 93% of professional social care staff indicated that their jobs were expected to become even more difficult as a direct result of the planned further budget cuts.

In Portugal, the growing demands on fewer staff among service providers, higher work pressures and increased risks of burn-outs were reported.

Similar findings are reported in Ireland where fewer professionals work longer hours, overtime is not compensated and increased number of staff is reported sick.

In Greece, the public mental health services are in complete disarray. Residential care services lack basic goods and supplies like foodstuff, basic medicines, toilet paper, bed sheets and electricity. Reports have appeared that staff is paying for the food of the service users in residential care services. The pressures on staff specifically in the health care domain where hospitals and primary health services are virtually paralysed are extremely high. A medical doctor of one general hospital committed suicide in front of the television cameras because of the financial problems and working conditions at the hospital.

3.2.3.5 Cuts in training and continuing professional development

The continuing professional development and training of the staff in the social services sector, and in other similar areas such as health care and education, seems to be one of the first areas where cuts have been made in both the public and the private systems.

Serious cuts in staff training and professional development budgets among the social service providers have been reported in several Member States.

In Ireland budgets for staff training and professional development have been re-oriented towards service provision. Service providers report in addition that there is no staff available to cover for people going out on training.

In Spain service providers report a shift from external to internal training programmes.

This development is worrisome and contradictory to the European policy goals enshrined in so many EU strategies, not least in the Europe 2020 strategy. Abolishing training and educational programmes for professionals and other staff of the providers will not only affect the personal professional development of the individuals concerned, but also is likely to have an impact on the quality of service provision. Specialised and customised services, which are very relevant to clients with disabilities, are becoming increasingly jeopardised. In combination with the tendency to downgrade the working conditions of staff, i.e. lowering of salaries, more precarious and temporary work contracts, increasing workloads, etc., the removal or drastic reduction of training opportunities will certainly have a negative effect on the competence and performance of staff and impact the service users in terms of service quality.

3.2.3.6 Decreased investment in research, development and innovation

Innovation, research and development are other areas where austerity measures have impacted. This trend is also placing the Europe 2020 strategic goals and headline targets, concerned with an innovative Union, at risk.

Project financing for the development of innovative services for persons with disabilities has been withdrawn in Austria. Private providers also indicated a reduction in their research and development activities, one of the first departments to be affected by the economic situation of an organisation.

Decreased investments in research were reported in Scotland and in Ireland where levels of research and innovation among service providers were being reduced, as delivering the necessary services was prioritised.

Research and development, as well as innovation, are critical for the disability sector. The design for all and accessibility spear points of the UNCRPD presupposes improvements in methodologies, tools and instruments, buildings and infrastructure, equipment and consumables, ICT and assistive technologies, which can only be achieved if the necessary research and development activities are undertaken and sufficient resources are reserved for these purposes.

Reduced research initiatives may put the further development and implementation of new, more innovative services for people with disabilities in jeopardy with significant implications for narrowing the gap between services for persons with and without disabilities. **Without the necessary research effort and funding, the position of persons with disabilities on the long road to full equality in society is being progressively pushed back in time.**

3.2.3.7 Growing uncertainty for the private providers

There was compelling evidence of the growing uncertainties and insecurities that many service providers have experienced throughout the prolonged period of economic crisis. The uncertainty is reflected in different dimensions but appear to be all related to the volatility of financing prospects such as:

- A general uncertainty related to the next years/future public funding;
- An uncertainty related to the other sources of financing from private sources;
- Uncertainty among staff about future jobs;

As discussed previously, financing in general, including direct State subsidies for the non governmental sector, has declined in many Member States. Several reports indicated that it is not entirely clear if further cuts will be implemented in the future and what their volume will be. Bulgaria, Croatia, but also Austria, indicated substantial decreases in subsidies to non governmental organisations. Further, in many countries service providers are recording a steep decline in their income from sources other than public funding. Fund raising and private donations are down in countries like Austria.

Uncertainty about the future makes service planning very difficult. The planning of services, which is a critical step in defining the scope and nature of service provision for service users, appears to be at risk. This development is of particular concern to the disability sector where service planning and assessments are most critical and a necessary condition for delivering positive outcomes.

The uncertainty of social service providers has in some countries also been the result of drastic changes in policies and legislation. In the U.K., Hungary and Portugal far reaching **legislative changes relevant to social services have led to enormous confusion and lack of clarity**. In Hungary, there is on-going unclarity on whether the scheme providing subsidies to employers who employ people with disabilities will be maintained implying that about 37.000 jobs are at risk. Several employers have started to lay off people with disabilities. At the same time, confusion is existing as to whether the government will maintain its contracts with 21 companies that provide protected work places and contracts were only extended with an additional month during summer 2012.

3.2.3.8 Waiting lists

Increasing waiting lists and longer waiting periods were reported for social, health and sometimes also for educational services in Member States.

In Portugal waiting lists are on the rise as a result of growing demands for services especially for long term care and for day care services for persons with disabilities.

In Hungary people are reported to have to wait for years before getting access to the social services they require especially in residential care settings. The estimated number of people waiting for general residential care services is 15.000 while for special residential centres for people with disabilities and psychiatric patients, the estimated number is around 2.100 for the year 2011. According to the available figures people with disabilities have to wait significantly longer before having access than people applying for general residential care services.

In Ireland waiting lists for social, health and educational services have sharply increased. More than 25% of people with physical or sensory disabilities are waitlisted for either access to assessment services or to personal assistance and support services. One organisation representing people with mobility impairments indicated that there is a current unmet need of over 520.000 hours per annum for personal assistant services for people with physical and sensory disabilities.

“During the years of prosperity there was a waiting list of approximately 2.000 people with intellectual disabilities for residential care, now the number has risen to 4.000”.

Hospital waiting lists are also growing in Ireland with 178.000 people waiting on an outpatient list. In the education area, one out of four young adults with an intellectual disability or with autism who left secondary school in June 2012 had no further education, training or day care service scheduled for September 2012.

In Greece, waiting times for appointments with general practitioners are exceeding three months. Appointments are often cancelled by the medical doctor, which is resulting in even longer waiting periods. People with disabilities who are depending on medical prescriptions are forced to pay for the medicines from their own budget. Waiting times for radiotherapy services in public hospitals are exceeding three months.

An estimated number of 60.000 people with disabilities are currently waitlisted in Greece in order to get access to their disability assessment and receive the disability certification at the few specialised Disability Certification Centres. The waiting times for getting access to the assessment services are up to eight months.

3.2.3.9 Tightening eligibility conditions to care and services

Another mechanism resulting in reduced support and services is the alteration of eligibility requirements.

In the UK eligibility conditions for social care for people with disabilities are being reconsidered by many of the local authorities. The introduction of the Personal Independent Payment as a substitute for the Disability Living Allowance will result in over 400.000 people losing eligibility.

The eligibility conditions for personal assistant services have been tightened in Ireland resulting in decreasing personal assistant hours for many of the service users. Eligibility conditions have also been restricted in the education sector where access to resource teachers and learning support services has been reduced impacting seriously on children with mild learning difficulties.

As a result of newly introduced rules in the health care system in Greece, general practitioners are not allowed to prescribe more than 3 medicines per prescription and per day. People with disabilities or with severe diseases who need to take many medicines on a daily basis are forced to get more than one appointment with the doctor and spend waiting time to obtain the necessary prescriptions.

As a consequence of a new code for the classification of disability, young people with disabilities who are over 18 years of age are no longer entitled to special therapies such as speech therapy and physio-ergo therapy whereas also for youngsters below 18 years of age the eligibility criteria have become stricter.

The home care programme in Greece has, since its establishment in 2006, been continuously confronted with financial challenges. It only served people with the highest support needs and could hardly be seen as an adequate mechanism accessible to all on equal grounds. **Due to a further tightening of the eligibility conditions, people with disabilities who live independently or who live with working family members have in practice been excluded since 2010.**

3.2.3.10 Lowering of quality standards for social services

As a consequence of growing demand and postponement of investments due to the lack of financial resources, admission criteria are being changed and quality standards for some services are being lowered.

In March 2012, new legislation in Portugal changed the minimum dimensions of the bedrooms and increased maximum number of residents per bedroom for residential care services for elderly. Further regulations are in preparation governing residential care facilities for people with disabilities. This type of changes directly impact on the lives of the service users in terms of their privacy and access to quality care.

A drop in quality standards of care in the health sector in Ireland was also reported where patient outcomes are being compromised as a result of shortage of staff, increased patient dependency and delays in accessing treatment.

3.2.3.11 Increased responsibilities of families and end users in the financing and provision of services

Of particular interest is the trend that can be noted in countries such as Bulgaria, Greece, Italy, Hungary, Spain, Portugal and Romania to re-allocate or reconsider family responsibilities in the provision of (social) care. It is notable that it is in those countries where social care was traditionally already largely conceived of as being provided by family members and informal carers, that recent policy changes are occurring which are redefining the responsibilities between the public system and the private/family arrangements.

Hungary’s new Constitution adopted in spring of 2011, for example, explicitly allocated prime responsibility for the individual well-being to the individual and the family and clearly specifies that the state has only a secondary responsibility[83].

At the same time, there is a growing incapacity of families to bear the costs for the care concerned through private income. Increasingly, families, as well as the dependent people are being confronted with exclusion from access to proper social and health care as a result.

The growing role of the family and end-users of social services in the financing and provision of the services is a trend that seems not to be limited solely to the countries of the South and Eastern parts of the EU. A similar trend is evident in other Member States where social service system developments appear to increasingly allocate financing and provision responsibilities to the families and end users.

The DEMOS published in summer 2012 in the UK identified that as a consequence of the 2010 Emergency Budget, people with disabilities and their carers experienced a drop in income of £500m (€618m) which in combination with a severe cutting of services and other financial benefits for people with disabilities has already resulted in a situation where people with disabilities and their carers are now responsible for paying a greater proportion of the costs of services. The financial pressure on people with disabilities and their carers has led to additional hardship, a decline of the mental health of people with disabilities and increased pressures on informal carers.

3.2.3.12 Increased standardisation of care and less person centred and individualised services

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[83] The Hungarian Constitution of 18 April 2011 also states that the State may but is not obliged to provide income security, which in fact is going against the EU 2008 Active Inclusion Recommendation that States should have minimum income support schemes for those who cannot become integrated into the labour market and have the right to a decent living.

Service providers in Ireland, Portugal and the Netherlands reported on growing trends that providers are forced into more standardised services as a consequence of the crisis, growing competition and an increased use of tendering[84]. Technical specifications and tendering procedures often reduce the possibility for flexible solutions. Requirements have been tightened and more service outputs are expected for less money. As a result service delivery mechanisms and processes have become more uniform with a consequent reduction in person-centred services and planning. There is a great concern that processing service users more rapidly will have a substantive impact on service outcomes for individual users. More service users have to be served in less time and with less funding shifting the emphasis away from customised services.

Shorter periods of service have also been reported in the rehabilitation sector in the Netherlands. Whereas previously, a client's rehabilitation was oriented towards enabling them to live independently, nowadays there is a trend to organise the rehabilitation process up to the point that the service user can be taken into care in a nursing home. The services are being curtailed in order to meet the demands of a growing number of clients but at the cost of changing the ultimate goal of the service from independent living to preparing the user for institutional care.

Increased standardisation in social care and less person centred care has been reported in the UK, Ireland, Portugal, Greece and Spain.

The shift away from personalised services for individual clients towards more standardised minimum services is undoubtedly a pattern that is economically inspired but it directly undermines the fundamental cornerstone of living independently and being included into the community enshrined in the UNCPRD.

3.2.3.13 Back to more institutionalised care

It is noteworthy that in quite a few Member States there are indications that as a consequence of the crisis, there is a growing tendency to use institutionalised social services. The argument for economies of scale is used to justify mergers of services and centres but also for the building of new institutions of certain sizes and capacities. The economic dimension is becoming an increasingly important criterion for selecting the scale/size of services and priority is assigned to maximising the number of clients that can be served. Connected to this is the selection of the location of service centres which often favours larger cities and urban areas for residential care initiatives over smaller community based living in rural areas and small communities or towns, which are closer to the person's home.

A similar trend is occurring with regard to the deinstitutionalisation of large institutions in central European countries. Romania reported that the deinstitutionalisation process of residential institutions for persons with disabilities, which at the time of accession was a conditionality for EU membership, has been halted. This is also the case in Bulgaria where until recently the matter of deinstitutionalisation was high on the public and political agenda but seems to have lost priority. Reports indicated that in daily practice institutionalisation has been re-established as the service solution of choice.

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[84] Results from the focus group held under present study in spring 2012

In spite of an increase in previous years of people with disabilities who are living independently in Ireland, there is a recent trend of people moving back into institutional care because of their low and decreasing income. **People with disabilities cannot afford to pay for the costs that go along with independent living**. There are cases reported of people who had secured own housing but who lacked sufficient resources to pay for the necessary additional personal assistant hours and for the costs related to the adaptation of their house. Due to restrictive rules on budget spending, some state financing was available to support residential care services but it could not be used for spending on independent living solutions.

A different form of re-institutionalisation has been reported in Portugal. In absence of new investments due to the crisis, existing residential care services are taking in more residents than before following legislative changes that have increased the maximum number of residents per bedroom or reduced the square meters per resident in residential care.

In spite of legislation from 1993 which called upon the building of group homes with more individualised services for the service users, the transition from an institution oriented care system towards more community based services has never been put in practice. Residential care for elderly and people with disabilities remained in reality the service solution for many dependent people in spite of the substantial waiting periods. More than 12% of the residents had to wait for more than a year according to available statistics though one interviewed person estimated it to be between 2 and 3 years. In residential care for people with mental disabilities, 24% of residents had to wait for more than a year. It is striking though that according to local studies 30% of the residents in the general institutional care stem are capable of living independently if basic community would been available.

In short, whereas for many years institutionalised care was considered the solution of last resort and ultimately very costly, there is recently a discernible change towards more institutionalisation as opposed to the more personalised, smaller scale and community based services that are promulgated by the UNCRPD.

3.2.3.14 Back to the medical model

The social model has over the last 20 years been promulgated as the key direction for social services delivery mechanisms, putting the person with a disability at the centre of the environment and organising a continuum of social services matched to the individual client's capacities and perspectives. The social model intrinsically implies a multidisciplinary approach towards assessment and service provision. Teams of professionals work on solutions, service users are actively involved throughout the entire process and individualised rehabilitation plans are the guiding tools accompanying the process.

Information received from professionals active in some Member States pointed to a determined change of direction towards more mechanical and standardised assessment and service provision procedures and mechanisms involving less staff. The shortage of financial means and increased performance requirements force providers to increasingly depart from staff intensive activities and services.

In some countries the strict medical model and medical assessment by commissions of medical doctors is being openly suggested as the old but best way to cope with the pressures of time and number of clients.

A recent Value For Money Study reported that disability services in Ireland are not only just located and funded by the health system, but that the service provision is still strongly influenced by the professionalised model with an emphasis on the medical diagnosis during the assessment and leaving the decision on the scope of the service package mainly to the health and social care professionals limiting thereby the involvement of the service users.

In Greece the centres for community social integration are being merged with the local hospitals. This is viewed as a return to a medical approach towards rehabilitation services as it is expected that the social inclusion oriented approach of the community social integration centres will disappear.

3.2.3.15 Pressures on mainstreaming and cutting resources for inclusion

Mainstreaming of children with disabilities in general schools is viewed by many EU governments as one of the mechanisms to promote social inclusion. Countries which traditionally had segregated special education systems for children with disabilities have over the past years entered into policy reforms that aim at reducing special schools and promoting mainstream schooling.

Successful mainstreaming requires adequate strategies and sufficient funding for various measures in support of children with disabilities and their teachers in mainstream schools. Attending mainstream schools needs to be carefully prepared with the child and hosting school personnel. Sufficient and adequate accompanying measures need to be taken during periods of school attendance.

Due to a better diagnosis and greater awareness among parents in the EU, there are increasingly more children with learning and mild forms of mental disabilities who are in need of support services while attending schools.

There are many reports of reduced financing for supporting services accompanying mainstreaming projects in EU Member States. Some countries have suspended earlier plans to promote and implement mainstreaming in education for children with disabilities as a consequence of the budgetary crisis.

There are furthermore also reports from Member States on **failed mainstreaming initiatives**. This has resulted in increased numbers of children with disabilities who are dropping out of mainstream schools, sometimes without having any alternative and an increased numbers of children with disabilities who are denied access to mainstream schools due to budgetary constraints. Also notable is that in some Member states there is a **trend of shifting back to the special school approach in segregated settings**.

A noteworthy observation from experts in some of the Member States is that mainstreaming has led to a decreasing focus on disability issues. Mainstreaming, in other words, led to a lowering of the salience of, and emphasis on, disability specific concerns. Persons with disabilities are being conceived as simply another category of disadvantaged people. Policy attention has shifted towards the aggregated group of vulnerable individuals and families.

In Spain the number of children with disabilities who are referred to special schools instead of mainstream education is on the rise.

The segregated special schools were closed by law in Portugal in order to promote mainstream school attendance by children with disabilities. However, the budget reserved for supporting mainstream education was subsequently severely cut.

The resource teaching time for children with learning difficulties in Ireland has been reduced by 5% this year following a 10% cut during the previous year. Due to the capping of the funding allocated to mainstream support services, there are increasing numbers of children with disabilities who are turned away from mainstream schools because the latter have no financial means to support the mainstreaming.

In Greece, only 9% of all children with disabilities attend special education schools, out of which 90% complete only primary schools. The majority of children with disabilities are either attending classes or schools in regular mainstream schools but the principal problem remains that the mainstream curriculum has not taken into account the disability dimension or not having access to education at all. 33% of children with intellectual disabilities attending mainstream education were treated with the same mainstream education curriculum and approach without any adaptation or special support, while the needs of another 22,3% of children were not catered for at all. 180.000 children with disabilities are estimated to be excluded from education. The proportion of young people with disabilities who leave school early is 23,5% or four times higher than children without disabilities.

The example of Portugal is striking where after a well-intended closure of the special schools and forced mainstreaming for children with disabilities inspired by the UNCRPD, subsequent budget cuts directly affected the support services required for successful mainstreaming. As a result many of the the children and mainstream schools are without adequate support. Children with disabilities are worse off than before the reform and drop-out rates are increasing.

3.2.3.16 Dependent living?

Measures to promote independent living for persons with disabilities are definitely one of the principal mechanisms to promote equal rights and access to all public and private sectors. Some Member States have in varying ways initiated schemes that promote independent living for persons with disabilities through mechanisms such as personal budgets and the setting up of independent living units with various forms of supports and services.

The ultimate **objective of promoting and ensuring independent living for persons with disabilities seems to have been seriously affected by austerity measures** introduced by many EU Member States and by changing the focus towards more institutionalised care. The increased role of families in the financing and provision of care services and the lowering or removal of financial supports directly allocated to persons with disabilities in the form of personal budgets has contributed significantly to this.

In Ireland, there is no personal budget scheme for people with disabilities in place though government has committed to introduce it. People with disabilities who live independently report increasing difficulties to cope and there are reports on an increased number of people who move back into residential services or who are dependent on care provided by the family. Personal assistance hours, transportation allowances and training courses were cut. No environmental control devices have been sanctioned in the last 2 years.

In Spain, local authorities report substantial cuts in budgets for independent living and community inclusion in terms of supports, services, facilities and direct payments as well as a reduction on new investments. Currently the law on the promotion of personal autonomy and care for dependent persons is under review which is likely to result in higher co-payment levels and an increased number of persons who will be included into the list of persons who are subject to co-payment requirements. The changes envisaged will also result in a lower coverage of primary caregivers who may lose their entitlements to financial support. Autonomous regions will be allowed to make further cuts.

3.3 Impact on specific services for people with disabilities

The previous sections have concentrated on the impact of the austerity measures, budget cuts and structural changes in the service delivery mechanisms on social services in general terms.

This section reports on the implications of the economic crisis on specific social services for people with disabilities. The social services have been grouped into 4 categories: employment services and vocational rehabilitation services, health and social care services, independent living services and education and vocational training services.

3.2.1 Employment and vocational rehabilitation services

Public spending cuts in employment services and particularly in employment services for people with disabilities are not widely or systematically reported on in the EU Member States. The rising unemployment rates as a direct consequence of the economic crisis, especially amongst youngsters, are widely covered in public debate and undoubtedly a primary concern for many EU governments. Supporting people to obtain and remain in work are acknowledged as key ‘social’ priorities under the Europe 2020 strategy. Bringing vulnerable groups including people with disabilities into the labour market is an important part, if not a necessary condition for achieving the joint employment and poverty targets of the Europe 2020 strategy.

For these reasons, cutting public spending on employment services would not appear to be a priority measure that governments would consider first under their austerity plans. Cutting expenditures on employment creation and active labour market measures, on training and labour market integration would contradict policy priorities and would be definitely negatively received by the general public.

The few national sources that are available do, however, provide strong **evidence of a reduction in labour market participation of persons with disabilities since the onset of the crisis.** These developments confirm the growing general unemployment trend that is disproportionally affecting people with disabilities across the EU.

There is currently no systematic data collection and monitoring of (un)employment rates of people with disabilities throughout the EU unlike what is the case for the general workforce.

Monthly statistics on employment of people of working age are produced which include a gender and age dimension.

From different national sources, it appears that the **open labour market participation of people with disabilities is decreasing** and that people with disabilities are experiencing increasing difficulties in finding or maintaining their jobs. In some countries, such as in Romania and the U.K, people with disabilities are reportedly the first to be laid off by their employers in times of economic crisis[85].

A study commissioned by the National Disability Authority in Ireland found that people with disabilities were disproportionally affected by the decline in public sector employment after the introduction of the moratorium on recruitment in the public sector in 2009. The number of public sector employees with disabilities decreased by almost 10% compared to the 4% drop in overall public sector employment.

In spite of pre-crisis legislation promoting employment of people with disabilities in the public sector in Greece as well as the established 5% quota for public service employment of people with disabilities, no new effective entrants have been recorded since 2008.

This confirms the specific vulnerability of people with disabilities who are employed in the open labour market. **Economic slowdown and company restructuring are impacting faster and disproportionately on employees with disabilities** compared to the general work force and to employees without disabilities. Higher incidences of lay-offs and a bigger risk of being made redundant demonstrate the much more precarious and volatile open labour market participation for people with disabilities as compared to the general population of working age. As a consequence people with disabilities are disproportionally confronted with career interruptions, employment related income discontinuation, loss or interruptions in social security records and lower access to company based social protection schemes. This adds up the fact that they are also often facing an increased and often repeated recourse to employment re-integration programmes and schemes[86].

Of interest in this regard are the countries that have job quota systems for people with disabilities. Whereas generally speaking some progress in terms of the total number of employed people with disabilities has been reported in the early years of the crisis in France[87] and Portugal, the job quota ceilings have never been met in practice. Little information is available on more recent developments in 2011 and the first half of 2012 in the countries concerned. In Greece, companies with over 50 staff are obliged to reserve at least 8% of the job vacancies to people with disabilities. Research from 2007 demonstrated that only 20% of companies met these requirements. Since 1998, there is a 5% quota for all vacancies in public services for vulnerable groups including for people with disabilities. However, since 2008 no person with disabilities has been effectively employed in the public service. In Hungary, companies employing more than 25 staff are obliged to reserve 5%

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[85] EASPD, European Association of Service Providers for Persons with Disabilities, Inputs on the financial crisis and its effects on social services or people with disabilities, October 2010

[86] The precarious employment situation persons with disabilities are experiencing across their life cycles often worsens with ageing, pointing at an ever widening gap between persons with and without disabilities in labour market participation throughout their job careers and life cycles.

[87] France reports good progress in achieving quota in the private sector but challenges remain in the public sector. For both a 6% job quota is established. See European Foundation for the Improvement of Living and Working Conditions, National Report France: Active inclusion of young people with disabilities or health problems, to be published in 2012.

quota of jobs for employees with disabilities in return of wage subsidies but the scheme is reported to be under heavy pressure and is currently at risk of becoming eliminated. One of the main questions, therefore, is whether, and to what extent, austerity measures are impacting on the levels of employment for persons with disabilities in the countries where these job quotas have been established. It appears from the available sources that the quota have not had any effective influence in ensuring or maintaining labour market participation of people with disabilities but on the contrary, that these instruments could not prevent disproportionally decreasing employment rates for people with disabilities as compared to the general workforce. The countries with job quotas have usually measures in place that allow employers to opt-out and pay a financial compensation in case the quota is not met. In France, earlier plans to increase the financial contribution from companies that failed to meet the job quota were abandoned as a consequence of the economic crisis.

Few information sources from Member States revealed direct cuts in employment services for job seekers in general or for persons with disabilities who are out of work in particular. There are nevertheless recent reports that indicate cuts in public expenditures on employment generating, labour market integration actions and vocational rehabilitation services, which are affecting people with disabilities.

Budget **cuts in the training programmes targeting people with disabilities** and provided through the National Employment Agency have been reported in Austria. Other austerity measures in Austria included the termination of innovative project funding for projects that aim at bringing persons with disabilities into the open labour market resulting in the suspension or closure of these projects.

In the UK, the Workstep programme was replaced by the Work choice Programme in 2010. The Workstep programme supported employees with disabilities and their employers by providing wage subsidies and/or job coaches and employment support services. The new Work Choice programme, currently the main employment programme for people with disabilities, directs its financing at eight contracted providers on the basis of performance or target based criteria i.e. providers receive the majority of funding only when a person with disability remains in employment. The first reports of the Work Choice programme are indicating that less than 14% of the participants secure a job position and that the sustainability of the job outcomes are even lower. It is striking that the new scheme is working predominantly with people with disabilities who are closest to the labour market and that people with significant disabilities are at a disadvantage as providers are not encouraged to take them on.

The previous Work Step programme allowed many providers, a majority of whom were dependent on local authorities for more than 50% of their funding through the Work Step grants, to include aspects of supported employment in their employment programmes for persons with disabilities. The termination of the Workstep programme has definitely impacted on the volume of supported employment services and is already producing effects for the providers who see their funding and staffing levels cut.

Sheltered employment[88] **services are in many countries under heavy pressure** as they are often, almost exclusively, dependent on public financial resources, very often with a large part of the funding from lower levels of government. Member States, such as France and Germany, reported that sheltered workshops are still the main employing agents of persons with disabilities. As a consequence of the economic crisis there has been a drop in demand for services and supplies that are produced by the sheltered workshops, and usually purchased by other companies, public sector and the wider public. Consequently, they have substantially less contracts and often face empty order books with the result that they have less trading income at their disposal. In these countries it appears that the business of sheltered workshops has seriously shrunk though this would not necessarily imply that fewer people with disabilities are working in the sheltered workshops concerned. Some countries have tried to maintain employment levels in the sheltered workshops (France and Germany) whereas in other countries, like in the region of Flanders for example, employment in sheltered workshop decreased.

Other Member States report on high job losses for a considerable number of people with disabilities as a result of reduced production and substantial decrease in the number of sheltered workshops through closures and mergers.

29 sheltered workshops were closed in the UK during 2008, resulting in job losses for 1.700 workers with disabilities. Examples include B-Line Industris in Hull, Speedwell Enterprise in Slough, Sherwood Industries in Nottighamshire, Bolmoor industries in Bolton and Blindcraft Industries in Edinburgh which provided employment for people with disabilities for over 200 years. A follow up survey of these workers revealed that 74% were on welfare benefits and, of the remaining 26% who had found alternative work, only 5% had found work on equal or better terms.

The government has announced its intention to close another 27 sheltered companies operated by Remploy and another 9 are also being at risk. The decision will make another estimated 1.400 employees with disabilities lose their job.

In Spain, the number of employment contracts of people with disabilities in Special Employment Centres (sheltered employment) does not seem to have been affected by the crisis and the number of Centres even increased between 2007 and 2010. After a decrease in the second half of 2008, employment contracts for people with disabilities rose until the end of 2011. The main change that has occurred concerns an increase of temporary contracts as opposed to permanent contracts for people with disabilities who are employed at the Special Employment Centres.

In Ireland, sheltered employment workshops have been closed but no figures are available on whether these closures were due to austerity measures or a realignment of services.

In Greece, sheltered workshops are severely suffering from the economic crisis and austerity measures. Most of them are underfinanced and several have already closed down as a consequence of drying funding lines.

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[88] Some Member States have made use of the EU 2004 Public Procurement Directives possibility to reserve part of the public procurement market exclusively for sheltered workshops like Belgium, Bulgaria, France, Spain but not Sweden.

In summer 2012, sheltered workshops in Hungary were reported to be at risk of becoming barred from funding and the situation remained very unclear.

The area of ***supported employment* appears to also be seriously affected by public budget cuts**. Some Member States indicate decreasing support to employers who employ people with disabilities such as in Flanders (Belgium) and Austria where financial support mechanisms for employers who engage persons with disabilities are being curtailed.

One consequence of the replacement of the Workstep programme by the Work Choice Programme in the UK has been the elimination of the wage subsidies for employers who recruit people with disabilities.

A similar decision was taken in Portugal where the previously existing incentives for employers to engage persons with disabilities such as the Compensation Allowance, the allowance for personal integration and the Integration Prize were stopped.

In Greece, the national policy programme for promoting the employment of people with disabilities was abandoned in 2008. The programme provided subsidies for employers during the first three years of employing a person with a disability by means of paying a lump sum of €25 per day of work. Employers were required to sustain a fourth year of employment in return at their own cost. The programme equally provided for subsidies for work place adjustments up to 90% of the cost and with a maximum ceiling of €2.500. In third instance, subsidies were also provided to people with disabilities who started their own business for a period up to two years. Cuts in the wages of 20% for people with disabilities who are in supported employment have also been reported.

In Spain studies demonstrated a decrease in number of supported employment initiatives in 2010 in spite of the fact that the total number of participants in supported employment programmes significantly increased. The trend may however be attributed to the fact that the programmes were opened to other people in vulnerable situations in addition to people worth disabilities. The number of people who hold an employment contract in supported employment initiatives has fallen drastically noting a 26% drop between 2009 and 2010. The funding of supported employment schemes has been severely cut by 25% with an increase of European funding but a sharp decline of national and regional financing.

The reform of the disability benefit system in Hungary which introduces a disability allowance and a rehabilitation allowance depending on the capacity to become rehabilitated (sic) instead of the previous disability pensions and which imposes a general re-assessment of all people with disabilities, appears to imply that future beneficiaries of the disability allowance will in practice have no chance for labour market participation and will be allocated a monthly allowance of between 30% (€ 100) and 150% (€ 500) of the minimum wage. Beneficiaries of the rehabilitation allowance will be entitled to a benefit equalling 65% of the minimum wage (€ 165) which can be combined with labour income up the certain ceilings.

In spite of the fact that employment remains, even in times of the economic crisis, a high policy priority on most political agendas of EU governments, there is **growing evidence that public expenditures on employment support services are being curtailed, specifically for groups in society whose labour market integration is more difficult to achieve such as for persons with disabilities**.

In the countries where the crisis has led to the most far reaching fiscal consolidation measures and public spending cuts, the reduction in public spending on employment support services is most evident.

Nevertheless, it is also striking that in other Member States, which are generally conceived as being better performing on the economic side, savings in public expenditure levels are being envisaged and spending cuts adopted in the area of employment support services.

The impact of austerity measures on employment support services has not occurred across the entire spectrum of services nor do they seem to be systematically applied. The cuts appear at first sight to concern only individual, specific programmes or measures, which are being, partially or entirely, abolished or reduced. It appears that the cuts concern the more ‘costly’ programmes and measures such as vocational assessment and training programmes as well as rehabilitation services.

People with disabilities seem to have been significantly more affected by the budgetary cuts in the employment support services than the general population of working age who are out of work. The piece-meal and fragmented reduction of public spending on employment support services may signal the start of far deeper reductions in public expenditures should the economic crisis continue to force governments to contain deficits and public spending. These developments are occurring against a background of already large underemployment incidence rates of people with disabilities that existed prior to the crisis and in spite of the widely shared belief that more needs to be done in the active inclusion field in order to achieve the overall EU employment targets.

3.3.2 Health and social care

As has been reported in previous sections, **social care services** have been drastically cut in many of the Member States. It appears that social care services are generally conceived as of lower priority than health care services or other types of social services and that they consequently are among the first services that are cut or reduced when austerity measures are imposed and savings have to be made. People with disabilities who are dependent on social care have been particularly affected. Reducing social care services, which in many countries were already quite limited and unevenly spread throughout the territories of the Member States, leads to a **further isolation and higher dependency of people with disabilities**, especially for those who are residing in rural areas.

In the UK, eligibility criteria for social care support have been restricted, leaving many people with disabilities without the services they were previously entitled to.

In Greece, social care and integration services have been cut first as a consequence of the crisis. Free painting lessons for people with disabilities paid by the local authorities residing in remote areas have been suspended. The local centres for community social integration and rehabilitation which were financed often with ESF support as models of good practice are being dismantled and merged with the local hospitals.

Although access to affordable **health care** is of a particular concern for people with disabilities, available information sources do not systematically report on the situation of people with disabilities and on the extent to which they have been affected by the cuts in public health care spending, changes in eligibility conditions and other cost cutting measures in the health care system.

Nevertheless, there is **substantial indication of the impact of the austerity measures on the accessibility of health care services for people with disabilities**.

In Ireland, only 1 out of 6 people requiring specialist rehabilitation for neurological conditions are receiving the services as a result of funding cuts of 12 % in the last 3 years. In 2010 only 2.510 out of the 15.000 people requiring specialist rehabilitation services for conditions such as acquired brain injury, stroke, spinal cord injury, MS and Parkinson’s received medical treatment vital to maximise their recovery.

As one person interviewed stated:

“This is like Russian Roulette in reverse. For every person who receives the services that could enable them to get their life back maybe from a brain injury sustained in a car crash, from a stroke or from the onset of serious neurological conditions, five will be left with no service and in many cases no hope at all.”

An increasing number of closures of vital community based rehabilitation programmes and home-based rehabilitation were also reported in Ireland

Rising medical costs for persons with disabilities and their families due to restrictions in the co-payment system and higher own user charges for medicines and health including medical rehabilitation services have been reported on In Portugal. A compulsory payment for obtaining a certificate of incapacity that may exempt persons with severe disabilities from paying the user’s charges has also been introduced recently. The amount for obtaining the certificate is prohibitive for many families and people with disabilities, barring them from access to medical rehabilitation services.

In Greece, the primary health care system has collapsed as a consequence of the austerity measures. Health insurance funds are unable to pay the public hospitals and public health care providers who in their turn cannot pay their suppliers. In most hospitals, simple supplies like cotton, toilet paper and even supportive medicine is being provided by the family of the patient. Due to the accumulated debts of public hospitals, supplies of critical medicines and equipment is suspended which are resulting in significant delays and indefinite postponements of the expensive medical operations.

People with disabilities started to experience reductions in rehabilitation services such as speech therapy and physiotherapy since 2010. Since late 2011 the rules were tightened and youngsters above 18 years of age are no longer entitled to special therapies such as speech therapy and physio-therapy.

Since July 2010, vital disability equipment has been excluded from the reimbursement provisions list established by the health insurance fund. Since 2011 a horizontal cut of 50% of the costs ceilings for rehabilitation aid and equipment has been imposed and an additional 30%-50% cuts on medical supplies and specialised health services.

In Hungary, the medical sector has been in very bad shape over the last two decades and subject to a series of reforms by subsequent governments. Health services are unevenly spread across the country and quality is generally low. Harsh budget cuts were introduced focusing on the deficit of the health insurance fund and subsidies for prescription of drugs will be reduced by € 300 million. The country hospitals and clinics are scheduled to become nationalised in 2013.

The demand and need for health care services is rising across the EU. Ageing and the accompanying occurrence of age-related disabilities are one of the main causes. But more people with mental and intellectual disabilities are being recorded throughout the Member states due to better diagnosis and greater awareness. The crisis in itself has also triggered an increase of health care needs in some of the Member states.

In Greece, the Ministry of Health reported a significant increase of the demand for public health services by 20%-30% compared to 2009. The number of doctor's visits rose by 20% during the same reference period.

In Ireland, 1,63 million people were recorded to have access to medical cards which are granted on the basis of low income and need criteria, the highest number ever.

The long term care (LTC) sector is traditionally very differently organised throughout the EU and often part of both the national health care and social protection systems. Long term care policy responsibilities are furthermore often fragmented between national, regional and local levels of government.

New Member States most often have a low degree of formalised long term care structures and arrangements and do not have insurance based schemes which are in place in some of the old Member States. In Central and Southern Europe, long term care is usually based on informal care by family members or through the legal, or illegal involvement of migrant domestic workers, often from third countries and paid from private resources.

Home care both medical and social, is widely recognised as the preferred policy response instead of institutionalised residential care in all Member States but the concrete implementation of home care schemes is widely divergent between the countries concerned.

This very divergent picture on the availability and access to long term care services across the EU, the existence of insurance based schemes, the reliance on family care or privately paid support already existed prior to the crisis. This needs to be taken into account when judging the impact of austerity measures affecting the sector. The absence or low level of budgetary cuts may in some instances be explained by the fact that the long term care system was locally not, or only partially, developed and that there wasn't much to cut in the public expenditures concerned with long term care policies. This is specifically the case for South and Central European countries.

The few available sources at EU level[89] reported that in all Member States there is a growing public and political awareness that LTC needs are going to increase in the years to come but that there is very little evidence on the exact timing and the extent of the needs.

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[89] Horstmann Sabine, Synthesis Report 2011, ASISP, October 2011, available at http://www.socialprotection.eu/, in 'publications'

There is also very little debate concerning the types of support that are required for varying forms of disabilities that may arise with ageing populations. LTC policies receive little attention in national debates, often lack strategic approaches due to the fragmentation of responsibilities and are characterised by non-transparent financing modalities. Necessary reforms in the field of long term care seem to have been side-lined in many of the Member States as a consequence of the economic crisis.

Some sources from Member States explicitly indicated **cutting of public expenditures in the long term care sector.**

The LTC sector in Italy has been harder hit by austerity measures than the health sector. Even in a situation where the public financing of LTC was rather limited, the system being based largely on informal and privately paid care, drastic public expenditure cuts have been introduced in the social care sector including the abolition of the National Fund for Dependent People with a value of € 400 million.

The U.K. reported severe cutbacks in local budget allocations for social care and indicated that access to long term care is likely to become seriously affected in the years to come.

In Portugal, planned expenditure on the creation of a national network for integrated continuous care (RNCCI), launched as a joint initiative by the health and social ministries, was curtailed as a consequence of the austerity measures and the financial sustainability of the network is in question.

Spain also reported on cuts in long term care spending which are causing delays in the implementation of the recently adopted law on the promotion of the autonomy and care for persons in a dependent situation.

In Greece the Home Care programme which was initiated by local authorities across the country prior to the crisis has virtually collapsed as a consequence of the crisis.

In Ireland, the number of home help hours decreased between 2008 and 2011 with 9% from 12,6 to 11,6 million hours. 80% of the home help hours are provided to the elderly, 20% to people with disabilities.

Long term care and home care services, services that are essential for people with disabilities, appear to be particularly hit by the austerity measures in the Member States. Even in the countries that are traditionally characterised by lower formalised arrangements and services, austerity measures have been taken to cut down on public spending and financing of the long term care schemes. But also in the other Member States there is growing evidence that public spending on LTC is coming under pressure.

3.3.3 Independent living

Personal budgets as a means of increasing the independence and the freedom of choice of people with disabilities in terms of personalised services have not been introduced in all Member States. The countries where personal budget schemes exist, only introduced these schemes recently in the years preceding the economic crisis. In previous chapters, cuts in personal budget schemes in some of the Member States like the UK and the Netherlands were discussed.

In the UK the cutting of the personal budgets combined with overall decreases of income levels of persons with disabilities through the reduction of benefit levels and access to services and growing poverty incidence among people with disabilities and their families, has led not only to hardship but also to reduced possibilities for persons with disabilities to live independently. Lower financial means have impacted on a whole range of family activities such as outings and celebrations and travel of all kinds was severely affected including travel to find work.

Several UK studies, including a report from the House of Lords, pointed at the risk of retrogression of the country's obligations in terms of Art. 19 of the UNPWD concerned with independent living. The restrictions of the adult social care support, the closure of the Independent Living Fund (€ 335 million) without alternative source of funding and the change of Disability Living Allowance into a Personal Independence Payment risk interacting in a particularly harmful way for people with disabilities in terms of their independent living.

The UK's commitment to community care (home care) has prevented the re-emergence of institutionalised care. The introduction of the personal budgets in 2006 (individual budgets in Scotland) in 13 local authorities in the UK has produced great variances across the country. In some localities the introduction of the personal budgets appears to have improved the lives of people with disabilities but in others clear failures have been reported[90].

In Portugal serious cuts of 31,7% were imposed between 2011 and 2012 in the public budget for assistive devices, including hearing aids and wheelchairs. In addition application procedures are very burdensome and time consuming resulting in long waiting periods. The budget for transportation costs for medical non urgent care for people with disabilities has also been curtailed.

Substantial cuts in the area of assistive technology and environmental controls have been implemented in Ireland with the latter nowadays virtually impossible to obtain.

In Greece there is no personal budget scheme but different financial support services enabling people with disabilities to live more independently have been eliminated. Transport allowances allowing people with disabilities to visit the few assessment centres have been removed, whereas being able to live independently has been introduced as a criterion for barring access to certain vital support services such as access to the home care programme.

In Hungary, the support allowance for transportation services for people with disabilities has been halved between 2008 and 2012. The national budget allocated for car adaptations for people with disabilities was reduced by 50% in the period between 2008 and 2012 whereas the budget for support services for community care has been cut by 20% in the same reference period.

In Spain, the number of applicants for support under the Autonomy and Care for Dependency scheme increased between December 2009 and December 2010 with 40%,

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[90] DEMOS study on disability and austerity, summer 2012.

representing about 400.000 individuals and their families. The financial budget allocated from the central government more than doubled between 2008 and 2010. However cuts in the scheme are currently being discussed which are likely to result in higher co-payment levels and stricter requirements for inclusion into the scheme of primary caregivers.

3.3.4 Education and vocational training services

Few reports are available that provide information on the effects of the austerity measures on the situation of children and youngsters with disabilities who are in education and training.

Mainstreaming of the education of children with disabilities has been on the agenda of many EU governments over past five to ten years as a principal objective. Several Member States initiated, often just before the crisis set in, policies that aimed at bringing children with disabilities from segregated special school education into ordinary mainstream schools. Proper mainstreaming requires however sufficient financial and human resources for accompanying and supporting measures for both the child and the mainstream school environment en personnel.

There is growing evidence that, **as a consequence of the economic crisis, governments have reduced their funding for mainstreaming and have abandoned or altered their previous plans to promote integrated education for children with disabilities**. In some countries this has led to situations where children with disabilities are worse off than before the crisis. In these Member States there is evidence of increasing number of school drop outs or rejections of children with disabilities without there being alternative solutions. An increased recourse to special education solutions is also reported in some of the member states.

In Flanders which generally has not seen a reduction of education services for children with disabilities cuts have been reported in educational support services for children with disabilities.

In Ireland, earlier plans for increasing mainstream education have been abandoned due to financial constraints. The proportion of children with disabilities in ordinary schools rose in the period up to 2008 but that there is evidence of an increasing trend in the number of post-primary level students who are moving back from mainstream education to special schools.

The resource teaching time for children with learning difficulties was reduced by 5% this year adding to a 10% cut back in 2011. Special needs pupils will have lost 45 minutes of learning support in about one year. The cutback will result in a reduction of resource teachers in primary schools across the country.

It is striking that the current funding for mainstreaming is not based on needs but on the overall number of children attending mainstream schools regardless of the number of children with disabilities who are enrolled. The support services have consequently been capped and there is evidence that a growing number of disabled pupils cannot be attended for in mainstream education and are refused enrolment.

The cutting in mainstream budgets in Ireland is happening against the background of a growing need for educational support services since the incidence of intellectual disabilities amongst children is on the rise in terms of mild autism, dyspraxia, dyslexia and learning difficulties due to a better diagnosis and greater awareness among parents.

In the UK at present on-going and long term funding reductions of local authority budgets have not yet resulted in the cutting of resources and supports for inclusive education in mainstream settings. However, there is an increasing risk that it cannot be avoided in the future. The reason why the education sector is not yet affected appears to be related to the strong discrimination legislation in education matters and in ensuring equal opportunities.

In Greece, special education schools for children with disabilities severely suffered from the austerity measures as 38% of the special nurseries and 23% of both primary and secondary special schools could not operate due to a lack of financial means. Many children with disabilities have as a consequence no access to education and rely fully on family support. An estimated number of 180.000 children with disabilities are currently excluded from education.

In 2008, the Portuguese government issued legislation that imposed the closure of special schools by the year 2013. Children with disabilities were to be mainstreamed into regular education and the organisations that previously offered education services were to be transformed into education resource centres providing support to their disabled students attending mainstream education. The implementation of the law has reportedly been a failure with late approvals of and drastic cuts in the budgets for the education resource centres.

One provider who was interviewed for the present study reported that the cuts which were made in their 2009 budget for supporting mainstream education of the students who came from special education schools a year earlier were so severe that they had to close down their services leaving 178 disabled school-aged children in mainstream education without adequate support. In subsequent years funding was further cut which resulted in the lay-off of 46 professionals in 2011.

Vocational training services have also been seriously curtailed in some Member States.

In Portugal a serious reduction of the budget allotted to the National Institute for Vocational Training and Employment in 2009, resulting in sharp decreases in the financing of vocational training programmes offered mostly by non for profit organisations. The number of training hours per trainee was cut back in half (from 5.800 hours to 2.900 hours or 3.600 hours for students with learning disabilities when duly justified). The reduction of training for persons with disabilities has already impacted on the lower success rates of the training programmes. One provider reported a significant decrease of labour market integration rates at the end of the training from 45% between 2007 and 2009 to 22% and 34 % in 2010 and 2011.

The education and vocational training sector has been affected by austerity measures throughout the EU but it appears that this happened to a lesser overall degree than is the case for the social services and long term care services. The public education budget cuts occurred mainly in the countries that were mostly affected by the crisis and not or to a lesser degree in the Member states that coped better or have a historically strong non discrimination and equal opportunities legislation. Nevertheless there is some strong indication that also in the latter countries budget cuts are occurring and/or are planned in education support schemes for children with disabilities who attend mainstream education. In a few countries special education schools could not function due to a lack of means. It is evident that these developments are impacting seriously on the lives of children and youngsters with disabilities across the EU, especially for those residing in more rural areas.

4. The impact of the crisis on disability-related social security benefits

4.1 Introduction

Previous chapters have described the terms of reference for this study, its approach and methodology and have provided an overview of how the background macroeconomic conditions have impacted negatively on the participation of people with disabilities in the labour market, their access to an adequate standard of living, the impact of the crisis on mental health and how public opinion and attitudes to disability have been adversely affected. The perspectives of representative organisations and international agencies on the crisis and its implications for people with disabilities have been summarised. The evidence of the impact of the crisis on social services in general, and on specific services including employment and vocational rehabilitation, health and social care, independent living, education and vocational training services, was presented. A range of austerity measures were described including direct budget cuts, reduced funding for non-governmental social service providers, staff reductions and shortages, decreased direct payments, the withdrawal of financial support to representative organisations of people with disabilities and the postponement or cancellation of planned investments. Evidence was presented of the structural changes in the social services sector such as the decentralisation of responsibilities to under resourced local governments, the discontinuation of services, the move from cash to in-kind benefits and the consequent increase in inequalities. The impact of the crisis on service delivery mechanism was described in terms of the merger or discontinuation of services, increased outsourcing and privatisation, more stringent tendering requirements, increased pressure on staff, cuts in staff training, reduced investment in research and innovation, the growing uncertainty for private providers, rising waiting lists, more stringent eligibility conditions, quality risks and the standardisation of services, the reversion to more institutional services solutions and the application of the medical model , the pressure on mainstreaming and the implications for independent living.

This chapter addresses the impact of the crisis on disability-related social security benefits such as direct cuts in amounts paid, the non-indexation of benefits, changed non-contributory period conditions, social security deductions from benefits, increased user charges and delayed payments. It describes the way in which entitlement for benefits have been changed in terms of longer qualifying periods, more stringent means testing, revised disability assessment procedures and increased level of need required for eligibility. It also reviews the impact of the crisis on financial incentives and supports for job seekers with disabilities and employers who recruit workers with disabilities.

Chapter 5 provides an overview of evidence of the impact of the crisis on the implementation of the UNCRPD and summarises the findings of the study in terms of specific articles including equality and non-discrimination (Art. 5), accessibility (Art. 9), independent living (Art. 19), personal mobility (Art. 20), education (Art. 24), health (Art. 25), habilitation and

rehabilitation (Art. 26), work and employment (Art. 27), adequate standard of living (Art. 28) and participation in public and political life (Art 29b).

This chapter on social security benefits draws heavily on data from MISSOC (the EU's Mutual Information System on Social Protection). In addition, information has been extracted from ISSA and OECD knowledge bases, from documents drafted by the EU Member States in the framework of the Europe 2020 strategy, and from relevant papers from disability-related NGOs. Finally, more precise information was gathered through the six country reports that were commissioned in the framework of this EFC study. Unlike other parts of this report, this section does not focus solely on EU Member States, but includes data from all EU/EEA States.

The material scope of this chapter covers social security, primarily chiefly cash benefits, aimed at protecting those at risk of long-term incapacity for work (invalidity) and dependency (long-term care). We have used the definition of social security benefits as provided by the European Commission, namely "statutory and complementary social security schemes, organised in various ways (mutual or occupational organisations), covering the main risks of life, such as those linked to health, ageing, occupational accidents, unemployment, retirement and disability"[91]. On the one hand, the disability-related social security benefits cover the incapacity for work. They generally replace a salary or compensate for the loss of income, and are referred to as 'disability pensions'. On the other hand, the social security systems provide for 'allowances' which compensate for the extra costs of living or working, as a consequence of disability. This chapter also focuses on labour integration measures including incentives and compensations for employers although these cannot properly be categorised as social security benefits.

The review examines first of all whether these benefits have been affected in recent years, that is to say whether there have been negative impacts on their amounts and whether the conditions for obtaining them have been tightened since 2008. However, the research goes one step further and analyses how such changes in social security schemes impact on the daily life of people with disabilities.

4.2 Measures impacting on the amount and/or duration of benefits

4.2.1 Cuts in social security benefit amounts

One of the most direct measures that can be implemented is decreasing in amount of disability benefits paid to recipients. This results in immediate and substantial cost reduction for the paying authority. Although it is very visible and deeply unpopular to introduce direct cuts in disability-related social security payments, some of the Member States most affected by the economic crisis have adopted this approach. Due to the far-reaching consequences for benefit recipients and the political consequences accruing, other Member States have chosen for a more indirect approach, for instance measures affecting the regular up-rating of benefits.

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[91] European Commission Communication on Social Services of General Interest, COM (2006) 177 final

In Ireland, disability benefits have been cut by about 5% over the past four years[92]. This is the case not only for invalidity pensions for persons aged under 65 (including supplements for dependent spouse), but also for most long-term care cash benefits, such as Constant Attendance Allowance, Carers' Benefit and the Carers' Allowance (only for those aged under 66), which was decreased by 7.5 % between 2009 and 2011 from €220.50 to €204 per week. **Disability Allowance, a non-contributory payment, was reduced by 8% between 2009 and 2011 from €204.30 to €188**. In addition, during the same period, it was substantially reduced for people in the younger age groups: the relevant cuts were from €188 to €100 for those aged 18-21 years; from €188 to €144 for 21-24 year olds, and was completely eliminated for people under 18. The amount of the Respite Care Grant remained stable between 2008 and 2012. Unlike other long-term care benefits, the amount of Domiciliary Care Allowance, payable for children with severe physical/intellectual disabilities, who are not maintained in an institution, was increased from €299.60 to €309.50 from 2008 to 2012.

In Greece, in addition to the solidarity contributions levied on pensions, pensions themselves have undergone severe cuts. Further to a recent law, pension amounts (net of contributions) exceeding €1,000 per month were further reduced by not less than 40% for pensioners under age 55 (for over 55 year-old, the reduction was 20% on pensions exceeding €1,200). Several vulnerable categories, notably pensioners entitled to Total Invalidity Benefit *(ΕΠΙΔΟΜΑ ΑΠΟΛΥΤΗΣ ΑΝΑΠΗΡΙΑΣ)* and Benefit for non-residential care, *(ΕΞΩΙΔΡΥΜΑΤΙΚΟ ΕΠΙΔΟΜΑ)* are exempted from these contributions. As a part of a new austerity programme, approved in February 2012 by the Greek parliament, a further 12% has been cut off amounts exceeding €1,300 for those receiving pensions from the State[93].

Long-term care benefits in cash have not been spared from cuts in some other countries. In Lithuania, both the Special Compensation for Care Expenses *(Slaugos išlaidų tiklsinė kompensacija)* and the Special Compensation for Attendance Expenses *(Priežiūros (pagalbos) išlaidų tikslinė kompensacija)* were temporarily paid at 85% of their normal value for the period 2010 to 2012.

The Hungarian government, through the reform programme 2011-2014, also intends to save on social security expenses. The reduction of the general rate of sick-pay alone should save HUF36 bn (€127 m).

In Spain, the number of recipients of the minimum income payment decreased by 36%, recipients of the Personal Assistance payment fell by 41% and Mobility Allowance recipients decreased by 30% between 2008 and 2011. The total funding amount for each of these benefits has decreased by the same proportion.

There have also been serious reductions in provisions of 'in kind' benefits for persons with disabilities in some countries. In Greece for example, the Single Regulation on Health Provisions introduced in September 2011 resulted in a horizontal 50% cut in grants for assistive equipment and a further 30% to 50%

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[92] MISSOC data (Tables comparison January 2008 – January 2012).

[93] Petrakis M., Weeks N., and Bensasson M., Greece Parliament Approves Pension, Health Cuts in Race for Second Bailout, Bloomberg, 1 March 2012, available at http://www.bloomberg.com/news/2012-03-01/greece-parliament-approves-pension-health-cuts-in-race-for-second-bailout.html.

reduction in grants for medical supplies and specialised health and community-based services[94]. Ireland abolished VAT relief on accessible transport.

4.2.2 Non-indexation[95]

Typically, social security benefits are periodically adjusted to reflect increases in consumer prices or wages. For reasons which can be considered to be linked with the economic downturn, many countries have resorted to measures which have curtailed the up-rating effect of their adjustment mechanisms, resulting in an erosion of the relative value of the benefits. In actual fact, such measures are much more common than direct cuts in the rates of invalidity pensions. In addition, in some countries where indexation has been frozen, high inflation rates further damage the benefits' actual value.

Several countries have completely suspended their indexation mechanisms for one or more years. For instance, invalidity pension indexation was not implemented in Bulgaria in 2010 and 2011. The same holds for Latvia, where pensions are to be not indexed between 2009 and 2013. Also Romania has temporarily stopped indexing pensions. Hungary has not increased non-means-tested disability benefits available for persons with severe disabilities since 2005, in spite of inflation rates that fluctuated between 3.5 and 7.9% since that year. All cash benefits in Portugal (except the minimum pension) have been frozen since 2011 and will remain so at least until the end of 2013 despite a continuous increase in the cost of living and an inflation rate of nearly 4% in 2011.

In Lithuania, the determining factor for the adjustment, i.e. the average insured income, was reduced by about 25%. In 2011, United Kingdom changed the price index reference for benefits to a new index, which should allow for a saving of £5.8 bn (€7.2 bn) from the public budget by 2015. Austria has reformed its pension indexation system so that higher pensions are no longer indexed. The same goes for Italy where invalidity pensions exceeding €1,441.59 per month (in 2012) are no longer adjusted.

In Germany, where adjustment is based inter alia on wage development, a safeguard clause (*Schutzklausel*) prevents pension adjustment from resulting in a reduction of the current pension value. However, compensation is provided for, in the sense that negative adjustments that were not implemented as a result of this clause are rescheduled by a reduction of any positive adjustments by half.

In Hungary, benefits related to living space were also affected. The amount of financial support a person with a disability can receive to adapt his/her flat has not changed for more than 25 years.

All these deviations from normal indexation mechanisms result in a reduced actual income. They do not all specifically target people with disabilities and most of them equally affect old-age pensioners. However, given that people with disabilities are generally closer to the

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[94] Strati, E., Trends in Disability Policy in Greece 2008-2011: Welfare-Employment-Education, presentation at ANED annual meeting 2011, available at http://www.disability-europe.net/content/aned/media/Powerpoint%20Strati_Eleni_Presentation.pdf.

[95] MISSOC data (Tables)

poverty line, such measures have a direct and stronger negative impact on their already low standard of living.

4.2.3 Consideration of non-contributory periods

In many countries, pension legislation stipulates that certain periods during which no contributions were paid or employment was carried out, are nevertheless taken into account for the purposes of the pension calculation. Such credited periods allow insured persons, who interrupted their employment activity for certain well-defined reasons such as child rearing or caring for a dependent family member, to preserve a decent benefit once they qualify for a pension. Credited periods are mainly relevant for old-age pensions, but in countries where invalidity pensions are based on the so-called acquired rights-system (i.e. where the pension amount varies according to the length of the insurance period), they also benefit invalidity pensioners.

In several countries, some credited periods have been removed or defined more stringently. This will lead to lower prospective pension amounts for insured persons who have been on these periods in the course of their career. In Greece, periods of parental leave and of military service are no longer considered for pension calculation. In the Czech Republic, periods of caring for a severely disabled child up to the 18 years of age used to be credited; whereas this age limit is now set at 10 years.

4.2.4 Security contribution deductions from invalidity pensions

Around half of the European countries levy social security contributions from invalidity pensions. Much in the same way as wage contributions, contributions from pensions result in lower net benefit values. In Greece, the authorities have intervened drastically in this respect, by introducing a number of contributions in 2010 and 2011 which have had a very significant impact on net pension amounts. The pensioners' social solidarity contribution *(ΕΙΣΦΟΡΑ ΑΛΛΗΛΕΓΓΥΗΣ ΣΥΝΤΑΞΙΟΥΧΩΝ, ΕΑΣ)* is levied on monthly pensions exceeding €1,400.00, at the rate of 3% increasing to 14% for pensions of more than €3,500 per month. An additional 6% social solidarity contribution was introduced in 2011 and concerns pensioners below the age of 60 whose pension entitlement is greater than €1,700.00 per month. The additional contribution increases to 8% and 10% for pensions exceeding €2,300 and €2,900 respectively.

4.2.5 Increased user charges and cuts in benefits in kind

According to ASISP, the EU-funded network of experts analysing the socio-economic impact of social protection reforms, an increasing share of private co-financing can be either expected or in fact targeted in those countries where long-term care is financed to a large extent from public budgets[96].

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[96] Horstmann Sabine, ASISP Synthesis Report 2011, October 2011

Increased out-of-pocket payments may result in the impoverishment of users or non-take-up of benefits or services. MISSOC data showed that Estonia had recently introduced a 15% patient participation fee in the service cost of nursing care services. Similarly in Ireland, public nursing home care is provided subject to charges. For all new entrants to public nursing homes, after 27 October 2009, the charge was equal to the cost of care but financial support towards this cost could be provided via the Nursing Homes Support Scheme, which is effectively means tested.

People reliant on care in Hungary have also been faced with increased user charges. The upper limit of the fee that a long-term care institution can charge was increased. According to the national ASISP report for Hungary, this in effect gave assistance to the long-term care sector at the cost of households[97]. In Spain, the Law on Personal Autonomy of 2006 introduced higher levels of care co-payments and extended its application to a wider population. The British legislature has also increased user charges, and as feared by a UK service provider, this may result in persons being increasingly taken care of by their families instead of using professional services.

Increased user charges also apply to the purchase of medication, and consequently affect many people with disabilities and chronic illnesses. In Portugal, since 2010, only pension recipients whose household income is ≤ €419.22 per month can benefit from state support in the purchase of drugs. The Hungarian reform programme 2011-2014 plans reduced prescription subsidies, which should result in HUF90bn (€317m) savings. In Ireland, the budget in 2010 introduced a user charge of €0.50 cent per prescription item, subject to a monthly ceiling of €10 per family. All such measures particularly affect families on low incomes in their access to affordable health services and products.

Ireland increased the minimum contribution for rent supplement from €18 to €24 in 2009, which further affected people on low incomes.

Increased user charges and other co-payments in medication have a direct impact on the application of the right to affordable health care. The consequences of not considering actual needs of people with disabilities can also be far-reaching in terms of impacting on their mobility, their access to services and their inclusion in society.

A person that has had to move home due to the current cuts reported:

“I used to use a wheelchair, but it broke and the Department said I couldn't have another […] I live in one room now, use the walls and furniture to get about […] The Department say I have to move. Well, I only use one room now anyway. There aren't many places Useless Eaters like me can go these days. Just the area beyond the river, on the edge of town, where it's cheaper. There are lots of us there. You can tell, because the curtains stay drawn. There is no bus. Another Department stopped them. It's far from the hospital now they've closed the one I used to go to.”[98]

4.2.6 Delayed payments

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[97] Gal R.A., ASISP, 2011 National Report for Hungary

[98] http://diaryofabenefitscrounger.blogspot.co.uk/2012/03/happy-mothers-day.html

In some countries, the crisis has led to disability benefits being disbursed with delays. This is the case notably in Greece, where delays exceeding two to six months are reported for disability benefits in cash and in-kind respectively[99]. In the same vein, it is noted that the crisis has exacerbated some of the implementation problems connected with Spanish Law No. 39/2006 on the Promotion of Personal Autonomy and Assistance to persons in situations of dependence, particularly when it comes to waiting times for the provision of (long-term care) benefits. Waiting times (not including the time it takes to evaluate the dependency) vary between 9 and 15 months according to the Autonomous Community[100]. Government funding provided, under this law, to the Autonomous Communities was reduced by between 22% and 29% in 2012 compared to the previous year in most regions. The Irish Department of Social Security reports delays in processing new applications and delays of payment of more than 4 months for the Disability Allowance, 7 months for the Carers Allowance, and more than 7 months for Invalidity Pensions.

Nevertheless, some other countries no less hit by economic crisis, such as Portugal, seem to have avoided delays in disability payments so far.

In conclusion, it should be recognised that austerity measures that directly or indirectly affect social security benefits have a prominent impact on the standards of living of persons with disabilities. **Decreasing the level of income and supports, directly or indirectly, limits the ability of people with disabilities to access basic goods and basic services**, even in the context where their needs are higher. Many European countries seem to be reneging on their obligation to provide assistance with disability-related expenses.

4.3 Measures affecting the conditions for entitlement to benefits

Entitlement to disability benefits, as indeed to other social security benefits, typically depends on a series of conditions. These need to be met in order for the person to qualify for the benefit. A common entitlement condition includes qualifying periods, according to which the right to a benefit is subject to the applicant having completed a minimum period of insurance, residence or work. Some Member States also make entitlement to benefits contingent upon the claimant's income (and/or assets/property) not exceeding a certain ceiling (a means test). Specific to the benefits that are the focus of this report are conditions relating to a minimum level of disability, work incapacity or dependency. This means that in some countries the actual or perceived level of need should be higher in order to be eligible for a social security benefit. Those who are assessed, in the framework of a medical and/or social evaluation, as not reaching this level or as otherwise not meeting the defined criteria for disability/invalidity/dependency, do not acquire the right to benefits.

A number of countries have enacted stricter entitlement conditions, thus making it harder for persons experiencing a reduction in function to access disability benefits.

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[99] Strati E., Trends in Disability Policy in Greece 2008-2011: Welfare-Employment-Education, presentation at ANED annual meeting 2011, available at http://www.disability-europe.net/content/aned/media/Powerpoint%20Strati_Eleni_Presentation.pdf.

[100] Patxot C., *2011 National Report for Spain*, ASISP, 16, citing Barriga L.A., Evolución gráfica de la gestión del SAAD por CCAA. Asociación Estatal de Directores/as y gerentes de Servicios Sociales, 2010.

It is worth mentioning that several Member States have tightened assessment criteria and organised re-assessments of benefit recipients.

4.3.1 Longer qualifying period required

In the UK, young persons with disabilities will see their entitlement limited as a result of the Welfare Reform Act 2012. The special contribution conditions that allow people aged between 16 and 20 to receive a contribution-based Employment and Support Allowance, which is aimed specifically at people with disabilities, without paying National Insurance (NI) contributions, will no longer be available for new claimants. These conditions will even extend to young people up to 25 if in education or training 3 months before turning 20. The UK Government deems these special conditions "unfair to other groups and …no longer acceptable as [it] seeks to modernise the welfare system"[101]. Previously the contribution-based ESA in the UK was automatically granted if the employment stopped after a period of up to 104 weeks. This automatic linking rule was abolished with the introduction of the reform.

Another example in this respect is the Slovak Republic, where the qualifying period for invalidity pensions increased for those aged older than 34 years, from 5 years to 8, 10 or 15 years depending on age.

4.3.2 Restricted access via redefined means-test

In 2010, Portugal introduced new conditions for entitlements to social security payments that compensate for the loss of income due to illness (except disability payments) and for the means-tested disability supplement to family allowance. The new approach is driven by a means test based on the concept of 'household income' which includes income of extended family members living in the same house. Between 2010 and 2012, the number of recipients of such payments decreased by 37%. When launching this new means-tested household-income concept, the government expected savings of €199m in 2011. This also makes people with disabilities more dependent on their families.

In Italy, the government is working on a reform to make the entitlement conditions for the personal assistance allowance (*assegno di assistenza personale e continuative*) stricter. In future, the allowance, which is paid to dependent pensioners and people with disabilities who need help to move around and/or permanent assistiance to accomplish daily tasks, will be means tested[102].

4.3.3 Different concept and assessment of ability to work

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[101] *Ibid*.

[102] Information obtained from the Italian MISSOC Correspondents. See also Mugica R.G., Austerity policies affect people with disabilities, Inclusion Europe, 2012, available at http://www.e-include.eu/en/articles/1048-austerity-policies-effects-on-people-with-disabilities

The Disability Pension in Hungary has undergone significant changes. According to the Hungarian Alliance of Associations of Persons with Physical Disability, the modification of the eligibility criteria introduced in 2012 means that 50% of people with altered work capacity will lose their benefits.

In the United Kingdom, incapacity benefits will be progressively abolished, no new claims have been accepted since 2011. It is estimated that 36% of the current recipients of incapacity benefits will lose the payment by 2014. Income support, notably for illness or disability, will also be phased out as well as the Severe Disabled Allowance. All claimants will undergo a re-assessment called the Work Capability Assessment, which aims at re-directing as many people as possible towards either the labour market or a new benefit scheme. The Lone Parents Income Support will be removed for all: parents with disabilities whose youngest child is over 5 years and they will be redirected towards the Employment and Support Allowance, while parents with no disability have to apply for the regular Job Seeker Allowance. Benefits have not only been eliminated but the amount has also been decreased: from April 2013 onwards, the total amount of benefits will also be capped at £26,000 (€32800) per household.

In Greece, reduced spending on invalidity pensions is being achieved through more rigorous (re)certification of disabilities and the establishment of a central evaluation office[103]. This office, the Disability Certification Centre, is responsible for the development and application of a unified disability evaluation (and scoring) system for all insurance organisations (including the public sector, for uninsured persons claiming disability benefits). In the place of a fragmented system of a multiplicity of disability evaluation committees (in the various social insurance organisations, the prefectures and the central state), a unified registry of people with disability will be created at IKA[104].

To combat purportedly high levels of benefit fraud among disability pensioners, Romania has introduced more restrictive conditions for granting disability pensions, and has ordered all beneficiaries to undergo re-examination. According to the ASISP report, one third of those re-assessed saw their disability status cancelled[105].

In conclusion, reviewing the assessment methods of work capabilities in a context of activation can be beneficial to people with disabilities that are indeed fit for work. However, when driven by a primary goal of cost saving, such measures seem to lead to excessively severe judgments as to the fitness of the person for work, and thus contravene the “opportunity to gain a living by work freely chosen”.

4.3.4 Increased level of need that is required for entitlement

In Sweden, there have been changes in the assessment of the needs of people with disabilities, resulting in a decrease in the number of hours of personal assistance

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[103] ISSA 2011, available at http://www.issa.int/Observatory/Country-Profiles/Regions/Europe/Greece/Reforms/Austerity-measures.

[104] Petmesidou M., ASISP, 2011 National Report for Greece

[105] Zaman, C., ASISP, 2011 National Report for Romania

granted[106]. In Spain, the Law on Personal Autonomy is currently undergoing review. Two clear signals for a tightening of entitlements to benefits are discernible. A moratorium has been set for mildly dependent people with disabilities to access the benefits granted by the current law. Moreover, the levels of benefits already granted to people have been frozen with no right to retroactivity anymore. Another measure that is expected from this legislative review is a restriction on the eligibility of primary caregivers for benefits as workers. Cuts to personal assistance budgets make people with disabilities more dependent on their families, making their move to independent living and inclusion in community more difficult.

Eligibility criteria for several financial supports available to persons with disabilities were stringently reviewed in Ireland. The new conditions are criticized as being narrowly focused on mere health needs for children or on health and education needs in the case of adults, excluding consideration of all other needs of a person with a disability. It can be expected that 15,000 people will be refused the Disability Allowance in 2012, which would mean a refusal rate of 61%, compared to 54% in 2010. The Domiciliary Care Allowance is a payment made to the carer of a child with disability. The new conditions resulted in over 80% of applications for children with autism spectrum disorder being refused in 201-2011. The eligibility for personal assistance was also reviewed.

"The vulnerable are being singled out - this is in stark contravention of the European Disability Strategic Plan. The general objective of which, is the elimination of discrimination on the grounds of disability and securing full enjoyment of all human rights and fundamental freedoms for persons with disabilities as well as their active inclusion. The lives of thousands of CIL members are being adversely affected by cuts to funding"[107]

"What has helped me come out of the shadows is my personal assistance service […] I got a letter from the Health Service Executive stating that those precious hours were to be cut […] That letter has taken a chunk of my freedom away."[108]

The criteria for accessing financial support for buying an adaptable car were hardened in Hungary in 2011 and the number of claimants drastically decreased over a number of years. In **the UK, the conditions for accessing Housing Benefit will be reviewed so that from April 2013 onwards, this benefit will be cut for people who are assessed as living in a space larger than they actually need.** This clearly ignores the need for many people with disabilities to have larger spaces. These measures demonstrate a strong and far-reaching negative impact on the right of persons with disabilities to "choose their place of residence" and to choose "where and with whom they live".

As discussed earlier, the UK Welfare Reform Act 2012 also includes proposals, currently subject to consultation for significant changes to the Disability Living Allowance (DLA) scheme, which will be replaced for claimants of working age (i.e. people aged 16-64) by the Personal Independence Payment (PIP) from April 2013. Similar to the DLA, PIP will help towards some of the costs arising from having a long-term condition.

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[106] ENIL, Proposal for a Resolution of the European Parliament on the effect of cuts in public spending on persons with disabilities in the European Union, Background note, September 2011.

[107] Speech of Michael McCabe, Chairperson of the Irish Center for Independent Living, to the European Parliament, 9 February 2012, available at http://www.dublincil.org/michael-mccabe-speech-feb-9th-2012.asp

[108] Quoted in Michael McCabe's speech http://www.dublincil.org/michael-mccabe-speech-feb-9th-2012.asp

According to Disability Rights UK, the main intention behind the PIP scheme is to save money, particularly to cut 20% of DLA costs by 2015-16, a saving of £2.1bn (€2.6bn). This will be achieved among other things by stricter assessments from April 2013 onwards (both residence and activities testing) compared to DLA. The detailed criteria of the future entitlement to PIP will be published in autumn 2012, yet it is known that it will be more medically focused, and that they will include a 3-months-qualifying period for new claimants, an expectation for the disability to last at least 9 months, and the absence of a lower rate care payment. The DLA divides indeed into three rates, while the new PIP will be less sensitive to needs with a two-rate scale only. Moreover, the new PIP will be conditional to regular reviews, as it will never be awarded for a lifetime. It is expected that all 2 million existing DLA claimants will thus be re-assessed by 2016. As a result of this measure, the Disability Alliance (DA) estimates that 643,000 people currently receiving this support from DLA are at risk of losing help109. The Government argues that the changes are not solely driven by a desire to achieve cost reduction, but that the DLA system is obsolete in some respects and that the new benefit will enable a more accurate assessment of an individual's entitlement to make sure support is reaching those who need it most. They say that the amount they expect to spend in real terms in 2015-16 on working age individuals is roughly the same as will be spent in 2011-12. The Government also refers to the increasing cost of DLA in previous years, of which only 1/3 can be accounted for by demographic changes, and states that changes are needed to ensure that the benefit will remain affordable in the future110. There will be no automatic transfer from DLA to PIP. Those of working age in receipt of DLA will be asked by letter if they want to claim PIP. Those not found to be entitled to PIP will be informed and their DLA will stop. They may be able to claim other benefits.

UK Uncut states that "*Ever since George Osborne announced he was slashing £18bn (€22.4bn) from the welfare budget, the government has paid Atos £100 million (€124 m) a year to test 11,000 sick and disabled people every week, then decide whether they're 'fit for work'.*[111] While the United Kingdom was hosting the Olympic and Paralympic games in summer 2012, competitors of the Paralympics expressed their concerns about this new scheme, which may deprive people with disabilities of essential aids related to mobility and daily living provided by the DLA. *"When you watch and wonder at their performances, remember that they needed DLA to help them get there"*[112]

According to the Department of Work and Pensions, 1.7 million people with disabilities will qualify for the new PIP in 2016, while maintaining the existing DLA would mean 2.2 million claimants. This obviously allows for budget savings, yet it also means that many citizens will lose entitlement to their benefits in the next years. It appears that costs saved in benefit schemes could cause costs elsewhere. If people with disabilities that are considered to have lower needs lose their support, it can be feared that their condition could deteriorate. This may lead to a long-term increase of costs to social services or other services.[113]

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[109] Soorenian A., Economic Austerity or Justification for Denying Disabled Women's Independence? March 2012, available at http://sisofrida.org/2012/03/23/economic-austerity-or-justification-for-denying-disabled-womens-independence/; Disability Rights UK, PIP Factsheet available at http://www.disabilityrightsuk.org/f60.htm;

[110] DWP 2012, see http://www.dwp.gov.uk/docs/personal-independence-payment-faqs.pdf

[111] http://www.ukuncut.org.uk/blog

[112] http://www.guardian.co.uk/commentisfree/2012/aug/23/paralympians-state-help-disabled-benefits-cut

[113] Responsible Reform. A report on the proposed changes to Disability Living allowance.Diary of a Benefit Scrounger, Dr S.J. Campbell, http://www.ekklesia.co.uk/files/response_to_proposed_dla_reforms.pdf

The subsidiarity in UK implies that the impact of austerity measures on people with disabilities may differ from region to region. For example, it has been reported that the personalisation agenda introduced by the previous government has had a mixed impact. Local authorities that invested in personal budget since its beginning seem to have achieved good results, while some others simply did not invest in it[114].

Nevertheless, there are some examples where specific benefits have been preserved in spite of a general austerity climate. The conditions for entitlement to the Special Educational cash benefit in Portugal for example were relaxed in 2010 so as to include children with disabilities under 6, provided they attend an Early Intervention Programme. As a result, the number of recipients increased substantially by 314% between 2011 and 2012, a trend which was reinforced by benefits available to their families.

4.4 Financial supports and incentives to labour market (re)integration

Over recent years, disability policies in Member States have been characterised by an overall shift from compensation-oriented to more integration-oriented measures. This evolution clearly predates the current economic crisis; in actual fact its start can be situated in the early 90s[115]. Despite the economic downturn, several countries have continued to take steps to promote the reintegration of people with disabilities in the labour market through a wide variety of measures. On the one hand, measures target people with disabilities with both positive and negative incentives to stimulate them to actively look for a job. A wide range of support services to facilitate the integration of persons with disabilities into the open labour market are also offered. On the other hand, Member States adopt measures to encourage employers to hire disabled people, often through a system of subsidies.

4.4.1 Measures addressing people with disabilities

Over the last decade, several Member States have put stronger emphasis on encouraging recipients of disability benefit to become more active in their effort to seek work, by adjusting the conditions for claiming disability benefits or by making the acquisition or retention of entitlement conditional upon taking part in activation measures. For example, in Slovenia, a new method for the assessment of invalidity was introduced in order to accentuate the importance of labour market participation for those with a remaining work capacity. In general, this method results in a lower benefit level which in turn puts beneficiaries under pressure to take up work in order to have a decent standard of living. Similarly in the Netherlands, the benefit system was reformed along these lines in 2006. Workers with assessed earnings incapacity of 35%-79% receive a wage supplement. They must be using at least half of their remaining work capacity. People who are not working, or working less

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[114] Statement by a local authority in UK interviewed in the framework of this study.

[115] OECD, Sickness, Disability and Work. Improving social and labour-market integration of people with disability, 2010, available at http://www.oecd.org/dataoecd/1/28/46488022.pdf.

than the minimum, receive a flat-rate benefit. Its value is considerably less than the former disability benefit[116].

Another and, largely budgetary-neutral way of motivating people with disabilities to take up work, is to make sure that earnings from work do not affect entitlement to, or the amount of, their pension, or to increase the earnings ceiling exceeding which there is such an impact. Many Member States allow for some sort of accumulation of disability pension with earnings from work[117]. Some have extended this facility in recent years. For example, Iceland increased the amount of income from employment that disability pensioners can earn while receiving disability pension[118].

The economic downturn since 2008 seems not to have reversed the trend towards activation and conditionality of disability benefits, quite the contrary. Two recent examples can be found in Hungary and the UK. Both are part of a wider reform. Last year, the Hungarian invalidity insurance system was substantially overhauled. This change, which follows from a major reform as recently as 2007, is another attempt by Hungarian lawmakers to bring down the Hungarian disability claims rate, which, according to OECD 2008 data, ranks highest of all European countries. It is aimed, in general, at correcting a scheme that, according to the Ministry for National Economy[119], was far too complex and contradictory. The focus of the reform law, voted on in December 2011, and which came into force in January 2012, is on ensuring the professional rehabilitation of persons with disabilities based on their remaining and improvable capacities.

Under the new legislation, disability pensioners above retirement age will be put on old-age pension (they used to continue receiving invalidity pension) whereas those below retirement age will be moved to sickness insurance. The latter group will be the subject of an assessment by the National Rehabilitation and Social Authority. If they are found to have an incapacity of work of 60% (up from 50% in the previous system) and are capable of rehabilitation, they receive a rehabilitation benefit for a maximum duration of three years. Beneficiaries of rehabilitation benefit are to cooperate with the rehabilitation authority and thus meet the requirements defined in the rehabilitation plan.[120] An exemption is provided for those within five years of reaching retirement age.

The Minister for National Economy, Mr. György Matolcsy, announced that the review is expected to redirect 100,000 to 150,000 of Hungary's current 350,000 disability pensioners (under the age of 57) into the labour market. He added that the government aims to cut HUF217bn (€ 0.8bn) from the annual budget by 2013 by getting people off disability pension benefits[121]. There is widespread doubt that the new law will effectively change the employability of people with disabilities redirected to the labour market. Given the 11% unemployment rate and the difficulties encountered by non-disabled, well-trained

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[116] MISSOC Info 2/2009 on (Re)integration of people with disabilities into employment, 8 e.s., available at www.missoc.org; OECD, *Sickness, Disability and Work. Improving social and labour-market integration of people with disability*, 2010, available at http://www.oecd.org/dataoecd/1/28/46488022.pdf.

[117] MISSOC Info 2/2009 on (Re)integration of people with disabilities into employment, 8 e.s., available at www.missoc.org.

[118] MISSOC data (Tables), January 2012.

[119] See http://www.kormany.hu/download/1/40/20000/Contradictory%20support%20system.pdf.

[120] MISSOC data (Tables), January 2012.

[121] Eurofound (EWCO), *Reform of pension system stirs controversy*, 2011, available at http://www.eurofound.europa.eu/ewco/2011/06/HU1106031I.htm.

jobseekers, it is feared that many disabled people will eventually be driven to social assistance[122].

In the UK, Employment and Support Allowance (ESA) replaced Incapacity Benefit from October 2008 for new customers. Under the new arrangements, people go onto an assessment phase rate of the ESA for 13 weeks (basic ESA is paid for that period of time) while their medical condition is assessed through the Work Capability Assessment. The majority of claimants, who, with the right help, are expected to be able to engage in activities that facilitate a return to work (e.g. work focused interviews with a personal adviser), receive a Work-Related Activity component on top of the basic rate after the first 13 weeks. This component can be subject to sanctions if the customer does not engage in the conditionality requirements without good reason. Those with the most severe health conditions receive the Support component, which is worth more than the Work-Related Activity component and is free of any requirement to engage in work-related activities.[123]

As a part of the Welfare Reform Act 2012, effective 30 April 2012, the duration of ESA will be limited to 365 days for people who are not in the Support Group category. People not in this category, who have already received contribution-based ESA for 365 days or more, will have their benefit stopped immediately. Those for whom contribution-based ESA ends may still be able to get income-related ESA, provided they satisfy a means test (in addition to other conditions)[124]. According to the UK Government, limiting the duration of ESA for people in the Work-Related Activity Group "*is more consistent with the rules for contribution-based Jobseeker's Allowance, which has a time-limit of six months, whilst recognising the different nature of ESA recipients and the purpose of the benefit*"[125]. However, rehabilitation processes towards integration in the labour market certainly take longer than a year for many people. Such drastic measures should therefore go along with massive support to integration support services.

All current claimants of incapacity benefits, income support and severe disabled allowance are expected to go through this assessment by 2014. Those who are deemed to be directly capable of work are redirected to the regular Job Seeker Allowance, which represents 50% of the applicants to date. Furthermore, it is reported that 50% of the decisions taken at the assessment phase have been overturned on appeal, which suggests that the Work Capability Assessment wrongly identifies persons as fit for work and thus ineligible for ESA.

"Far from "freeing" me, work has put me in a hospital bed chained with plastic tubes. [..] As the weeks went on, I got a cough here, a splitting headache there […] I got neuralgia, sinusitis, the cough turned into a chest infection […] Then you get sick. Really, really sick. […] My chest infection turned into something worse […] And here I am. In a side room on an acute medical ward. I must be screened for scary things, because scary things happen when you are "immuno-compromised". […] I'm not the only one. We have at least two other spartaci that I know of in hospital - one in intensive care. Another collapsed two days ago after spending a week, non-stop, sitting at his computer, building us a spread sheet with one

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[122] Ibid.; ENIL, Disability watchdog: update on current events in Hungary, February 2012, available at http://enil.eu/2012/02/disability-watchdog-update-on-current-events-in-hungary/.

[123] MISSOC data (Info-report 2009; Tables July 2011).

[124] The Welfare Reform Act 2012 also provides for the replacement of income-related ESA, along with working tax credit, child tax credit, housing benefit, income support and income-based Jobseeker's Allowance, by the so-called Universal Credit.

[125] DWP 2012, available at http://www.dwp.gov.uk/docs/esa-changes-q-and-a.pdf

painful hand. Kaliya hasn't been able to speak for over 3 months as her oesophagus has collapsed on itself.[126]

4.4.2 Measures addressing employers

Employment focused subsidies and incentives have been in place for many year prior to the crisis. Examples dating from 2008 can be found in the Netherlands and Malta. In the latter country, provision was made for a three-year exemption from social security payments on behalf of employees with disabilities for employers. More recently, the Swedish government introduced a subsidy for mentoring to employers who hire people with special employment support needs. To ensure that the special employment support actually reaches people with a very weak foothold in the labour market, the qualifying time for the support has been changed to six months after entering the job and development guarantee, which, except for certain special groups, is equivalent to an unemployment spell of two years[127].

In some other countries, employers' subsidies have not escaped budgetary cuts[128]. **In the Czech Republic, for example, subsidies in favour of employers employing persons with disabilities have been reduced by a quarter to 75% of the actual wage amount spent on the employee with a disability**[129]. In Portugal, incentives to employers who hire people with disabilities were reduced in 2009. Unfortunately, the decree targeted those incentives that were the most used by employers, such as the Compensation Allowance which compensates for the lack of productivity and the Allowance for Personal Integration, among others. Supports to employers in the UK have also been affected by the wave of the reform. Indeed, while the previous Workstep programme entailed supports to employers in form of wage subsidies or job coaching, the new Work Choice programme started in 2010 does not include any wage subsidy for employing people with disabilities. It is intended to provide support for assisting the person but this intention is not being fulfilled.

Employers employing people with altered work capacity in Hungary are supported with specific contracts that include a wage subsidy. However, there is a widespread uncertainty whether this support will remain available, although a removal of this support would directly affect up to 37 000 workers.[130]

Limitations of the employment supports such as wage subsidies or grant for workplace adaptation seriously prevent the integration of the person in a work environment that is open, inclusive and accessible.

4.5 Conclusions

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[126] http://diaryofabenefitscrounger.blogspot.co.uk/2012/01/so-how-am-i.html

[127] Swedish National Reform Programme 2011, available at http://ec.europa.eu/economy_finance/economic_governance/sgp/pdf/20_scps/2011/01_programme/se_2011-04-29_nrp_en.pdf.

[128] Although these are not social security benefits and are not received by persons with disabilities, subsidies and supports to employers are primarily considered here as benefits that considerably enhance the employment and quality of life of people with disabilities.

[129] MISSOC data (Tables), January 2012.

[130] According to the Alliance of Associations of Persons with Physical Disabilities, MEOSZ.

Although it goes without saying that social security systems have in all countries protected the people with disabilities from the worst impacts of the economic crisis, it is clear that there has been in most countries a negative impact on the level of, and conditions for, disability benefits. Direct cuts in amounts have only been detected in a small number of countries, notably those where the crisis has been especially severe, but an **indirect reduction of benefits and stricter entitlement conditions are the order of the day in most EU Member States.**

However, the crisis does not (seem to) have had an impact in some countries. For example, Member States such as Belgium and France have identified a need to support the purchasing power of the 'most vulnerable' during the economic crisis, **effectively resulting in increases in disability benefits[131].**

Compared to the cuts in social services as set out in chapter 3 of this study, social security benefits have been less drastically impacted by the austerity measures, but this does not necessarily mean that the impact of austerity plans on the social protection of the disabled is not significant. Moreover, this study has disregarded the vast field of discretionary protection schemes (e.g. grants, cost reimbursements) as well as locally-run support systems. Cuts in these schemes are easier to implement (for one thing, they do not require parliamentary endorsement) and less visible.

During past economic downturns, policy responses went in the direction of opening up disability benefit schemes, not least as a means of avoiding mass unemployment. Experience, however, showed that people on disability benefits are much less likely to return to work once economic recovery sets in, and so a shift from unemployment to disability benefits is one to be avoided[132]. It is doubtful that Member States will go down this road again, even if they wanted to, having regard to the market-imposed budgetary orthodoxy and economic governance of the current EU approach. Beyond this, it seems that Member States this time around are inclined to take a different approach, one focused on employability and activation. Even if such an approach may yield longer-term benefits (lower expenditure on benefits, higher contribution revenues, increased participation and well-being of disabled persons), it should be borne in mind that supporting such measures will also require investments and efforts, if the most vulnerable are not to bear the brunt of the crisis[133].

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[131] Data from the National Reform Programmes of Belgium and France.

[132] OECD, Sickness, Disability and Work. Improving social and labour-market integration of people with disability, 2010, available at http://www.oecd.org/dataoecd/1/28/46488022.pdf; ISSA, Return-to-work programmes: supporting health and employability, Social Policy Highlight March 2012, available at www.issa.int/content/download/161611/3211696/file/2-SPH%2022.pdf

[133] *Ibid*.

5. Impact of the crisis on the implementation of the UNCRPD

5.1 Introduction

Previous chapters have described the terms of reference for this study, its approach and methodology and have provided an overview of how the background macroeconomic conditions have impacted negatively on the participation of people with disabilities in the labour market, their access to an adequate standard of living, the impact of the crisis on mental health and how public opinion and attitudes to disability have been adversely affected. The perspectives of representative organisations and international agencies on the crisis and its implications for people with disabilities have been summarised. The evidence of the impact of the crisis on social services in general, and on specific services including employment and vocational rehabilitation, health and social care, independent living, education and vocational training services, was presented. A range of austerity measures were described including direct budget cuts, reduced funding for non-governmental social service providers, staff reductions and shortages, decreased direct payments, the withdrawal of financial support to representative organisations of people with disabilities and the postponement or cancellation of planned investments. Evidence was presented of the structural changes in the social services sector such as the decentralisation of responsibilities to under resourced local governments, the discontinuation of services, the move from cash to in-kind benefits and the consequent increase in inequalities. The impact of the crisis on service delivery mechanism was described in terms of the merger or discontinuation of services, increased outsourcing and privatisation, more stringent tendering requirements, increased pressure on staff, cuts in staff training, reduced investment in research and innovation, the growing uncertainty for private providers, rising waiting lists, more stringent eligibility conditions, quality risks and the standardisation of services, the reversion to more institutional services solutions and the application of the medical model , the pressure on mainstreaming and the implications for independent living.

The impact of the crisis on disability-related social security benefits has also been addressed. Austerity measures described included direct cuts in amounts paid, the non-indexation of benefits, changed non-contributory period conditions, social security deductions from benefits, increased user charges and delayed payments. The ways in which entitlement for benefits has been changed were reviewed including longer qualifying periods, more stringent means testing, revised disability assessment procedures and increased level of need required for eligibility. The impact of the crisis on financial incentives and supports for job seekers with disabilities and employers who recruit workers with disabilities was also documented.

This chapter provides an overview of evidence of the impact of the crisis on the implementation of the UNCRPD and summarises the findings of the study in terms of specific articles including equality and non-discrimination (Art. 5), accessibility (Art. 9), independent living (Art. 19), personal mobility (Art. 20), education (Art. 24), health (Art. 25), habilitation and rehabilitation (Art. 26), work and employment (Art. 27), adequate standard of living (Art. 28) and participation in public and political life (Art 29b). It reviews the body of evidence that the economic downturn has impacted on progress in implementing the Convention at EU level and within its Member States and the effect that it has had on mechanisms to protect and promote the rights of people with disabilities.

The UNCRPD was adopted by the UN in 2006, came into law in 2007 and that the economic crisis intervened in 2008.[134] The EU ratified the Convention is 2010 and by 2012, 20 EU Member States had ratified the Convention. Those who have yet to do so are Estonia, Finland, Greece, Ireland, Malta, the Netherlands and Poland. As a result the initial implementation of the Convention has always taken place in difficult economic times and there is no previous experience than can be used as a benchmark for progress.

The UNCPRD is a complex and very detailed description of the responsibilities of States in relation to disability, and how these can be fulfilled, which runs to 41 Articles. Attempting to benchmark progress in the EU against other jurisdictions in all areas is very difficult. In some areas the EU and its Member States performed relatively well and in other areas perhaps less well than other countries in implementing the requirements of the UNCPRD. However, relating these findings to the economic crisis is no simple matter.

The EU is currently working on the areas in which it has competence. The focal point for the EU is the European Commission. The participation of civil society in monitoring includes the EDF and data has been collected through the Ad Hoc Module of the 2011 Labour Force Survey and potential indicators were explored in ANED Disability Indicators Report. No Monitoring framework had been assigned at the time of publication of the report.

At EU level the mechanism for promoting progress in the UNCRPD is the European Disability Strategy 2010-2020 which addresses Accessibility, Participation, Equality, Employment, Education and Training, Social Protection Health and External Action. The current implementation status of the UNCRPD and the EDS is presented in the following section.

One perspective on the impact of the crisis on the rights of people with disabilities is the extent to which institutions and mechanisms to promote and protect those rights have experienced changed circumstances. The country reports commissioned for this study provide some insight in this regard. In terms of the EDS these developments relate to the goals of overcoming obstacles to exercising rights as consumers, students, economic and political actors and facilitating mobility and supporting and supplementing national policies and programmes to promote equality.

In a number of countries the institutions with specific responsibility for disability rights have been merged with other organisations. In the UK the Disability Rights Commission was merged with the Human Rights Commission. In Portugal, the National Disability Council was eliminated in 2011 and subsumed under National Council for Polices of Solidarity, Charity, Family, Rehabilitation and Social Security which has yet to be established. The Irish Human Rights Commission (IHRC) in a submission to the Working

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[134] Evans, J., Rights and Responsibilities or Cuts and Social Exclusion, Presented at Europe's Way out of the Crisis: The Disability Rights Perspective - European Day Conference for People with Disabilities, 2011

Group on the UN Universal Periodic Review of Human Rights in March 2011[135] noted the risk to the promotion of protection of human rights arising from reductions in the budget of the IHRC by 32%and the Equality Authority by 43%. An agency with responsibility for combating poverty was closed down and the publication of a Carer's strategy was abandoned as a result of an inability to commit resources[136]. The Equality Authority has been merged with the IHRC. Nevertheless, the National Disability Authority which plays an important role in overseeing the rights, disability status of people with disabilities and a Centre of Excellence for Universal Design continues to be funded. In Spain, the National and Regional Ombudsman Offices, Permanent Specialised Office which is responsible for arbitrating equality and non-discrimination complaints continues to be funded It recorded an increase of 273% in complaints in 2009. The extent to which this increase can be attributed to the economic crisis is unclear. A greater awareness of the office may have been another factor.

Another indicator of the extent to which the rights of people with disabilities are protected is the way in information and advocacy services are being deployed. In Portugal, the number of Public Information and Mediation Services increased between 2008 and 2012) from 26 to-40. This means that only 13% of the country is covered. **Advocacy services provided by Organisation of People with Disabilities experienced a 30% cut in public funding in 2011-2012. I**n Ireland, the development of advocacy services has been postponed and the existing disability advisory services provided by the Citizens Information Centres are under pressure. In

The extent to which consultation with disability representative organisations is in place provides another indication of Member States commitment to rights and participation**. In Ireland, the national representative body of people with disabilities (People with Disabilities Ireland) has been eliminated and the National Disability Strategy Stakeholder Monitoring Group which was established to review progress in the national strategy has been closed down.** In Portugal, the crisis has had a negative impact s on rights in terms of the efficacy of legal mechanisms, allocations of resources and reduced capacity of organisations of people with disabilities for political action. In Hungary, consultation with people with disabilities is purely formal e.g. through a website. There have been protests by Representative Organisations of People with disabilities and the National Disability Committee only meets occasionally.

5.2 Current implementation status of the UNCRPD

An important source of information on progress in the implementation of the UNCRPD at Member State level is the High Level Group on Disability which receives and publishes regular reports on the issue.[137] The 2011 Fourth Report reviewed progress on signing and

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[135] Irish Human Rights Commission (2011), Submission for the Twelfth Session of the Working Group on the Universal Periodic Review: Ireland,
http://www.ihrc.ie/download/pdf/ihrc_report_to_un_universal_periodic_review_march_2011.pdf

[136] Inclusion Ireland (2009) Annual Report,
http://www.inclusionireland.ie/documents/InclusionIreland2009Annualreport.pdf

[137] European Commission Directorate-General for Justice

ratifying the Convention, actions in Member States and the EU to implement and monitor the UNCPRD and the implementation of the Europe 2020 Headline Targets and in particular progress on Article 24 Education; Article 27 Employment; Article 28 Adequate standard of living and social protection and Article 31 Statistics and data collection. The challenges created by the economic downturn were not addressed directly in any of the Member State reports. Nevertheless, a comparison of reported progress in each of the Member States with the extent to which they have been impacted upon by the crisis can provide a basis for judging the extent to which economic conditions have negatively impinged on implementation.

Table 1: Current Status of the Implementation of the UNCRPD in EU Member States[138]

	Ratified	**Focal Point**	**National Implementation Strategy**	**Monitoring Framework**	**Formal Involvement of civil society**	**Collecting Indicators**
Spain	2007	**X**	**X**	**X**	**X**	**X**
Austria	2008	**X**	**X**	**X**	**X**	
Slovenia	2008	**X**	**X**	**X**	**X**	
Germany	2009	**X**	**X**	**X**		**X**
Latvia	2010	**X**	**X**	**X**	**X**	
Hungary	2007		**X**		**X**	**X**
Czech Republic	2009	**X**	**X**		**X**	
Denmark	2009	**X**		**X**	**X**	
Portugal	2009	**X**	**X**		**X**	
UK	2009	**X**		**X**		**X**
Lithuania	2010	**X**	**X**	**X**		
Sweden	2008	**X**			**X**	
Belgium	2009	**X**			**X**	
Italy	2009	**X**		**X**		
Cyprus	2011	**X**			**X**	
Luxembourg	2011	**X**			**X**	
Bulgaria	2012	**X**			**X**	
Finland			**X**		**X**	
The Netherlands			**X**			**X**
France	2009				**X**	
Slovakia	2010				**X**	
Romania	2011	**X**				

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http://ec.europa.eu/justice/discrimination/document/index_en.htm#h2-5

[138] Extracted from DG Justice, Fourth High Level Group Report on the Implementation of the UN Convention on the Rights of Persons with Disabilities, 2011, available at: http://ec.europa.eu/justice/discrimination/files/dhlg_4th_report_en.pdf

Estonia					X	
Greece					X	
Poland					X	
Ireland						
Malta						

The Fourth Report of the High Level Group on Disability requested Member States to report on the extent to which they had progressed in implementing the Convention, in terms of:

- National Implementation of the UNCRPD
- Putting in place a focal point and coordination mechanisms;
- Putting in place national strategies for implementation;
- Monitoring of the UNCRPD
- Independent monitoring mechanisms,
- The formal involvement of civil society in the monitoring process; and,
- Collecting statistics and developing indicators.

Based on country reports, it was possible to extract the elements which were fully established. This analysis is presented in Table 1. The analysis does not reflect the fact that many countries indicated that they were in a process of planning in some of the areas or the fact that, although there was no formal recognition of a role for a national umbrella organisation of Disability NGOs in monitoring, there were State operated committees where individual NGOs were invited to attend.

An analysis of the country reports indicates the 17 Member States had established focal points, 11 Member States had specific national strategies for the implementation of the Convention, 9 Member States had appointed an independent monitoring body, 18 Member States had formal arrangements for a representative body of organisations of persons with disabilities to participate in the monitoring (others had individual NGOs participating in government committees), and only 5 Member States had either collected relevant statistics, above and beyond existing statistics, or developed specific participation indicators.

While in the majority of cases those Member States that had ratified the Convention had naturally made greater progress, this was not always the case. For example, France, Slovakia and Romania were still in the early stages of implementation and Finland and the Netherlands (that had not ratified the Convention) had already made progress on a national implementation strategy. Further, the Netherlands had already developed a Participation Index which includes indicators on education, labour, leisure, housing and the level of using mainstream provisions and Finland had a mechanism for the formal involvement of Disability NGOS in monitoring.

Finally, there was no clear relationship between being more negatively impacted by the economic crisis and lack of progress in implementation. For example, Spain and Portugal which have experienced significant economic difficulties had made substantial progress, compared to France and Sweden.

A different approach to evaluating progress on the implementation of the UNCRPD was adopted by the Essl Foundation in Austria.[139] The Zero project reviewed the implementation of the Convention in 36 countries and nine Austrian provinces. It used 21 social indicators which were reviewed by experts and NGOs in the participating jurisdictions. 20 EU Members States participated in the review. This provides an alternative perspective on the extent to which these countries had integrated these social indicators into their legal systems.

While accepting that there are major barriers to comparing different jurisdictions including the lack of internationally comparable statistics and data, issues of representativeness and validity in the responses from experts and the absence of internationally recognised definitions of "disability", the report used a count of good, partial and unsatisfactory on each of the indicators to come to some conclusions about progress on implementation across jurisdictions.

The main question being addressed in this study is the extent to which the economic crisis has affected the implementation of the UNCPRD. In order to gain an independent perspective on this, the Zero study findings for the 20 EU Member States were extracted. If the economic crisis was a significant factor in inhibiting progress, then one would expect that those EU Member States that have been most severely impacted to have made less progress.

The social indicators and articles covered by the Zero questionnaires are presented in Table 2 along with the count of good, partial and unsatisfactory solutions in the 20 participating EU Member States.

The Articles upon which EU Member States performed best included International Cooperation (Art 32), Equal Recognition before the Law (Art 12) and Access to Justice (Art 13), Respect for Home and Family (Art 23) and Accessibility (Art 9). The Articles upon which least progress had been made were Work and Employment (Art 27), Living Independently and being included in the community (Art 19), Statistics and Data Collection (Art 31) and Situations of Risk and Humanitarian Emergencies (Art 11).

Although, there are reservations in interpreting the data at the level of an individual country, a ranking was carried out based on the number of good solutions that were reported by the respondents. The Member States which were considered to have implemented a majority of good solutions (11-15 social indicators) included the Netherlands (currently not a signatory), the Czech Republic, Bulgaria, the UK and Slovakia. Member States that ranked lowest (1-8 social indicators) were Austria, France, Hungary, Portugal Spain, Estonia, Ireland, Finland, Germany and Romania. This pattern does not support the view that the impact of the economic crisis is a determining factor in making progress in implementing the UNCRPD.

The distribution of good and partial solutions on the 21 social indicators across the 20 Member States could not be inferred to reflect the level of economic performance of the countries during the crisis. Some Member States considered to be coping most effectively with the crisis were amongst those with the lowest number of indicators integrated into their legal systems.

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[139] Fembek, M., Butcher, T., Heindorf I. and Wallner-Mikl, C., 2011, International Study on the Implementation of the UN Convention on the Rights of Persons with Disabilities: Zero Project Report 2012, Essl Foundation, Austria. Available at: http://www.zeroproject.org/wp-content/uploads/2011/11/Zero-Project-Report-2012.pdf

Progress in implementing the Convention was reported in a number of commentaries on implementation were analysed including shadow reports[140] and although a range of issues and serious concerns were raised, very few references or attributions were found implying that lack of progress in implementing the UNCRPD was as a result of straitened economic conditions.

Table 2: Frequency of good, partial and unsatisfactory solutions to integrating the UNCRPD into the legal system in 20 EU Member States (Adapted from the Zero Report)[141]

			Quality of Solutions		
UNCRPD Article		**Social Indicators**	**Good**	**Partial**	**Unsatisfactory**
9	Accessibility	New Buildings	18	2	0
		Legal time frame	6	13	1
		Public buses	2	18	0
11	Situations of Risk and Humanitarian Emergencies	Early warning system for national emergencies	3	7	10
12 & 13	Equal recognition before the law & Access to Justice	Partial guardianship	13	4	3
		Sign language in court	16	4	0
19	Living Independently & being included in the community	Safeguards in institutions	9	8	3
		Financial Support in the community	6	12	2
23	Respect for Home & Family	Right to marry, have and raise children	9	10	1
24	Education	Right to mainstream education	12	8	0
		Alternative testing methods for students	10	10	0
		Statistics on university graduates	3	9	8
25 & 26	Health & Habilitation and Rehabilitation	Accessibility of medical practices	8	10	2
27	Work & Employment	Accommodations in the workplace	12	7	1
		Number of employees with disabilities	4	4	12
		State employment of persons with	3	13	4

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[140] For Example:
CERMI, Human Rights and Disability: Alternative Report Spain 2010, available at: http://www.cermi.es/en-US/Biblioteca/Pages/Inicio.aspx?TSMEIdPub=10
Hungarian Disability Caucus (2010) Disability Rights or Disabling Rights, Published by SINOSZ, MDAC, FESZT. available at
http://mdac.info/en/resources/disability-rights-or-disabling-rights-crpd-alternative-report
Austrian National Council for Persons with Disabilities (2010) Universal Periodic Review Austria, Österreichische Arbeitsgemeinschaft für Rehabilitation (ÖAR) – Dachverband der Behindertenverbände Österreichs (ÖAR), available at:
http://www.oear.or.at/ihr-recht/un-behindertenrechtskonvention/universal-periodic-review/UPRsubmissionforAustriaOEARfinal.doc/view

[141] Fembek, M., Butcher, T., Heindorf I. and Wallner-Mikl, C., 2011, International Study on the Implementation of the UN Convention on the Rights of Persons with Disabilities: Zero Project Report 2012. Essl Foundation, Austria. Available at: http://www.zeroproject.org/wp-content/uploads/2011/11/Zero-Project-Report-2012.pdf

		disabilities			
29	Participation in political and public life	Right it receive support to vote	7	13	0
31	Statistics & Data Collection	Official statistics about education & employment	7	10	3
		Data on persons living in institutions	4	14	2
32	International Cooperation	State sponsorship of umbrella organisation	13	6	1
33	Monitoring	Designation of focal points within government	8	8	3

Exceptions included of a need for enhanced active employment measures in Spain, the termination of employment for workers with disabilities as a result of difficult market conditions in Hungary and the refusal of the Hungarian Ministry for Municipalities to provide financial support to Deaf athletes to attend the 2009 Deaflympics on the grounds that there were no funds available due to the economic crisis.

Delays in implementing accessibility plans were reported in Portugal and Hungary. In Hungary, accessibility of public transportation ought to have been fulfilled by the end of 2010. However, an inquiry of the Ombudsman found that 81% of the carriages and 90.3% of passenger facilities on public railways were not accessible.

There was no indication that the economic crisis had impacted on the formal UNCRPD implementation process in the UK. Adequate mechanisms are in place including an Office for Disability Issues within the Department of Work and Pensions and the allocation of the role of independent monitor to the four regional Human Rights Commissions. The national Life Opportunities Survey (LOS) has started to collect information on disabled and non-disabled people’s life opportunities, covering areas such as work, education, social participation, experiences of crime and discrimination. It aims to identify the social barriers that prevent people from taking part in different areas of life as much as they would like to. The information will be used to help target policies and resources where they are most needed, and ensure that more disabled people can participate in society. The survey is designed to be accessible for people with a range of impairments.

The Office for National Statistics (ONS) Opinions Survey includes a module that asks disabled people about the difficulties they have in accessing a range of goods and services, and the amount of choice and control that they have over their daily lives. These data are published as part of the Office for Disability Issues (ODI) disability equality indicators. ODI and ONS are also developing a suite of harmonised disability questions for social surveys, to make it easier to compare data from different sources.

In Spain, legislation was amended to comply with the UNCRPD in 2011. The law addresses a number of key themes including accessibility of buildings, transport, services and ICT and Information Society; civil protection in emergency situations; legal protection and due process; organ donation and transplants. The law outlined a substantial number of measures in the sphere of employment. It mandated the Integration of disability in Spanish Employment Strategy and Active Employment Policies. It introduced additional protection in the dismissal process, defined role for Special Employment Centres and Integration Companies and outlined requirements for the training for centre staff. It set out a framework for special employment measures for people with disabilities including supported employment programmes, rules for grant aid, support for pilot programmes and subsidies for a range of actors. The Spanish Disability Strategy 2012-2020 reflects European Disability Strategy. The Spanish Committee of Representative of Organisations of People with Disabilities (CERMI) has been assigned the independent monitoring role.

In Portugal, the financial crisis of the State has delayed or postponed the implementation of the National Disability Strategy, 2011-2013 (ENDEF). It is difficult to obtain accurate information about the full extent of this for people with disabilities. The recently published official monitoring report of the ENDEF (INR, 2012) is vague and lacks precision. However, it found that nothing had been done in relation to the majority of the planned measures in the Strategy. The report is compiled by the National Institute for Rehabilitation based in data gathered from 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 carry in public offices. There is also a lack of current disaggregated data on the status of people with disabilities in Portugal. The last national disability survey was carried out in 1995.

Ireland has yet to ratify the UNCRPD. The reason cited is that there is an issue in relation to legislation on mental capacity. However, there is some evidence that the economic crisis has also played a role**. In Ireland, progress on the National Disability Strategy launched in 2004 has slowed. The timeframe for implementation has been revised and many elements have not been implemented.** For example, the Disability Act (2004) introduced the right to an assessment of health and social care needs for people with disabilities. Under the act about half of people with disabilities were not eligible. The implementation has been further restricted to children who were under 5 years in 2007. Many parts of the Education of Persons with Special Educational Needs Act (2004) have yet to be implemented. In 2006 the Office of National Statistics National Disability Survey which has been used to produce a social portrait of disability in Ireland in terms of prevalence, education, work and standards of living and physical access.

Hungary ratified the UNCPRD in 2007 and established a National Programme for Disability Affairs which is compliant with the Convention. However, there have been delays in implementation. An implementation report was published in 2010. **Hungarian organizations of persons with disabilities and their supporters decided to form a Disability Caucus to deliver a shadow report which covers all the articles of the Convention. It highlighted a number of areas which were problematic including the definition of disability, accessibility, guardianship, de-institutionalisation and personal mobility.**

In Hungary, the rights of people with disabilities are protected under the Fundamental Law 2010 which is the new constitution. The law mandates equality before the law and fundamental rights on 9 grounds including disability. It specifies special measures to promote and protect the rights of people with disabilities. It established a framework for social security including illness and disability and social institutions and measures. The Commissioner for Fundamental Rights implemented a number of special projects in the field of disability between 2009 and 2012 which reviewed living with dignity, healthcare and barriers to employment for people with disabilities.

There is some evidence that progress on the implementation of the UNCRPD is behind schedule in a number of Member States. However, it is difficult to conclude that the negative economic conditions have been the major factor inhibiting the activities of EU Member States in this regard. Firstly, very few references to the impact of the economic crisis were found in documentation on the progress being made in implementing the UNCRPD or in the country reports commissioned for this report apart from Portugal and Spain. Secondly, while the absence of data on how EU Member States performed prior to the economic crisis, made it difficult to draw any conclusions about how effective they have been in implementing the UNCPRD during the downturn, data from the Fourth Report of the High Level Group on Disability and the Zero project provide no basis for concluding that those Member States that have coped best with the crisis also performed best in terms of their implementation activities.

5.3 Impact on of the crisis on specific articles of the Convention

According to the WHO (2011) disability is a human rights issue because people with disabilities experience inequalities in many areas of life including equal access to health care, employment, education, or political participation.[142] They are subject to violations of dignity and in some cases are the victims of violence, abuse, prejudice, or disrespect. Many are denied autonomy and confined in institutions against their will or regarded as legally incompetent because of their disability. In this regard it points to the UNCRPD as providing the framework of reference for States in promoting and protecting disability rights. While it might be assumed that this description applies mainly to less developed societies, the current study indentified a number of areas where the rights and dignity of people with disabilities are being put at risk by the economic crisis and the consequent austerity measures which many EU Member States have put in place to cope.

Even the EU seems to promote the idea that the primary goal of the Member States should be to contain public deficits and implicitly to accept that Member States defer their efforts to actively implement policies that reduce poverty and, to a lesser extent, policies that increase employment.

The conceptual framework adopted for this study was based on the UNCRPD and thus it is appropriate to summarise the conclusions of this report in relation to a number of specific UNCPRD articles.

Article 5 - Equality and non-discrimination

The European Disability Strategy set out two important objectives for the EU and its Member States in relation to equality. The first of these is overcoming obstacles to exercising rights as consumers, students, economic and political actors and facilitating mobility and the second is supporting and supplementing national policies and programmes to promote equality. This study identified evidence that there are issues to be faced in relation to the impact of austerity measures on equality mechanisms in some Member States.

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[142] World Health Organisation, World Report On Disability, 2011 http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

The findings of the study in relation to equality need to be interpreted against a background in which the public attitudes about disability have been hardening over the period of the economic crisis. There was evidence that people with disabilities are being stereotyped by the media as a burden on society. People surveyed in the UK largely over-estimated the level of fraud on the part of people with disabilities, justifying their estimations by references to newspapers. In an Irish attitude survey, the majority of respondents believed that the main barrier to participation for people with disabilities is their impairment rather than environmental barriers and a substantial minority held the opinion that people with disabilities were treated fairly by society.

In some countries disability rights agencies have been merged into larger agencies with a wider remit. It is not clear if these developments were as a result of mainstreaming or whether they were motivated by cost savings but **in Ireland the merger was accompanied by significant reductions in the budgets of both bodies of between 32% and 43%**. **In Portugal, the National Disability Council was eliminated in 2011 but the body into which it was to be subsumed has yet to be established.** At the same time, there was an indication that complaints of discrimination have been rising over the period of the crisis.

Another mechanism that is critical in supporting people with disabilities in accessing their rights is the provision of information, advice and advocacy services. **In Portugal, the budgets of such services have been cut up to 30% and in Ireland the development of advocacy services has been postponed** even when existing information services are under pressure.

Article 9 - Accessibility

While not the focal point for this study, **a number of instances were identified where progress on the key EDS objectives relating to accessibility was slowed or completely stalled. In a number of Member States plans to create accessible public buildings, services and transport were well behind schedule.** In Hungary, for example, where the accessibility of public transport ought to have been achieved by the end of 2010, 81% of carriages and 90% of passenger facilities were inaccessible. In Ireland, the view of the disability organisations surveyed was that progress in achieving accessibility had been slowed. In Portugal, lack of accessibility remains one of the most prevalent violation of disability rights and an area that has been significantly impacted by austerity measures. In Spain, severe cuts and the elimination of funding for accessibility improvements and barrier elimination are considered to be impacting extremely negatively on the participation of people with disabilities. Only in the UK was accessibility in terms of public buildings, transport and services considered to be relatively good.

Article 19 - Living independently and being included in the community

The EDS objectives relating to Article 19, which is a central theme of the current study are promoting the transition from institutional to community-based care and providing quality community-based services. The austerity measures identified in this study were having a strong and far-reaching negative impact on the right of people with disabilities to “choose their place of residence” and to choose “where and with whom they live”. **There was a substantial body of evidence at EU level and from country reports, carried out for this**

study and by other organisations, that the right to live independently in the community has been placed under severe threat not only as a result of the economic crisis and resulting austerity measures but also as a consequence of politically motivated reforms and re-structuring.

A wide range of measures have been implemented to reduce the cost of social care in most Member States and as a result services to support independent living, where they exist, have been cut and where they are in development have been postponed.

Direct cuts to social, community and long term care budgets are just one mechanism that has been adopted. In the UK, the personalisation agenda is a political priority while the budgets of local authorities are being reduced. Other more indirect measures were more common even in Member States that have coped relatively well with the crisis. Eligibility criteria for support for independent living have been restricted. For example, in the Netherlands, it was proposed that anyone not requiring residential care would not qualify for a personal budget. A roll back on State responsibility for care was evident in a number of Member States. For example, in Hungary the law has been changed to underpin the principle that the primary responsibility for care is with the family and the State only has a secondary responsibility.

Staff reductions in the public sector and decreased funding and more competitive tendering for the not for profit and private sectors have resulted in services being reduced in terms of hours and duration, skilled staff being replaced by staff on minimum wage, the cancelling of continuing professional development for staff, redundancies and increased stress on remaining staff. Less staff is available to deliver for the same or increased numbers of clients and as a result labour intensive services such as personal assistant services for people with disabilities are under pressure.

Austerity measures can be identified as a major cause of the increased demand on families and end users to fund or provide care services, a move towards more institutional solutions and the discontinuation of home and community care options which were set up with ESF particularly in Greece. Even in countries not so severely impacted by the economic crisis such as the UK, services and local authorities complained that although they are willing to develop community-based services, they were often refused funding, because the only budget line where money was available was under residential care and could not be moved to community living.

In Portugal, none of the measures to support independent living in the National Disability Strategy 2011-2013 have yet been put in place due to austerity measures.

Article 20:- Personal Mobility

There was evidence that austerity measures were impacting on the right to personal mobility. Access to technical aids was particularly noted in terms of significant cuts to budgets for assistive devices (including hearing aids and wheelchairs) in both Portugal and Ireland, where waiting lists were substantial and access to aids in some parts of the country was impossible. In addition, application procedures for assistive devices in Portugal were very bureaucratic and time consuming resulting in long waiting periods. The transportation subsidies for medical non urgent care for people with disabilities were also eliminated for all except the most severely disabled. Cuts to mobility allowances were reported in a small number of countries.

Article 24 – Education

The EDS objectives most closely related to inclusive education are providing timely support for inclusive education and personalised learning, and early identification of special needs and providing adequate training and support for professionals working at all levels of education. The education sector has been affected by austerity measures throughout Europe but it appears that this happened to a lesser degree than is the case for social services and long term care services.

Public education budget cuts occurred mainly in the countries that were most affected by the crisis and not in Member states that coped better. In particular, there were many reports of reduced funding for support services for mainstreaming projects. In Portugal, all special schools are to be closed by 2013 but the resources for supporting inclusive education have been delayed and as a result many children with disabilities have no support whatsoever. In Ireland, mainstream supports have been frozen at existing levels and many inclusive education measures, which have been passed into law, have been deferred indefinitely. Mainstream schools have been turning children with disabilities away on the grounds that they do not have the resources to support them properly. In Spain, restrictions on recruiting staff, changes to teacher: pupil ratios and delays in implementing support measures are putting inclusive education in jeopardy.

Article 25 – Health

The evidence reviewed for this report confirmed that there is an increasingly high level of inequalities in access to health and social services for people with disabilities. The crisis and related austerity measures are clearly linked to these growing inequalities between persons with different income levels and capacities but also between different vulnerable groups.

Cuts in social security benefits are having a direct impact on health-related rights. Increased user charges and other co-payments for medication and other health services have a direct impact on the application of the right to affordable health. Related austerity measures in social security benefits have a strong indirect impact on access to health services in terms of affordability, particularly where formal or informal payments are required to access health services. This results in rising medical costs for people with disabilities and their families who in some cases are opting not to access much needed health interventions. In Portugal, people no longer attend necessary physiotherapy because they do not have necessary economic resources, according to one informant.

An additional aspect that needs to be taken in account is the impact of the crisis on mental health. In 2011, the WHO highlighted the link between worsening economic conditions and increases in poverty rates, inequalities and social conditions which are at the core of mental health risks. About 30% of new disability benefit claims were on the basis of mental health conditions and this is rising in many EU Member States. In one study, in the UK, both employed and unemployed people in deprived areas were under severe stress. Phone calls to help lines were increasing in Hungary and Ireland. This increase in mental health needs was accompanied by a 14% cut in mental health staff in Ireland. The suicide rate in Ireland increased from 424 in 2008 to 527 in 2009, an increase of 24%.

Article 26 - Habilitation and rehabilitation

Evidence of specific impacts on habilitation and rehabilitation services was scarce. Service providers to people with disabilities in countries such as Ireland, Portugal and the Netherlands reported that technical specification requirements had evolved to the extent that they were negatively impacting on flexibility and inhibiting the introduction of innovative approaches and ultimately putting at risk the quality, and person centred nature, of service delivery. In Ireland, one informant highlighted the fact that people requiring specialist rehabilitation for neurological conditions were faced with long waiting lists and some people did not get rehabilitation at all. In other Member States, there were also reports of increasing number of closures of vital community based rehabilitation programmes and home-based rehabilitation in favour of centre based services.

In Hungary, the term rehabilitation has become synonymous with a system approach to cutting people with altered working capacity from the disability pension system. Specific measures such as vocational assessment and training programmes as well as rehabilitation services are experiencing cuts in funding or have not had an increase over the last 5 years. In Portugal, between 2009 and 2011 public expenditures on vocational rehabilitation for people with disabilities (including assessment, training, follow-up) was cut by over 60% and participants reduced by 26%.

Article 27 - Work and employment

The most compelling finding in relation to employment was that current data on the employment status of people with disabilities were very thin on the ground, with the majority of information relating to the pre-crisis period. Nevertheless, there was ample evidence that the employment rates of people with disabilities have been negatively impacted by the economic crisis. **The rate was below 50% in 17 Member States in 2008 and it has been estimated in Ireland that people with disabilities are 2.5 times less likely to have a job.** Evidence from the country studies indicated that the impact was different across the Member States surveyed. An analysis of the EU-SILC data carried out in preparation of this report revealed that the impact of the economic crisis on the employment rates of people with severe limitations was significant apart from those in the 55-64 year age range who were already at a very low level. **The EU-SILC data provided strong evidence that during the years of the economic crisis there has been a significant decrease in the employment rates of the majority of people with severe disabilities and that while there was some recovery in 2010, employment levels for people with disabilities were still below pre-crisis levels.** There is also evidence that they are more likely to be on temporary contracts and to be paid lower wages than their non-disabled counterparts.

Public spending cuts in employment services and specifically in employment services that target persons with disabilities were not widely reported on. Nevertheless, the sparse information sources from Member States revealed a number of direct and indirect cuts in employment services for job seekers in general and for people with disabilities who are out of work. **The cuts in employment services for people with disabilities identified were often to more ‘costly’ programmes such as supported employment and vocational rehabilitation. Sheltered employment enterprises were also under pressure**. Budget cuts and reduced services were not only evident in Member States that were more severely affected by the economic downturn but also in other Member States including the UK and Austria. In the UK, sheltered employment services are being systematically closed with the result that previously employed people with disabilities are now resorting to welfare payments. In Member States where sheltered workshops are an important element in the employment strategy for people with disabilities, such as Germany and France, many workshops are experiencing significant reductions in their trading incomes.

In the UK, Supported Employment services have come under increasing funding pressure as a result of the introduction of a new placement programme for people with disabilities that provides less resources for job coaching, eliminates subsidies for employers and requires providers to achieve outcomes before receiving a large part of their funding. Local authorities are also under pressure and less able to fund such programmes. New funding regulations have shifted the focus to people with disabilities who are closer to the labour market at the expense of those with more severe impairments.

In Spain, there was a decrease in number of supported employment initiatives in 2010 while the total number of participants significantly increased. The number of people who hold an employment contract through supported employment initiatives has fallen drastically with a 26% drop between 2009 and 2010. National and regional funding for supported employment schemes has been cut by 25% and ESF is being used to fill the gap. In Portugal, supported employment services have experienced drastic cuts with the result that less staff are offering fewer hours of on the job support.

Austerity measures have also impacted on self-employment schemes and have resulted in the termination of innovative funding for projects that aim at moving people with disabilities into the open labour

In some Member States assessments of work capacity, which can be positive in a context of activation, seem to be driven by the primary goal of creating savings.

In some other countries, the economic crisis seems not to have jeopardised employment services. In France, for example, services and advice to employers have been maintained and despite the crisis the Italian government has preserved national funds dedicated to helping employers in adapting work places and providing accessible furniture, devices and technologies. In Ireland, there have been no direct cuts to employment services for people with disabilities but, as with other services, the rates paid have not been increased in line with inflation.

Article 28 - Adequate standard of living and social protection

There is no doubt, on the basis of the reports and data reviewed for the current study, that the economic crisis has had a greater impact on the standard of living of persons with disabilities compared to the general population. Available statistics on poverty show an overall improvement between 2008 and 2010 but poverty rates vary widely and poverty rates have increased substantially particularly in those countries most severely hit by the economic crisis. At-risk of poverty rates have increased across the whole of the EU. **Evidence based on EU-SILC statistics supports the contention that people with disabilities face a much higher risk of poverty than people without disabilities. More than 1 out of 5 persons with disabilities are at risk of poverty in the EU (21.1%) as compared to 14.9 % for persons without disabilities. This is a pattern in all EU Member States.**

Child-related benefits were not subjected to significant cuts. However, this must be viewed in a context in which levels of at-risk-of-poverty are increasing among families where additional costs due to a disability have to be taken into account. Increases in co-payment requirements and the costs of care have the potential to put appropriate services and medication beyond the means of many families.

Austerity measures that directly and indirectly affected social security benefits had a significant impact on the standard of living of persons with disabilities. **A wide range of mechanisms were used by Member States to reduce the real value of cash benefits to people with disabilities with a significant impact on the ability of people with disabilities to access basic goods and services. There is a strong case to be made that many EU Member States are attempting to avoid their obligation to provide assistance with disability-related expenses.**

Apart from direct cuts to disability benefits which were particularly steep in Ireland, a number of other approaches to reducing the real value of payments were evident in many Member States including:

- Non-indexation of payments in line with inflation or changing the basis for calculating increases in order to award smaller increases;
- Disregard of non-contributory periods for people who are out of the workforce for reasons such as child rearing;
- Deducting social security contributions from social security benefits which is effectively a claw back of a proportion of the value of the benefit by the State;
- Longer qualifying periods for eligibility for contributory benefits and the reduction of amounts paid to younger people with disabilities or even their complete exclusion from schemes, as in one case;
- Increased use of means testing and the expansion of means test criteria, in case to include the income of the extended family;
- More medically based assessments which are often coupled stricter eligibility criteria.

In some Member States delayed payments are a significant factor in putting people with disabilities and their families under financial pressure.

Article 29b - Participation in Public and Political Life

Representative organisations of people with disabilities are an important mechanism to achieve greater participation of people with disabilities in public and political life**. The study identified a number of instances in which the voice of people with disabilities has been weakened as a result of austerity measures.** In Portugal, reduced funding to disability organisations has had a negative impact on the rights of people with disabilities by reducing the capacity of organisations of people with disabilities to engage in political action.

In Hungary, consultation with people with disabilities is purely formal e.g. through a website and the National Disability Committee only meets occasionally. There have been protests by representative organisations of people with disabilities. In Ireland, the national representative body of people with disabilities (People with Disabilities Ireland) has been eliminated and the National Disability Strategy Stakeholder Monitoring Group, which was established to review progress on the strategy, has been closed down.

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

Country report: Greece

This study has been conducted by BERNARD BRUNHES INTERNATIONAL BPI group

Maria Marinakou

26 October 2012

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Acknowledgments

The respondents who agreed to participate, and gave their time to respond to questions, made a significant contribution to the content and details presented in the report. However, any interpretations or errors are the sole responsibility of the author. It is important to acknowledge the people who contributed to the report and in particular the four service users who provided the most significant inspiration by sharing their testimonies of the survival mechanisms they are using to cope in these challenging times, and the informants who provided a deep insight into the wide range of stakeholder perspectives on the economic crisis, austerity measures and their impact on the lived experience of people with disabilities in Greece.

Representatives of people with disabilities
Giannis Vardakastanis: Chair of the National Confederation of Disabled People (ESAMEA)
Dimitris Logaras
Anna Evaggelinou and Nikos Voulgaropoulos: Disabled.gr

Representatives of State Authorities
Stratis Hatziharambous: The Ministry of Health
Margarita Vakondiou: Senior Inspector of Social Services of the Ministry of Health

Representatives of Service Providers
Katy Katsouda: Theotokos Foundation
Mina Kirizidi: Panagia Eleousa Foundation
Athina Paliggini: ELEPAP

Other contributors that should be acknowledged include Dina Vardaramatou from the Greek Antipoverty Network, Chris Jones and Tony Novak and, finally, colleagues in STIRIXI for their support in completing the report.

1. Introduction

The methodological approach adopted for the preparation of this report was a combination of primary research using the common (template) questionnaire for semi-structured interviews and an extensive review of existing secondary data and related literature.

The embryonic Greek welfare state established in the ‘80s was founded on a system of “clientelism”, corruption and patronage, and served as a gate keeping process for the really needy and deserving. One graphic example is the case of some villages where more than 30% of the population claims benefits as visually impaired, but this is based on a systemic manipulation of the entitlement procedures, consolidated by enormous bureaucracies and ‘red tape’, where the people with disabilities are the only real victims. It is indicative of the complexities and idiosyncrasies of the process of entitlement, that one of the central issues raised for years by the disability movement in the country was the modernisation and simplification of the process, based on clear scientific evidence.

In the interview with Giannis Vardakastanis, (Chair of ESAMEA, EDF and recently IDF), it was emphasised repeatedly that the disability movement has been a pioneer in demanding a clear and rationalised system of disability classification and entitlement. A new code of disability classification was introduced in 2011 replacing the old one the main characteristic of which was the victimisation of the people with disabilities and their families. However, the new system still has many weaknesses mainly related to the lack of specialised diagnostic centres around the country. Many local authorities have been pressing for the opening of centres in their areas (e.g. the local authority of Rethymno, Crete), because at present claimants have to travel long distances and wait for long periods for assessment.

Another aspect of the systemic discrepancies in the disability sector is that there are no valid statistical data on how many persons with disabilities are benefit claimants or on the amount spent from the social budget. There is an estimation of about 200,000 claimants.(Giannis Vardakastanis, ESAMEA, Stratis Hatziharalambous, Ministry of Health).

In general, the welfare system and related social services for people with disabilities are characterised by fragmentation, a lack of a rights based approach, means testing, an absence of interdisciplinary approaches and significant limitations in community based rehabilitation services.

It is indicative of the lack of coherent policies and a clear commitment to the social inclusion of people with disabilities, that there is no National Disability Strategy and that disability policies have been incorporated into the National Action Plans for Social Inclusion in the past which functioned as a ‘soft governance’ mechanism for policy makers.

Institutionally, the legal framework provides access to any person with a severe disability to social and care services both at home or through institutional care, whether s/he is insured or uninsured by the social health insurance system. In practice, however, the social and rehabilitation system for people with disabilities is ‘Athenocentric’ in the sense that most services of both state and the private sector are located around Athens. The consequence of this is that the urban/rural divide is substantial in terms of both general social services provision and specifically with respect to the quality of services. It can be characterized as an ‘institutional promise’ Southern welfare system (M. Ferrera, 2005, M. Marinakou, 1998), where, in most cases, the family network attempts to meet the care needs of people with disabilities of all ages. Informal support networks at community level also function as expressions of solidarity. The provision of care for people with disabilities in Greece remains *gendered*, as it is mainly women who either within their family roles, or as rented services by migrant women, who bear many of the consequences of inadequate state provision.

> In the words of one service user (I.P) who is employed by a cleaning company through a supported employment program,*“My mother used to take me to the school (special education), every morning for 6 years, because the school bus was not passing in my neighbourhood and now (the mother is 68 years old) she is driving me 5 Km to take the bus to go to my work...I cannot afford to live on my own, but I do not know if I want to also, even if I had the money...” I,P* is still in her job for 3 years after the program finished. The local authority used to offer free glass painting lessons but has now stopped and she has not found another provider. I.P has a moderate learning disability.
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> Another respondent with severe learning disabilities (M.V.) is unemployed. She had previously been in supported employment but has lost two jobs as a result of the closure of both companies. She lives with her sister and her family in a2 bedroom apartment. She recounted that “*Lately [her sister] has many fights with her husband for the money. Maybe because of me, I do not know. I try to get some jobs in the shops around the neighbourhood, to carry things to get 2-3 Euros for my cigarettes. My sister takes all the money. I do not mind, I get by fine with my sister ... in my free time I watch television and do jobs in the house.*”

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

Disability in Greece - facts and figures

The most recent data on the status of disability in Greece was gathered in the 2nd quarter of 2002 by the National Statistical Service of Greece (NSSG) in a study entitled “*People with Health Problems or Disabilities*”. This estimated that 18.2% of the country’s population had a health problem or a disability. Disability was more prevalent in females than males (19.6% and 16.8% respectively)

The most frequent health conditions reported were cardiac problems (36.8%). 14.3%, of respondents reported arthritis and rheumatism and 6.6% specified diabetes and respiratory problems. 3.5% had a health problem or a disability from birth and 3.5% had been injured at work. 2.1%; had acquired a disability not related to work[1].

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[1] National Statistical Service of Greece, Labour Force Survey 2002

Based on the available data, 63% of people with disabilities were over the age of 65. As expected, the percentages of people with disabilities increase significantly in relation to age (See Table 1).

Table 1: Percentages of people reporting disabilities categorized by sex and age group

	People with Disability		
Age	Total %	Men %	Women %
0 to 14	1.1	1.5	0.7
15 to 24	1.8	2.0	1.6
25 to 34	2.7	3.0	2.4
35 to 44	5.1	5.3	5.0
45 to 54	8.9	9.4	8.6
55 to 62	17.7	18.5	17.1
65 to 74	33.9	33.3	34.4
75 +	28.8	27.0	30.2
Total	100	100	100
Source: NSSG, 2002			

Employment status of people with disabilities

Figures for the total workforce released by the Hellenic Statistical Authority in September 2012 revealed that the number of people without work had climbed to 1.17 million, 23.6% of the workforce, from 22.6% in the first three months of 2012 and 16.3% in the second quarter of 2011. An average 1,000 jobs were lost every day from June 2011 to June 2012.

In general, there is both a gender and an age discrimination dimension to employment in Greece. According to the latest Eurostat survey (April 2012), the employment rate was significantly lower for Greek women (compared to men) during the years 2008-2012. Based on the same Eurostat survey in 2011, Greece had the second highest unemployment rate (44.4%) in EU - after Spain - amongst young people aged 15-24 years, unemployment for this age group had risen to 55%, compared to 20% four years previously. According to the latest Eurostat survey (April 2012), the employment rate for people between the ages of 55 to 64 was significantly lower for Greece (39.4% in 2011) compared with the rest of EU Member States and the average EU27 rate (47.4% in 2011) during the years 2007-2012. There was a drop of 3% between 2007 and 2011.

The General Confederation of Greek Workers (GSEE) estimated that unemployment will reach 29% in 2013, if the planned austerity measures are implemented. Union officials say that people on minimum wage have seen their spending power reduced to 1979 levels, while those earning an average salary have been pushed back to the equivalent of the early 1980s. Despite some emergency government measures to boost employment in early 2012, it is hard to see how the upward unemployment trend can be stabilized in the first half of next year. A record 1,033,507 people were without work in December 2011, 41% more than in the same month last year. The numbers in work dropped to a record low of 3,899,319, down 7.9%.

Moreover, in August 2012, Greece slashed its minimum monthly wage by about a fifth to about €580 gross, to encourage higher competitiveness and the creation of new job positions.

These conditions in the labour market have made it very difficult for people with disabilities jobseekers to find employment during the last 4 years. Since 2008, there have been no new entrants in the public sector for people with disabilities using the Law 2643/1998.

The lack of priority assigned to employment and disability is evidenced by the fact that the latest figures on employment and activity rates of people with disabilities date from Labour Force Survey in 2002. At that time half of the respondents with health problems or disabilities who participated in the survey reported facing some kind of occupational problem, while 40% of them believed that they faced social exclusion problems, such as insufficient benefits, unemployment and insufficient social services. One third of those who were unemployed or economically inactive indicated that they would need some kind of assistance within a workplace (including the support and understanding of their colleagues and employers). Given the deterioration in labour market conditions it is unlikely that matters have improved over the past 5 years.

In 2002, disability had a major impact on the employment status of respondents to the survey. In particular, the economic inactivity rate of people with disabilities was around 83% compared to 58% in the general population. The rate of unemployment for people with disabilities was lower at 8.9% compared to 9.6% for the general population. More recent data extracted from EU SILC data for 2009 and compiled by ANED (2012) indicated the employment rate for people with disabilities (aged 20-64) in Greece was 31.4% compared to 68.1% for the general workforce. Data on gender indicated that 39.6% of men and 24.7% of women with disabilities were in employment. The unemployment rate for respondents with disabilities was 17.9% and the economic activity rate was 38.2%.

Another indication of the low priority given to the employment of people with disabilities in Greece is that only €33.1 million (0.02% of GDP) was allocated to integration programmes for people with disabilities in comparison to €10,728.4 millions (0.11% of GDP) in the EU-15 which represented 7.96% of the total expenditure on labour market policies in 2003 (Eurostat, 2003 p12-14).

One person with a disability (N.D.), who was interviewed for this study, was employed as a supermarket employee on a supported employment program. He was in the 3rd year of the program. His employer received a wage subsidy for the first 3 years and is required to retain him in the job for a 4th year at his own expense. N.D. was anxious that he might lose his job and may have to return to live with his family. He described the impact of the crisis even on those who are in employment in Greece.

> *"I will not go holidays this summer...I cannot afford it. It is a hell staying in Athens with the heat, as we don't have air conditioning. My brother used to take us to swim in*

> *Porto Rafti, but now the fuel is too expensive. My salary was cut about 20% so far, same to all others..."*

At risk of poverty rates

Poverty has significantly deepened in the period 2008-2012 hitting mainly people who were near the poverty line but also salaried workers and the low middle classes. As a result new social protection policies and measures are required to respond to the needs of the majority of people with disabilities, who experience everyday hardships along with most Greek citizens. Yet, as the country sinks into deeper recession (more than 7% in 2012), instead of social protection schemes being implemented as safety nets (Greece has no minimum income scheme), more cuts in pensions and benefits are being introduced.

A Eurostat survey indicated the percentage of Greek people at risk of poverty or social exclusion compared to the average rate of EU and the other Member States between 2008 and 2010. Table 2 provides an extract from the data comparing Greece with a selection of countries.

Table 2: Proportion in % of population at risk of poverty or social exclusion, 2008-2010

	2008	2009	2010
EU 27	23.5	23.1	23.4
Bulgaria	38.2	46.2	41.6
Germany	20.1	20	19.7
Ireland	23.7	25.7	29.9
Greece	28.1	27.6	27.7
Spain	22.9	23.4	25.5
France	18.6	18.5	19.2
Italy	25.3	24.7	24.5
Source: Eurostat			

In 2010, the percentage of people at risk of poverty or social exclusion in Greece was 27.7% up from 21.4 in 2005. The slight reduction from 2008 figures needs to be understood as a consequence of the reduction of the overall Gross Domestic Product (GDP) of the country due to the deepening recession for 5 consecutive years. In 2011, 4th quarter GDP was 7% down on the 4th quarter of 2010. This is worse than had been predicted by most policy makers and economists[2]. In 2012, GDP figures for Greece are indicative of economic conditions which continue to deteriorate. As the poverty line is measured on the basis of 60% of the average national income, the significant drop of GDP has a direct effect on poverty measurement, distorting the real levels.

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[2] Compared to the 4th quarter of Greece's peak year for GDP, 2007, we can see just how dramatic the slide has been. At 2005 constant prices, the Q4 2011 GDP figure is Euros 44,225 million. In 2007, the figure was 53,121 million. This is a reduction in real terms of **16.75%.** http://www.primeeconomics.org/?p=803

In a recent report entitled "*Children in Greece 2012*", UNICEF described the consequences of the financial crisis for Greek children as extremely disappointing. More than half a million children are currently hungry and have no access to very basic goods, many of these being children with disabilities. There are now alarming numbers of Greek children who are malnourished and morbidity and mortality rates, related to food insecurity and poor nutrition, are increasing. "*Malnutrition for an entire generation of Greek children would have long-term negative consequences, decades later, when these children will grow up*"[3].

It is also important to mention the formation of a new social class, the "new-poor": People aged 50-60 years who have lost their jobs have to face the multiple risks of long term unemployment, health and marginalisation; as well as having no income, they also lose their health insurance cover and pension contributions *(source: "50plus Hellas" NGO)*.

A clear sign of the dismantlement of the welfare system in the last 3 years and the impoverishment of large sections of the Greek population is the fact that even emergency measures designed to help some of the hardest hit by the austerity measures were never implemented, or eventually suspended.

In December 2009, the Greek government passed the Law 3808/2009 on "*Extraordinary financial aid of social solidarity, extraordinary social responsibility contribution of major enterprises and major real estate property, and other provisions*", which meant that 2.55 million salaried employees, pensioners, farmers with very low incomes and socially vulnerable groups[4], would receive financial aid ranging from €300 to €1,300, in 2 instalments (the first one by 31 December 2009 and the second one by 30 June 2010;). The second payment of the Social Solidarity benefit, was never paid, and was indefinitely postponed.

According to Matsaganis M.(2011), in "*Inequality, poverty and the crisis in Greece*", as a result of the austerity and the wider recession, 5% of the Greek population saw their 2010 incomes fall below the 2009 poverty line. The crisis has raised the demand for social protection, but the supply of social benefits has been reduced rather than increased. He stated

> *"To prevent the economic crisis from turning into a social catastrophe, a concerted effort is needed to tighten the social safety net and to shield the weakest groups from its adverse effects."* He concluded that *"… in relative terms, the poor contributed a clearly greater proportion of their income than the rich to the government's fiscal consolidation effort"* (p.5).

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[3] Stelios Papaventsis in "Economics and children food crisis ", Thessaloniki, October, 2012, www.iatropedia.gr

[4] Such as: disabled people receiving welfare benefits, persons with kidney disease or those having a transplant and receiving a daily expenses allowance, people receiving aid for dependent children, holders of a non-insured person card and uninsured foreigners and political refugees who are financially vulnerable, and children with disability in excess of 67% - as long as half or more of the total family income originated from salaried work, a pension or farming and it was not exceed €15,000 for beneficiaries with one child or €26,500 for beneficiaries with 6 children or more.

Waiting lists for services or benefits

The impact of austerity measures on people with disabilities and chronic illnesses who mostly use the public health care system has been harsh. The findings from both primary and secondary data indicate that:

- Long waiting times for appointments with doctors exceed 3 months. It should be noted that if a doctor cancels an appointment, which is very common, the patient has to wait for another 2 months in order to get their prescriptions for medicines. In the meantime, the patient is forced to pay for the medicine(s) out of their own pocket. *(Nikos Voulgaropoulos, Disabled.gr)*;
- Waiting times for radiotherapy (for people with cancer) exceed 3 months in public hospitals;
- According to new measures, the physicians cannot prescribe more than 3 medicines per prescription per day and only medicines of his/her specialty. This means that people with disabilities or severe diseases, who take many different medicines on a daily basis, have to struggle to get another medical appointment and spend extra time in the doctor's waiting room to get the additional prescription. *(Anna Evangelinou, Disabled.gr)*;
- People with disabilities who need a disability assessment in order to get re-examined and be accredited with a disability rating at the Disability Certification Centres (KE.P.A.) can wait for up to 8 months. Prior to the crisis waiting times were never more than 2 months. During the waiting period, people with disabilities do not receive any benefit. In recent open letters from the disability movement, it was stated that people with disabilities on waiting lists experience severe impoverishment and are unable to cover basic needs. According to Giannis Vardakastanis (ESAMEA), there are more than 60,000 people with disabilities waiting to be assessed.

EU-SILC data on "self-reported health status" (Eurostat data, accessed 4/04/2012), are indicative of increased inequalities for people in the age range 55-65 years with "very bad" health status throughout the second half of the 2000s. There was also a difference between life expectancy and healthy life expectancy (at birth) of about 20 years for women and 17 years for men which is indicative of the poor health status of older people (and particularly for older women). Poorly developed public and preventive care policies partly account for these conditions *(Petmezidou, M. 2011; ASISP Annual National report for Greece on Pensions, Health Care and Long-term Care)*.

Attitudes to people with disabilities

As this report was in preparation, the disability community in Greece was experiencing an unprecedented process of "*demonization"* through media attacks on fraudulent disability benefits claimants. The portrayal of the average person with a disability as a fraud is part of a long list targeting the most vulnerable, including the Roma, lone parents and migrants.

An opinion survey released by the European Commission in November 2009 showed that 1 in 6 people in Europe claimed to have personally experienced discrimination in the past year, whilst 64% of Europeans were concerned that the current economic situation and recession would contribute to more age discrimination in the job market.

Personal experience of discrimination by respondents remained largely unchanged since the same survey was also carried out in 2008, with age being the most common reason (6% of respondents). Overall, 16% of Europeans reported experiencing discrimination (on the basis of race, religion, age, disability or sexual orientation) in 2009, the same level as in 2008.
The economic crisis and its austerity measures are systematically breaking the country's social fabric, the media is 'scapegoating' certain sections of the population, such as migrants and people with disabilities to justify the erosion of traditional social protection schemes, when they are most needed.

It is indicative of the widespread fear and depression that dominates the lives of all Greek people as well as people with disabilities, that there has been no strong reaction to the public proposals coming from the far right party "Golden Dawn" (6% of popular vote in the last elections), which include advocating the "*enforced sterilisation*" of people with disabilities, and that appeals to the disoriented, unemployed youth of the country with arguments about the "purity of Greek blood" and organising "attack squads" in the more destitute areas of Athens centre. People with disabilities are increasingly exposed to attacks and humiliation in public spaces, in schools, and in their communities.

One informant with a disability (N.D.) described an incident which clearly illustrates the growing negative attitudes. He has dark hair; when he was describing the event he was both upset and puzzled:

> *"I was going home from the bus stop, I was working in the afternoon shift and it was around 9.30 in the night...two guys stopped me 50m from the house and asked me if I am Greek.. I thought they were police without uniforms and gave them my bus card. They said I looked like Pakistani and asked me if I am a cripple. I didn't answer as I realised they were 'Hrisavgites" (Golden Dawn members) and they said that I am half Greek, I am not pure and I should stay at home and not "dirtying" the neighbourhood…"*

Mental health impact of the crisis

It is indicative that there has been an unprecedented increase in suicides of older people and people with mental health problems. There were 2,500 suicides in 2011 compared to 285 in 2007. According to the Greek Antipoverty Network, this increase in suicides is a significant crisis related alert indicator (Marinakou, M. 2011).

General comments on how things have changed over the period 2008-2012

In the early years of the 21st century, Greece had abundant access to cheap capital, after adopting the Euro in 2001. At that point its public debt was about 100% of GDP, compared to 28% in the 1970s, and kept rising throughout the decade. The global financial crisis of 2008-2009 strained public finances, and borrowing costs reached unprecedented levels. By early 2010, Greece was offered a bail out plan by IMF and EU of overall €140 billion. After a year Greece restructured 55 % of its public debt in a structured default.

From an economic point of view, according to the Eurostat report (April 2012), Greece has had an ominously negatively increasing GDP growth rate since 2008. The recession has been continuous since 2008 for 5 consecutive years and in 2012 reached 7% (HNS, 2012), although initially predicted at 4.8%.

During the interviews with people with disabilities, carried out for this study, it became clear that most Greeks have moved away from denial, past the stage of shock and into the phase of anger and despair.

A father of a severely disabled child (A.K.) who is a flexible contract worker in a local authority has been unemployed since 2010 expressed his frustration in the following way:

> *"I am angry with the politicians who deceived and failed us, angry with the European Union who knew what was going on and yet allowed things to reach boiling point, and most of all I am angry with myself that I was deceived by the Euro dream .."*

The under-functioning and in many cases the breakdown in public services due to cuts in budgets and staff; continuous strikes in services essential to the every day life of people with disabilities including public transport, civil and judicial services, health and education (hospitals, schools, universities); and increasing levels of poverty and violent crime especially in poorer urban areas; have resulted in high levels of stress, anxiety and isolation of people with disabilities.

N.D., who was quoted earlier, is living independently, with his family supporting him financially. He has a mobility impairment in his right side (leg, hand, eye) resulting from cerebral palsy. He has been active as an athlete in Special Olympics in 2000 and 2004 and is very fit. He has had no time to continue his athletics in the last 4 years. His experiences are common to many people with disabilities in Greece.

> *"Many times with the bus strikes I had to wake two hours earlier to walk to work...(more than 5 Km distance)….When I went to renew my annual certificate for the free bus card, I waited for 3 hours and had to go empty handed to be at work on time. I went twice... the same queues both times."*

In summary, Greece has implemented the strictest austerity measures ever applied in a European country. It is estimated that it will take more than 2 decades for the country to recover. It is the first time in 100 years that the younger generations are expected to be worse off than their parents. The new proposed restructuring target is that by 2020 Greece will have a 120% of GDP national debt. The Greek Debt rose to 166% of GDP in 2011. (Hellenic National Statistics, 2011) and the IMF estimates that the debt will reach 188% in 2012, 179% in 2014 and 165% in 2015. Greece entered in the bailout plans with 118% of GDP debt (2009).

3. Trends in social services

There is significant evidence of the impact of austerity measures on social services. One representative of a non-governmental services provider pointed out that

> *"There was a 66% reduction in government (prefecture) funding. There weren't any reductions in payments through social security organizations but these payments are usually delayed from 5 – 6 months. Donations have been greatly reduced....All service providers who are funded by the government and are dependent on social security payments are facing difficulties. Many centres are being threatened with closure."* A respondent who works for a government ministry commented that *"There is only a mapping of the funded service providers sector...we have not introduced a systematic quality assurance process for services...The providers have their own initiatives on quality systems. There is not a unified accreditation system..."*

Reduced allocations to local authorities

Social care services have been amongst the first state services to be hit by previous and current austerity measures. For example, Home Help care programmes were extensively developed by the Local Authorities throughout Greece over the past 2 decades, both to supply an essential service to vulnerable groups, mainly old people and people with disabilities, and to increase women's labour market participation (mainly in rural areas). However, these were never placed on a secure sustainable footing when ESF which was finding ceased. Consequently in 2012, home help staff remained unpaid for months and the services were effectively breaking down in many areas. Recent announcements by KEDKE indicate that new funding is being sought, but in the meantime new municipal regulations and other bureaucratic obstacles prevent the effective operation of such servicea *(Petmezidou M 2011; ASISP Annual National report for Greece on Pensions, Health Care and Long-term Care)*.

It is estimated that the central budget to local authorities has been reduced by over 30% and more cuts are expected with the new austerity measures to be finalised and implemented in Oct-Nov. 2012. These are in the negotiation stage with Troika at the time of writing. There are now cases where local authorities have closed their offices. For example, Dimos of Aharnai has announced the closure of all services due to lack of resources, as a result of central budget cuts and central government delays in due payments.

Within the context of the new local government cuts, the recently elected government (June 2012) has announced its intention to take the following actions:

- Merging/abolishing various public bodies[5];

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[5] Merger of the 102 Social Care Units (legal entities of the public law) into 9 national networks of social care (within the National Health System_ ESY). Among those Social Care Units there were 7 Rehabilitation Centres for people with disabilities. In February 2012 the Greek parliament abolished social housing, by voting to close the Workers' Housing Organisation (OEK), the only body providing low-cost homes to workers. In addition, it shut the Workers' Social Benefits Organisation (OEE), which runs free nurseries and subsidised leisure schemes for people with low annual income (including

- Privatisation of local authority refuse collection with many municipal jobs being lost;
- Utilisation of municipal property through privatization;
- Establishing a single purchasing agency for each municipality;
- Reduction of spending on social services contracts with providers.

As a result, many of the NGOs that provide social care are threatened with closure due to severe cuts of funds.

The words of an informant from a non-governmental social service provider can serve to illustrate the dilemma that such organisations find themselves as a result of the crisis.

> *"The cuts are due to the economic crisis and austerity measures….The Ministry of Health and Social Solidarity's budget for welfare institutions has been reduced a number of times since 2009…..There is an overall reduction in government spending in the disability sector...All service providers who are funded by the government and are dependent on social security payments are facing difficulties….Many centres are being threatened with closure."*

Another respondent who works in a workshop for people with disabilities described the situation very clearly.

> *"Cuts in … 2011-2012: Public authorities: 50% (it was announced that the reduction of state subsidies will reach the 70%) b) Private Sources: 23% c) Other Sources: 17%....The severe economic crisis in the country is the cause of cuts…. Due to the economic crisis there were severe reductions in the grants provided for the welfare sector. For the same reason the amount of donations was also reduced."*

An informant from a more established NGO service provider provides another perspective.

> *"… is one of the oldest disability organizations in Greece, 75 years is in operation and has served 110,000 children with disabilities…We are struggling with the crisis; in 2008 we had 240 members of staff, now we are down to 192; social security funds owe us 1 year now more than €1,5 million. Cuts are around 20% of the budget. We manage to survive because of the donations and fund raising…. Sikiarideio, an organization with a history of more than 60 years closed and others are on the verge of closing. We still take users who are uninsured even with the limited budgets…we cannot close our doors."*

Moreover, it is important to note that there were some significant findings by the European Anti Poverty Network (EAPN) which in a recent study on the impact of the crisis on the NGO sector noted that: "*NGOs who provide key services and support to people hurt by the crisis try their best to address a demand which is on a rapid rise and to still fill their advocacy role, but cuts in budgets and limitations of public services place them in extremely difficult situations*" (Dina Vardaramatou, EAPN Greece).

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people with disabilities and their companions). In all these measures, people with disabilities are directly effected as service recipients and as employees.

Staffing cuts, recruitment freezes, the use of temporary contracts and cuts in salaries

New austerity measures include the reduction of family allowances, the elimination of seasonal allowances for workers in sectors such as tourism, as well as the elimination of special unemployment benefits. Moreover, there will be a 50% reduction in benefits for Departmental Heads and General Secretaries in ministries and introduction of a unified pay scale for all civil servants and public utility workers. The reduction (or elimination) of 13th and 14th salaries for public workers is also under discussion, while the government foresees plans to push up to 40,000 civil servants out of the public sector by 2014, chiefly through forced retirement[6].

> Pressure on staff numbers is the NGO sector are equally severe. According to one informant *"There has been a decrease in the number of staff (from 102 to 91). Some employees have departed due to retirement; some have resigned having found other employment...The ratio of trainers to trainees has changed where there are more trainees in each workshop than before….There is less staff in the interdisciplinary teams supporting each department. Social workers, psychologists, speech therapists and work supporters positions that have opened have not been refilled...As of January 1, 2012, most salaries were cut from 10-25%.For the past two years there have been delays from 2-5 months in wages being paid."*
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> An informant from another provider recounted similar challenges. *"Salary packages have been affected in recent years….Although our organization has been a Private Law Legal Entity since the beginning of its foundation in 1990, after a proposal of the Ministry of Health and Social Solidarity to choose between the single payroll and collective payment agreements, it was decided by the Board of Directors to follow the Pay System for civil servants. Therefore the salary packages of most employees have been affected. For example, the lowest salary is €604.00 and the highest €1600.00 per month."*

Closing down services, mergers and consolidation, decreasing hours and days

A senior civil servant in the Ministry of Health, who has had three terms in the Inspectorate Body of the Ministry and who has been involved extensively in various committees on disability issues and is active in the disability movement, provided a clear description of the plight of service providers as a result of austerity measures.

> *"There are many NGO workers that have not been paid for months and many organizations who have either closed or closing. There are many cases of organizational occupation by the staff….There will be a new Central Registry for funding of service providers in the Ministry of Finance, so there will not be double or triple payments. There will be cross checking. …..There have been many cuts in the*

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[6] It needs to be noted that Greek salaries were lagging behind the EU even before the crisis and the main difference (inequalities in payments) were between Ministries and not within a Ministry.. As such the employees for example of Ministries of Defence or Finance, had huge differences in their pay (much higher) than Ministry of Health, or Education. Many service providers follow the public sector payment scale (see P. Eleousa) and this has affected directly the staff payments.

> *central budget of the Ministry of Health and it is expected to be cut by a further €1.6 billion with the new measures"*

In December 2010, the Greek Ministry of Interior announced the implementation of the Law 3895/2010 concerning the closure or merger of more than 73 public sector organisations[7]. The main goal of the law is to avoid the burdening of the state budget with the operating costs of public agencies and bodies that *"no longer serve the public interest",* due to the strict fiscal policy applied by the national stability program. No official plan has yet been (September 2012) announced by the Greek government regarding the future of the employees (with or without disabilities) of the public bodies that are going to be abolished.

The Ministry of Health also announced that the KEKYKAMEA Centres for Community Social Integration and Rehabilitation, developed with ESF funds, and characterised as 'good practice' in social inclusion for people with disabilities, will be merged with local hospitals. This can be seen as a retreat to a medical-centred approach to rehabilitation, as it is expected that the social inclusion aspect of the centres will disappear.

The case of these centres is a clear example of the lack of strategic planning for sustainability of funding and the general fragmentation of the Greek social protection system. According to an informant who works for a relevant ministry and has substantial experience in the field,

> *"During the Inspection of various KEKYKAMEA the findings range from well staffed and equipped centres to empty spaces with very few social professionals...In most cases the number of service users was very low. It is indicative that a physiotherapist may have 9 therapeutic sessions in his/hers private practice average per day, and only 2 to 3 sessions in the KEKYKAMEA...In one case, members of staff were employed and paid for a year without any workload... It is a pity as all centres were equipped with latest state of art technical facilities, yet these centres never functioned properly"*

Indeed, the operation of KEKYKAMEA would have covered a huge demand for social rehabilitation services at local level. Understaffing and a lack of operational capacity (in the period of crisis 2008-2011) resulted in the downgrading of their potential as community based rehabilitation (CBR) centres. According to the informant "*there have been cases of very high standards of function of KEKYKAMEA (for example in the L.A of Rethymno in Crete), differentiated from the others, due to inspired leadership and dedicated staff".*

Persons with disabilities and their families are responsible for paying for a greater proportion of services

In January 2011, Home Help programs, which had operated since 2006 with strict eligibility criteria and based on available resources, and thus were already an inadequate social support mechanism for people with higher support needs, were embedded under NSRF 2007-2013 priority for "*Harmonizing family and professional life*". This meant that

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[7] They are central organizations, the great majority situated in Athens with general relevance to the social sector, many with significance to People with disabilities and other vulnerable groups.

unemployed people with family members who require assistance were direct beneficiaries. The Home Help programmes had been accessible to people with disabilities from the very beginning, as long as they had a very low annual income. However, since January 2011 (Official Gazette 17/14.01.2011 Issue B’), the unemployed family members became the direct beneficiaries. As a result, people with disabilities who were living independently or people with disabilities who live with their families where some of the family members are working, were excluded (Ministry of Internal Affairs Circular 64/ 2010*)*.

In all interviews conducted for this report, it was noted that primary health care has effectively broken down in the wake of recent reforms, causing endless problems and barriers to access for all the population, but particularly for people with disabilities. Reforms aim to unify the many public health insurance funds into a single body (National Organisation of Health Service Provision - EOPYY)[8], which would supposedly reduce inequalities in health care and also reduce opportunities for abuse of the system[9]. However, the unification was introduced with insufficient planning, a general lack of agreement with health care providers and with an inadequate infrastructure, resulting in endless difficulties for all patients but particularly for people with disabilities and chronic conditions needing regular medication.

The new health measures also changed the rules on centralised procurement of medical goods and services, integrated IKA's hospital units into the National Health System (ESY) and indirectly reduced profit margins for pharmacies and wholesalers through a progressive rebate system from pharmacies. These measures were meant to improve the system’s governance resulting in savings of administrative and operational costs, increasing the government’s bargaining power vis-à-vis healthcare suppliers.

However, with the uncertainty of the current economic situation in Greece and the recurrent strikes of doctors and pharmacists, who no longer accept prescriptions from health funds within the EOPYY (with an average 25% user cost; 75% reimbursed by the fund directly to the pharmacy), has resulted in patients having to pay the full costs of all their medication and care aids, such as incontinence pads and catheters (with the possibility of re-imbursement 6 months later after a lengthy bureaucratic process), or to go without essential drugs[10].

> I.P. whose mother has a chronic illness and needs regular medication pointed out that *“You have to pay 1 euro for every call you make to book an appointment with a doctor of EOPYY... they keep you in the line so much that you cannot wait any more...It is like*

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[8] http://www.eopyy.gov.gr/Εγγραφα%20ΕΟΠΥΥ/Κανονισμός%20-%20Νομοθεσία/ΦΕΚ%203010-2011

[9] EOPYY is the new single health insurance body; it is not a provider organization per se. It contracts services to other providers and to a national network of private health providers. To understand the difference, for example an insured person with IKA-ETAM would have not access to private hospitals contracted only for public sector employees. If this private clinic is now contracted with EOPYY, it has access. ESY is the National Health System mainly operating public hospitals and community health centers. They are two completely different entities**.**

[10] The payments due are for periods more than a year. The Union of Pharmacists of Athens has closed its pharmacies to EOPYY prescriptions. Long queues of (some with very serious long term health problems and disabilities) persons from areas of Athens, were waiting for hours in pharmacists of Piraeus who were accepting prescriptions. On the 2nd of October 2012, the Union of private health providers (mainly hospitals and clinics) decided to stop accepting patients from EOPYY, due to the delays of payments and issue a court case.

> *the 'pink' phone numbers...it is a disgrace...pensioners go to soup kitchens because they do not have money for food and they expect us to pay to book a doctor?"*

The re-emergence of institutional solutions to the provision of care

Private residential care homes and institutions that had been gaining popularity in recent years due to increasing demand and, in some cases, improved standards and quality of care, now report a fall in admissions due to residents (people with disabilities and older people) being withdrawn, or being moved to cheaper accommodation, due to lack of funds or a family financial need (source: interlinks.euro.centre.org).

The trends point to a re-emergence of residential care, but at low cost and very low levels of services. CBR has been out of the picture of social protection systems due to the severe cuts in local authority budgets. There are many public health services which are privately contracted and with the financial crisis these funds are not available to pay the private contractors, resulting in lack of access to many services e.g. scans, treatment protocols etc.

The impact on specific social services

Health services: There has been a significant decline in health care provision and services which is directly related to the crisis. Health insurance funds are now unable to pay in full the hospitals and public health sectors, and thus hospitals cannot afford to pay suppliers, who in turn do not provide medical supplies. In most hospitals simple supplies like cotton, toilet paper and even supportive medicine are now provided by families. The workload in public hospitals (admissions and outpatient clinics) has increased, while at the same time suppliers refuse to supply them with the necessary medical materials and disposables for operating units, due to accumulated debts. This has resulted in significant delays and indefinite postponements of more expensive operations that lead to increased numbers of preventable deaths. In the General Hospital of Larissa, a doctor committed suicide in front of television cameras because of the financial problems and the dire conditions of work he encountered in his work. (16.07.2012, Kathimerini).

The crisis has significantly increased demand for public health services by about 20-30% according to the Ministry of Health in June 2010. Also, attendance at the health care services of IKA at that time, (measured on the basis of the number of appointments made for seeing a medical doctor) rose by 20% in the first semester of 2010.

Rehabilitation services: Prior to the implementation of the new Code of Classification of Disability, people with disabilities were eligible for the following services:

- For people with severe mobility (solely) impairments: up to 80 physiotherapy sessions per month (i.e. up to 20 physiotherapy acts per type; for example: 20 kinesiotherapy sessions for upper limbs, 20 kinesiotherapy sessions for lower limbs, etc.).
- For people with cognitive impairments and autism: up to 120 therapy sessions in total (speech therapy, occupational therapy, physiotherapy) per month (i.e. up to 20 sessions per type).

- For people with multiple impairments (mobility and cognitive disabilities): up to 160 therapy sessions in total (speech therapy, occupational therapy, physiotherapy) per month (i.e. up to 20 acts per type).
- Psychotherapy sessions: 8 sessions per month.

Reimbursement was paid according to the current state price list in all cases.

Since 2010, although not officially announced, people with disabilities started experiencing reductions in the hours approved for community rehabilitation, such as physiotherapy, and speech therapy. These reductions became crystallized in a new regulation for provisions introduced in November 2011. In January 2012, the President of POSGAMEA (member of ESAMEA), G. Voudouris, stated that with the new article 17 of the new Code of Classification of Disability disabled youth over 18 are no longer entitled to special therapies, such as speech therapy and physiotherapy and ergotherapy. (26.01.2012 http://www.inews.gr).Even for disabled children below 18 years old, the eligibility criteria are now stricter and the bureaucracy more complex, resulting in cuts in the number of therapies.

Education: Special education in Greece is provided through Special Education Needs schools (until the higher secondary educational level); schools or classes operating separately or as part of other schools in hospitals, rehabilitation centres; adult-training institutions for people with chronic diseases; at home; and in special circumstnaces through a tele-education system. The Diagnostic Evaluation and Support Centres (KDAY) are responsible for the diagnostic evaluation and scientific description of the children as "special needs".

The inclusive education, which is about adopting teaching styles that accommodate different abilities, cultural backgrounds, and learning styles and needs, has not always been successful in Greece. According Fotopoulou Kyrini (2006),

> "*when the Greek education system was designed, children with disabilities were not taken under consideration....Modern schools, hid behind equality and isonomy, the guarantee of a common curriculum and approaches for all, failing to reciprocate to the different needs of students and demanding the same things from all of them....In fact, 33% of the children with intellectual disabilities were treated by the same mainstream curriculum without any adaptations or specializations, while another 22.3% of their needs were not catered for at all" (p.22)*

In research conducted in 2000 by Zoniou- Sideris, the testimony of Kynthia Nikolaou is striking:

> *"Kynthia is a physically disabled and with speech problems student of secondary education. She describes her integration in the general school as follows: Other children were afraid of and annoyed by a student who moves and talks differently. They hesitated to approach her because they did not know how to treat her so they put her on the side or became aggressive and unfair towards her. "I was isolated by my classmates, since I could not participate in their games and my difficulty to understand speech put further barriers to this relationship…I was not accepted; I was different"*

> (Zoniou- Sideris, 2000, pp 257-259). They even challenged her to race them in running "*making her problem seem huge for no reason*" (Zoniou- Sideris, 2000b, p 76).

Moreover, Greek teachers are not always able to react successfully in a demanding educational program that is based on a common curriculum for all. Although in recent years special education is taught in the Teaching Academies, teachers state that they have not been prepared to work in integrated classrooms.

Barrier to creating an integrated classroom reported by teachers included lack of time (84.6%), a lack of specialised knowledge (76.9%), finding an effective teaching method(46.2%), a lack of educational material (38.5%), difficulties in adjustment to school environment (15.4%) and a lack of social acceptance by their peer classmates (7.7%). (Kourea and Phtiaka, 2003, pp 140, cited in FotopoulouKyrini (2006), p 37).

According to EU SILC data for 2009, compiled by ANED, the proportion of people with disabilities (aged 30-34) who had completed tertiary level education in Greece was 0.0% compared to 32.3% for non-disabled people. The proportion of young disabled people (aged 18-24) leaving school early in Greece was 23.5% compared to 5.9% for non-disabled people[11]. Only 9% of all children with disability attended special education, 90% of these completed only primary education (National Statistical Service of Greece, Students in Special Education 2007)[12].

There is no research available yet regarding the impact of 2008 law that makes special education compulsory. The University of Athens, 2006, estimated that students with disabilities currently in higher education did not exceed 400.

As this report was being compiled (September 2012), just a few days after the official opening of the new school year, it was abundantly clear that Greek schools were facing severe financial and understaffing issues due to the recent austerity measures. So although the school year was underway special education teachers and nursery staff had not yet been assigned to their posts and thousands of children with special educational needs remained at home while they waited for a special teacher to be assigned.

Additional austerity measures announced in the education sector include merging universities and technical colleges; reducing the price paid per head for textbooks; introducing college fees for external students; reducing third-level teaching staff; increasing teaching hours and reducing costs in central and regional education authorities.

Long terms care services: There has never been any systematic policy or planning for Long Term Care (LTC) in Greece. Informal/family care has traditionally been the main form

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[11] It has been very difficult to obtain latest data and figures on the proportion of children with disabilities from the Ministry of Education

[12] It is estimated that there are 180,000 children with disability or special education needs in Greece, of which only 13,500 complete primary education. The Law secures the right to special education to all the children with disabilities, either in special schools or in integrated classes. Yet, so far only 9% complete primary education.
http://news.kathimerini.gr/4Dcgi/4Dcgi/_w_articles_ell_9_02/05/2008_268359

of LTC, together with migrant care workers (registered and illegal) who have been the mainstay of informal LTC provision for many years. Due to the lack of policies to address people with LTC needs, this type of "care market" is unregulated and operates almost entirely in the private sector, without any significant political attempts to regulate and upgrade this important source of LTC provision and/or match supply to demand.

From a European point of view, there are wide national differences recorded in the perceived quality of long-term care services. Positive assessments range from as low as 16% in Romania and Greece, to 80% in Belgium. Negative public views on the quality of long-term services is very high in 8 Member States and particularly in Greece (76%) *(Special Eurobarometer 355 "Poverty and Social Exclusion"; August-September 2010)*.

It is indicative of the extent of the impact of crisis that *Psychargo*, the famous deinstitutionalisation program for mental health institutions, is being dismantled. The *Psychargo* network had 216 organisations with more than 35,000 mental health users. Its budget has been reduced significantly since 2009. Many staff members are facing long delays in payments. Two organisations have closed and, in recent demonstrations of both staff and users, it has been clear that more organisations are on the verge of closure. The Ministry of Health has announced a 50% cut in its budget for 2012-2013 (from 90 million Euros to 45)[13].

In general, various initiatives introduced as pilot programmes at the local level during the 2000s including foster care for people with mental health problems have been stopped. The psychiatric hospitals in the greater Athens area are now experiencing a very high level of demand which they are not capable of meeting.

The 'Leros' Psychiatric hospital, for example, is in a state of serious crisis due to lack of funds. Other residential care services lack basic goods such as electricity cuts on Asylo Aniaton, lack of basic amenities in Leros including food and bed sheets. In an Open Letter the Director of Leros Mental Health Hospital to the Ministry of Health (05.06.2012, *Vima*) wrote that the staff is financing the food needs of the hospital. Since then the NGO *Doctors of the World* have been collecting food and basic goods for the hospital on a systematised basis[14].

Employment services: According to the Greek Manpower Employment Organisation (OAED) in September 2012, Greek employers predicted that the domestic labour market will contract by 15% in the fourth quarter of the year compared to the third. In particular, only 9% of companies intended to create new jobs, a drop of 4% from the previous quarter, and 25% expected to reduce payrolls, 3% higher than in the third quarter. 65% of companies foresee

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[13] http://www.ergotherapists.gr/site/images/stories/files/statement_for_mental_health_greece_2.pdf

[14] It is necessary to clarify that the area of mental health and the impact of the crisis to mental health patients is not extensively covered in this Report. This is due to the significantly extended needs for research and analysis that fall beyond the spectrum of data presented. Especially the relation of the high rates of suicide and mental health problems is crucial for the analysis of the impact of crisis. (See various reports on Mental Health Europe, http://www.mhe-sme.org/, also see http://www.reuters.com/article/2012/05/31/us-eurozone-greece-health-idUSBRE84U0MF20120531, and (Reuters) - Behind every suicide in crisis-stricken countries such as Greece there are up to 20 more people desperate enough to have tried to end their own lives http://www.reuters.com/article/2012/05/31/us-eurozone-greece-health-idUSBRE84U0MF20120531

no change in staffing levels. A 14% decline in employment is expected in Attica, which includes Athens and is the country's largest region, and a 17% drop is predicted for northern Greece.

No statistical data were available regarding the proportion of people with disabilities employed in the different types of employment, such as mainstream, supported or sheltered employment. In the public sector, the Law 2643/1998 specified that all public services, or procured agencies, are obliged to reserve 5% of available vacancies for vulnerable groups (including disabled people, women, single mothers, young people, long-term unemployed and families with more than 3 children) The exact number of job positions for people with disabilities is announced each time civil service openings are advertised. However, since 2008, when the last available vacancies were publicised (right after the economic crisis began), the inadequacies of the Law 2643/1998 resulted in people with disabilities who had already been approved to fill those vacancies, being placed on waiting lists lasting until this year (2012) before starting work. This delay was a direct consequence of the crisis. Initially in 2009 there were bureaucratic delays. In 2010, there was the rule of 5 to 1, which was part of the first "bail out" plan, i.e. 1 new public sector employee could only be employed only after 5 existing posts were closed (due to retirement or other reasons). Thus, 500 public sector jobs need to be cut in order for 100 new posts to be opened.

As far as the private sector is concerned, there is an obligatory employment quota of 8% for people with disabilities in any company with over 50 staff. However, as research has shown, this was only implemented by 20% of companies in 2007.

There are 6 specialised employment services for vulnerable groups based in the 6 main cities of Greece, and 3 specialised training units operated under the Greek Manpower Employment Organisation (OAED). In addition, there was a new policy in January 2008 regarding the entitlement of all disabled groups to be provided with and to run kiosks, which was previously limited only to those disabled from war or relatives of victims of war.

Up until 2008, OAED was also implementing National Policy programmes for promoting the employment of people with disabilities through subsidies[15]: These included a subsidy to businesses for creating new employment by employing a person with disability for a 4-year period. For the first 3 years employers were funded (full-time: €25/working day, part-time: €15/working day) and for the final year the business was required to maintain the employee within its workforce without being funded. A subsidy was also available to fund necessary adjustments in the workplace up to 90% of the cost; with a maximum total cost of €2,500 for each adjustment (e.g. ramps, accessible toilets, accessible work-tables, etc.). Another subsidy was aimed at helping self-employed people with disabilities to create small businesses (2 years). There were additional activation policies for the whole unemployed population, for which people with disabilities could also apply (www.disabled.gr).

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[15] Typically it is continued to be an OEAD program, yet no new posts for this activation program have been announced since 2011. In 2010, the Ministry of Labour announced 10.000 private sector jobs for vulnerable groups. No data available as to how many were created. Given the rule that it was to support SME (small-middle size enterprises) which have not made any redundancies in the last two years prior to the application, the prospects of these posts are very minimal.

Sheltered Workshops in Greece used to operate in most municipalities of Greece under the 2646/1998 law and the Jurisdiction of the National System for Social Care. The workshops were developed as alternative but viable forms of employment and they were mainly oriented towards the making and selling of small handicrafts, such as gifts, jewellery, handmade rugs, candles, etc. However, they are significantly underfinanced today, and some of them are shutting down.

This was underpinned in the interviews carried out for this study. One respondent indicated that

> *"There was a need to provide transition services from our vocational workshops to supported employment services. To cover this need, we created a Transition Program…..We have noticed an increase in requests for continuation of services in the form of Independent Living Services…..Expansion and creation of new departments has been postponed".* While another pointed out that *"…no new staff is hired in the case of an employee's retirement or sick leave due to financial difficulties."*

In another organisation private donations were cushioning the impact of austerity measures.

> *"..I have heard that many service providers are reducing services and some closed. In …, we still manage to keep our major services, because our budget is very much related to donations and we have a very successful fund raising strategy…but we have not replaced members of staff that have resigned or retired. It is our strategic decision not to reduce services as much as we can, but we have not introduced new programs. There many applications for project implementation pending decisions, but the ESPA[16] has not financed anything yet."*

4. Trends in disability-related social security benefits

The impact of austerity measures on pensions and cash benefits is significant, specifically in the tightening of conditions to entitlement and the severe horizontal cuts.

Pensions

Greece is the only country with a Troika bailout plan where pensions are not protected. Greek pensioners are bearing significant costs of the austerity measures (Sutherland & Matsaganis 2012). One of the first measures introduced in 2010 was reduced pension supplements, paid at Christmas, Easter and during the summer holiday period. Previously, the Christmas supplement amounted to 100% of a monthly pension, while Easter and

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[16] The NSRF (National Strategic Reference Framework) 2007–2013 constitutes the reference document for the programming of European Union Funds at national level for the 2007–2013 period. It was elaborated within the framework of the new strategic approach to the Cohesion Policy of the European Union, according to which NSRF "…ensures that the assistance from the Funds is consistent with the Community strategic guidelines on cohesion and identifies the link between Community priorities, on the one hand, and the national reform programme, on the other."

summer holiday additions accounted for 50% of the monthly pension. Under Law 3847/2010 for the public sector and IKA Circular No. 53/15.7.2010 for social security of the Ministry of Labour and Social Security, these supplements were reduced to specific amounts: i.e. €400 at Christmas and €200 for the Summer period and Easter[17]. People with paraplegia and tetraplegia, as well as blind people, were excluded from these cuts, but not people with other types of disabilities.

The New Social Security System *(*Law 3863/2010 art.38) introduced a "*fee of solidarity of pensioners*" for pensions above €1,400 per month. Pensions are "taxed" at different scales according to different levels of pension, starting at 3%. The policy excludes people with paraplegia and tetraplegia and those who receive the absolute disability benefit (any severe impairment that requires assistance from another). However, there are thousands of disability pensioners with a number of impairments who are not excluded from the fee. This measure also affects pensioners with family members who have disabilities such as parents of children with disabilities (www.disabled.gr).

The new austerity measures negotiated with the Troika (October 2012, expected to reach €11.5 billion in the period 2012-13) have been characterised as "*devastating*" for people with disabilities. They are one of the main issues behind the demonstrations of the disability movement[18].

The forthcoming pension and benefit cuts include:

- Eliminating of the 13th and 14th month payment in primary and secondary pensions for state and private sector employees;
- Reducing in primary and supplementary pensions above €1,000;
- Reducing in lump-sum payment for retirees for 2013–2014 and retroactively;
- Re-examining of all pension payments (including disability pensioners) to root out fraudulent claims;
- Increasing the minimum number of insurance stamps required to retire on a full pension, from 4,500 to 6,000.

Direct cuts to disability benefits

Disability benefits have not yet (September 2012) undergone direct reductions, but the new forthcoming social welfare cuts (which will result in €913 million in savings from social benefits alone) also include[19]:

- Reducing disability benefits;
- Re-examining all disability benefit recipients;
- Reducing pensions for uninsured people including people with disabilities;
- Reducing allowances for those on kidney dialysis.

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[17] There have been many horizontal cuts to all pensions and increment related cuts of 15 to 30%.

[18] See: http://www.athensnews.gr/portal/8/57939

[19] There are estimations over the extent of decrease of recipients to reach 20-30% of existing entailment. The actual figures will be given after the completion of re-examination.

Delayed payments

Since November 2010, when responsibility for the payment of welfare benefits moved from Regional authorities to Municipalities, people with disabilities were regularly experiencing delays in payments of more than three months. Delays in payments from social security bodies also became more common in 2011 and 2012. (www.esaea.gr).

Increased user charges and cuts to in kind benefits

A range of policies were initiated in 2010 that directly affected the financial capacity of people with disabilities to take up and use assistive technologies. This is indicative of the increasingly limited purchasing power of Greek end-users. In July 2010, the main social security fund (IKAETAM now merged in EOPYY) announced that it was excluding equipment worth in total €7,540 from the list of eligible provisions. Among the items excluded were basic items such as air cushions for preventing pressure sores (€517), which are essential for many wheelchair users (IKA circular 27-7-2010). In addition, the public sector social security bodies postponed any payments for disability provisions in kind, approved after 3rd August 2010 (until February 2011) (Law 3867/2010).

On the 31st of May 2011, IKA announced a horizontal 50% cut across cost upper limits for rehabilitation aids and equipment (IKA circular 37/2011). The circular has been postponed three times up to 15th October. By that time, however, it has been decided that all health related provisions previously managed separately by the different social security bodies are to be taken over by the Single Organization for Provision of Health Services (EKPY).

The father of a child with a server disability described one impact of the reforms:

> "*They say they will cut the benefits from the parents and give directly to service providers...I visit my daughter every month, it is 300 Km distance to the residential centre. I will not be able to do it now that I am unemployed...*"

Cuts in personal budget schemes

Contrary to the personal assistance and direct payment schemes defined by the independent living movement across Europe, which involve choice and control over who, where, how and when assistance is provided, the Greek legislation does not include self-directed support in its social policy schemes. The current system of assessment and provision in Greece, which is overwhelmingly based on a medical model rather than on a rights centred and community based approach, impedes the inclusion of personal assistance schemes in the Greek system of social support.

In July 2011, Law 3986/2011 *(*Official Journal of Government A/152) introduced an urgent tax levy on incomes for the fiscal year 2010, ranging from 1% to 4% on incomes above €12,000. People with disabilities are directly affected, since eligibility for exclusion from this tax has been restricted to people who are completely blind and people with a disability rating of more than 80% physical impairment. In this respect, it is important to note that people with paraplegia, multiple sclerosis or other serious physical disabilities do not usually obtain more than an 80% disability rating and therefore fail to meet the eligibility criteria.

On the 29th of August, a social solidarity contribution was introduced at a rate of 2% on all public sector employees' monthly income starting from 1-1-2011 *(*Ministry of Finance, Decision N. 2/61158/0022*)*.

Recent taxation measures

Property tax: In September 2011, an urgent property tax was introduced by the Ministry of Finance, to be applied to all properties in Greece. Nearly all people who own commercial or residential property in Greece must pay this tax; up to €10 per square metre, to be paid annually. Country of citizenship and whether or not they live in Greece are irrelevant. The lowest rate of €0.50 per square metre is assessed if the property qualifies and the property owner or taxpayer has a large family with 4 or more children; the person has a disability rating of at least 80% physical disability; he of she has a disability rating of at least 67% disability as a result of cerebral palsy, autism, Down syndrome or another mental disability; or if the person is registered as legally blind. Although, initially, this tax was meant to be temporary (only for the years 2011 and 2012), it has lately been decided by the government to be transformed into a permanent annual tax.

Reduction of taxable income threshold: The new tax bill (voted in October 2011), introduced a series of measures that negatively impact on the income of people with disabilities. The threshold for taxable income was reduced from €12,000 to €9,000 for people with disabilities. The limit for people without disabilities was set at €5,000. The deduction of expenses for medical and rehabilitation services, aids and special education fees from taxable income, previously set at a rate of 20% was reduced to 10%.

VAT increase: From 1st September 2011, the VAT rate, which was increased from 19% to 23% in 2010, was extended to goods and services related to food consumption. This was previously set as at 11%. Greece now has the highest tax rate in the Euro zone and the second highest for eating out. In addition, the annual rate of change (2011-2012) of the Consumer Price Index (CPI) was 1.7%, whilst the corresponding annual average rate of change of the CPI in the previous year (September 2010 to August 2011), was 4.1%. The CPI in August 2012 compared with July 2012 decreased by 1.0%.

5. Trends in the promotion and protection of rights

Austerity measures have impacted on, and increased demand for, mechanisms to protect and promote disability rights. A number of effects are described below.

Support for independent living in Greece

The social support system in Greece for people with disabilities focuses on financial support through disability benefits and allowances. There is also provision of assistive equipment and of state-funded community-based rehabilitation services (L2072/1992). Disability benefits, which are means tested, are the only available direct source of financial support for people with disabilities to assist in the purchase of personal assistance to sustain independent living in Greece. There is no universal independent living allowance, covering personal assistance needs.

NGOs representing the views of people with specific types of disabilities and their families

Although various voluntary support networks exist in Greece, they are currently unable to respond to all applications for assistance due to increasing demand. Voluntary doctors' associations are reporting a humanitarian crisis in Greece, particularly in Athens. There are many ongoing countrywide programmes of voluntary donations of food in various supermarkets, as well as daily community soup kitchen programmes all over Greece which are organised by the municipalities, the church and grass roots organisations

Noteworthy voluntary initiatives include the delivery of some health services in remote islands and the recent (June 2012) collection and distribution of essential medicines to the growing numbers of people with disabilities who have no health insurance. These efforts are testament to the inability of the state welfare sector to respond to many areas of even basic needs, which are now being partly covered by philanthropy.

Community information, advice and advocacy services for persons with disabilities

Over the five years of the economic crisis in Greece, there has been an extended need for peer-support and disability advocacy services for people with disabilities who are struggling to come to terms with continuous legislative revisions, horizontal benefit cuts in cash and in kind and the collapse of the National Health System.

The lack of support from many public sector social services has forced people with disabilities to develop their own private initiatives by adopting a peer-support role in order to solve practical problems and enable independence through the social interaction with other people with disabilities who have similar experiences. A good example of peer counselling services for people with disabilities is the non-profit organisation (NGO) called "*Disability NOW*" (www.disabled.gr). This initiative is totally managed by people with severe mobility disabilities[20]. It constitutes a major source of peer support and specialised counselling mainly in the fields of employment, entrepreneurship and job placement for people with disabilities, as well as self-advocacy and the creative use of adaptive technologies. It empowers people with disabilities with the appropriate knowledge and skills to exercise their civil rights, to manage their needs and to establish their own terms and choices in their lives.

Peer support, information and advice are provided continuously through the telephone, email, an online disability community and forum, newsletters and the print magazine "*Autonomia*", on a professional and voluntary basis. They have more than 11,850 members in their support forum who receive updated information and guidance and more than

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[20] Disabled.gr are not receiving any direct state support of other funds (i.e from Lottery). Their income comes from projects and service provision. It is run by people with mobility disabilities on a purely voluntary basis.

150,000 visitors to their website per month (Anna Evaggelinou, Nikos Voulgaropoulos, Disabled.gr).

Furthermore, the disability movement is well managed by various representative organisations such as ESAMEA and POSGAMEA and grass roots organizations such as *Disability Now*. They have been engaged in a systematic representation of the challenges facing people with disabilities as a result of the austerity measures. There have been many successful demonstrations of people with disabilities in the recent years and the leaders of the disability movement are constantly advocating for the rights of people with disabilities.

The disability movement has characterised the new proposed horizontal austerity measures as a "*social Kaiadas*", which is the chasm of Mount Taygetos where Ancient Spartans use to throw the elderly and the handicapped children to die. In a letter to all 3 governmental party leaders, the Chair of ESAMEA G. Vardakastanis, noted that

> "…*if these new measures are to pass, with cuts in the disability benefits, pensions etc, it would be a social catastrophe and people with disabilities and long term illnesses will be driven to misery… You would make them beggars" (See: ESAMEA Letter to the Greek Parliament 05.09.2012 www.esaea.gr).*

A National Disability Strategy or Action Plan

As already indicated there is no Greek National Disability Strategy. Instead disability related policies have been incorporated into various National Action Plans such as for Health, Employment, Social Inclusion and Social Protection. Representatives of the disability movement are members of various Monitoring and Advisory Ministerial committees and in recent years many of their proposals have been successfully incorporated into implementation strategies. Nevertheless, the lack of a coherent comprehensive disability policy, focused primarily on a rights based approach, exemplifies the fragmented character of disability policies in Greece.

For example, in relation to accessibility, a report by the Ministry of Internal Affairs (2008) revealed that only a small minority of public services operate units for producing and monitoring action plans on accessibility as required by Law 3230/2004. Furthermore, most public services surveyed in one municipality were only partially accessible, whilst out of 284 public services that employ people with disabilities, 19 reported obstacles in performing work duties as a result of accessibility and workplace conditions *(*circular by the Ministry of Internal Affairs, 2007).

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

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol were ratified by the Greek Parliament on 10 April 2012; the Convention had already been signed by Greece in March 2007 and the Protocol in September 2010.

The only reservation made by Greece concerned the provisions of the Article 27. Specifically, the reservation related to the application of the provisions of Article 27 paragraph 1 of the Convention on the Rights of Persons with Disabilities to employment and occupation in the armed and security forces in so far as it relates to a difference of treatment on grounds of disability concerning the service[21].

The disability movement has welcomed the signing of the Convention, yet there is widespread pessimism that the adaptation of the Convention will significantly change the conditions of daily life of people with disabilities and that, as with many other pieces of progressive legislation adopted by the Greek parliament, it will remain an illusory institutional promise for the rights of people with disabilities.

As stated in the 5th Disability High Level Group on the implementation of the UNCRPD *"Until now, no concrete measures were taken for the implementation of the Convention" (p. 49).* Specifically, on issues of accessibility, it stated that *"The Ministry of Environment, Physical Planning and Public Works has organised a "Committee of Accessibility" which recommended to the Minister issues that have to do with the implementation of the Law 2831/2000. Among others, members of this Committee are people from the National Confederation of Disabled People (ESAMEA)" (p.170)*.

The Convention could be a powerful tool for exercising pressure on the political decision makers and in the long run it may have an impact beyond institutionalization and result in a real implementation of the rights of people with disabilities. Nevertheless, in the current economic and political climate, the struggles of the disability movement are concentrated more on the 'basics', which means having survival strategies.

The fact that Greece, along with other Troika countries, has been exempted by the EC from an in-depth process of evaluation of the National Reform Programmes is indicative of the impact of crisis on social policy developments.

The National Reform Programmes are the political tools for the implementation of the Euro 2020 Strategy and the European Disability Strategy 2010-2020. All social stakeholders have urged the European Commission to include the Troika countries in the evaluation of the National Reforms Programs. EAPN following its analysis of the 2011 NRPs stated:

> "*Despite the promises of the Commission's Annual Growth Survey priority 4 – to tackle unemployment and the social consequences of the crisis -, poverty has increased by 2 million since 2010, and the analysis of the NRPs demonstrates how macroeconomic focus on austerity, driven by economic governance, is directly undermining benefits and public services. Whilst poverty is mainly invisible in the reports, the main strategy offered is a job at any price, hardening activation, when there are few jobs to go for and excluded groups are the last to access them. Investment in integrated, person-*

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[21] As provided in Article 8 paragraph 4 of the Law 3304/2005 for the implementation of the principle of equal treatment, adopted pursuant to Articles 3 paragraph 4 and 4 of the Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation

> *focussed strategies which promote active inclusion and provide access to rights, resources and services are largely absent, nor are EU Structural Funds being used to promote them"*[22]*.*

It seems that the target of a 20 million reduction of people at risk of poverty in the European Union by 2020, given the impact of the economic crisis in most European nations, will remain an aspiration.

Hence, UN expert Cephas Lumina warns the Greek government:

> *"The implementation of the second package of austerity measures and structural reforms, which includes a wholesale privatization of state-owned enterprises and assets, is likely to have a serious impact on basic social services and therefore the enjoyment of human rights by the Greek people, particularly the most vulnerable sectors of the population such as the poor, elderly, unemployed and persons with disabilities,"* And he continued: *"The rights to food, water, adequate housing and work under fair and equitable conditions should not be compromised by the implementation of austerity measures*," he said, urging the Government to *"strike a careful balance between austerity and the realization of human rights, taking into account the primacy of the States' human rights obligations"*[23]*.*

7. General closing remarks

There is an absence of an effective public debate in Greece on the challenges people with disabilities have faced in coping with the crisis and the austerity measures since 2009. On the contrary in recent months there has been a demonization and an increase in orchestrated attacks on people with disabilities. This is not happening only in Greece. In the UK there are now record levels of hate crime against people with disabilities[24].

Pessimism and despair are now widespread, as people see that the crisis has entrapped the country into a vicious cycle of recession and austerity measures resulting in deeper recession and even greater austerity. This pessimism was exemplified in responses of interviewees to the questionnaire, prepared for this study, on the impact of the crisis on areas highlighted in the European Disability Strategy. There was not a single score that indicated positive progress on any of the objectives. This is indicative of the distance between the policy making at Brussels level and people's belief that it can make a difference in their everyday life and work. For a nation that has traditionally been both optimistic and pro European, the sentiments over the prospects for the future were very negative, indicating a deep sense of abandonment.

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[22] See: http://www.eapn.eu/images/stories/docs/EAPN-position-papers-and-reports/2012-eapn-nrp-report-en.pdf

[23] See: http://www.un.org/apps/news/story.asp?NewsID=38901&Cr=austerity&Cr1#.UFi6fLLibfk

[24] See:http://www.guardian.co.uk/news/datablog/2012/aug/14/disability-hate-crime-increase-reported-incidents-data

While the crisis has significantly heightened the hardship in the lives of people with disabilities, it has also had another impact that cannot be deduced from the statistics. It has mobilised peer support and forms of solidarity that have not been seen since the 50s. People with disabilities in common with the rest of the Greek population are finding survival mechanisms in solidarity with each other that goes beyond traditional family bonds.

> I.P reported:*"There is an old lady two blocks from our house who had recently a fall and she cannot move very much. I do her shopping and we take her food almost every day..her daughter is abroad and I help her with the cleaning as well…I am not paid for this, for God sake, she is all alone ..I am just helping her"*. She also mentioned that her mother helps in the church soup kitchen twice per week.

But many of these acts of solidarity are acts of the last resort in the face of a society where its already precarious public welfare system is simply evaporating while the remnants remain in a chaotic state with many emergency services halted.

This report has attempted to highlight, services and benefits across every sector that have been severely curtailed leaving many people with disabilities in an even more vulnerable and precarious position. The streets of Athens today provide just one vivid example as the number of people with disabilities begging in public spaces has simply exploded. It is a deeply depressing development for Greece.

It must also be noted that what makes this particular crisis so problematic for all those in poverty, including people with disabilities, is its multi-dimensional character. To put it simply people are being bombarded with problems as the recession continues and deepens. Incomes fall, prices and taxes rise, every public provision from schools to clinics to transport is under extraordinary stress and breaking down, and to make matters worse there appears to be no immediate prospect of Greece breaking out of this downward spiral.

For people with disabilities the curtailment of provision has also meant that certain positive developments in the past years in state provision have either been lost or halted. The most evident example is the community care provision for people with mental health problems. But it is also important to note the loss of precious, accumulated skills and expertise especially within the NGO sector as well as the public sector as a result of staff cuts. These will be hard to replace. Inevitably the reductions in social and community oriented services for people with disabilities has left what remains highly concentrated in the hospitals which are left to deal with acute problems.

The attendant chaos leaves many people with disabilities confronting staff and agencies who are under funded, overwhelmed, disorientated and disorganized, often with despairing morale as a consequence of not being paid for months at a time compounded by uncertainty over the future. This commonly leads to benefits being delayed, appointments being cancelled and extended waiting times all of which cause havoc and distress for many people with disabilities.

Inevitably family, friendship and neighbourhood networks which have traditionally carried the main responsibilities for supporting and caring for people with disabilities are now under enormous strain. This will undoubtedly continue with unpredictable outcomes.

Finally, there is now a growing fear that the deepening humanitarian crisis will lead to a social catastrophe as social, political and economic relationships break down, poverty is deepening and opinion polarizes. The emergence and current growing popularity of the far right Golden Dawn exemplifies this trend. Whether or not the cruel messages of Golden Dawn with respect to people with disabilities gain any wider purchase in society remains to be seen.

The severity of the recession leaves no part of the social system and its dynamic untouched. Greece is a society in turmoil and it would seem that the most vulnerable, which includes the majority of people with disabilities, are in the *maelstrom of a storm.*

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

Country report: Hungary

This study has been conducted by

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25 October 2012

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1. Introduction

This report is based on document analysis, statistical sources, surveys, interviews with stakeholders and the personal experience of the national correspondent. A major factor that needs to be taken into account is that the whole welfare system in Hungary is currently undergoing drastic changes. As a result, it was extremely challenging to carry out a comparative analysis with previous years on the functioning of the system or evaluate the efficiency and equity of the new system. While the new legislation is being processed at a very rapid rate, there is a view on the part of many stakeholders that the process is full of errors and in respect of some elements may well be unlawful. There have also been substantial delays in implementing the laws which have been enacted. In addition, the data available on the status of people with disabilities are fragmented and provide a sketchy impression of the impact of system reforms and austerity measures.

To compensate for the lack of appropriate and relevant sources significant effort was expended in clarifying the basic facts through additional interviews and media research. etc.), as even the interviewees gave conflicting information on some issues.

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

There are a number of inconsistencies in different approaches to gathering disability data in Hungary. Specifically, they differ in terms of the terminology adopted, definitions, methods of data collection, sources and dates when they were collected. these represent a significant challenge to obtaining a consistent overview of the status of people with disabilities.

The Hungarian census provides people with an option to self declare a disability. However, the most recent data refer to 2001. The results of the latest census have not yet been published. The Labour Force Surveys generally use a broader definition than the census i.e. those living with altered working capacity. This can include people with serious illnesses as well as people with physical, sensory and mental impairments. It is also important to note that legal regulations referring to people with disabilities in Hungary do not cover people with mental health or psychiatric conditions.

In the 2001 Census, 6% of the population indicated that they had a disability. From 9,627,778 valid responses, 559,450 persons declared themselves to be disabled (Male: 273,358; Female: 286,092). Illness was cited as the most frequent cause of disability. Over 66% of males indicated disabilities acquired through accidents. Of these a significant proportion cited occupational injuries as the reason for their disabilities. This is confirmed by the fact that the accident rates in male dominated occupations are higher in Hungary. Table 1 presents the frequency with which different types of impairments were reported.

86% of respondents with disabilities reported a single impairment, 12% indicated two, and only 2% specified three. There was no noticeable difference between males and females among persons with more than one disability.

Table 1: Breakdown of persons with disabilities by type of disability, 2001 (percent)[1]

Type of disability	2001
Locomotion disability	36.4
Missing arm or leg	2.6
Other physical disability	4.6
Vision impairment	9.6
Blindness in one eye	3.2
Blindness	1.6
Mental retardation	9.9
Hearing impairment	7.7
Deafness, deafness and dumbness, dumbness	1.5
Speech impairment	1.3
Other	21.6
Total	100.0

Source: 2001 Census

At the time of the 2001 Census, the ratio of people with disabilities was higher in the southern plains region and the northern region, both of which are disadvantaged in a number of ways compared to the rest of the country. Data by types of settlement indicated that a higher ratio of people with disabilities compared to the non-disabled live in rural areas than in Budapest or in towns and cities. For rural residents, the social disadvantages of disability are exacerbated by the difficulties of settlement-based inequalities.

In addition to having to combat prejudice and often-inaccessible surroundings, job opportunities for people with disabilities were limited by an education level lower than that of the overall population (See Table 2).

Table 2: Breakdown of population aged seven and older by disability status and education level, 2001 (percent)

Education level	2001	
	With disability	**Without disability**
Fewer than 8 grades primary school	31,6	19.3
8 grades primary school	38.8	30.2
Secondary school w/o matriculation certificate, with vocational certificate	10.3	17.1
Secondary school w. matriculation certificate	14.3	23.3
University, college, etc.	5.0	10.2
Total	100.0	100.0

Source: Census 2001

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[1] Terminology used by the Census 2001.

In 2001 more than two third of the population living with disability had only basic education or less. As far as education-induced disadvantages are concerned, people with disabilities living in villages were the worst off. Over one-third did not have even a primary education, 80% had at most a primary education, and if they did manage to stay in school, they tended to learn a trade, as opposed to young people with disabilities in urban areas who chose secondary schools offering college-preparatory courses. (Census, 2001)

Activity status of people with disabilities

According to the 2001 Census, 9% of people with disabilities were in employment compared to 38% of people without disabilities; the unemployment rate of people with disabilities was 2% compared to 4% for people without disabilities; and 77% were inactive, while 30% of people without disabilities were inactive.

As the results of the latest Census are not available yet, a more recent survey on the situation of people with altered working capacity provides more recent data, although the sample is not equivalent with that of the Census[2]. Figures from this survey, carried out by the Hungarian Central Statistical Office in 2011, indicated that the incidence of altered capacity amongst people of working age (15-64 years) was about 11.2% (767,000 persons) (Male: 46 %, Female: 54 %).

A number of factors may have contributed to this higher estimate in addition to the broader definition used. One important historical driver is considered to be the economic situation after the regime change in 1989. The shift from a command to a market based economy resulted in the mass closure of companies and a devastating reduction in work places. People had no other option but to apply for social assistance or to seek some other type of regular, non-means tested income. The Government at the time were concerned about social unrest arising from the impact on the economy and the labour market and as a result enacted relatively ‘soft’ regulations and the doctors responsible for disability assessment tended to be lenient in assigning altered work capacity status.

38.2% of people with altered working capacity who were surveyed had a maximum of 8 grades which was one and a half times higher than the same level of education of the people with full working capacity. Another one third of them participated in vocational training (24.8% in the population with full working capacity). About 25% of them attended secondary school and obtained a matriculation certificate (52.9% in the population with full working capacity).

According to the survey the activity rate of people with altered capacity was 24.1% as opposed to the 67.8% of the population with full working capacity. Their employment rate was 18.1% (60.8% of the population with full working capacity) and the unemployment rate reached 24.9% (10.2% of the population with full working capacity).

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[2] Megváltozott munkaképességűek a munkaerőpiacon 2011. KSH. 2012 május.

According to the findings of another survey run by TÁRKI[3] in 2010 the economic activity of the population with altered working capacity of the 18-62 cohort was significantly lower than that of the whole population[4]: 37% of people reporting a disability and 15% of people certified administratively as disabled were employed[5]. The severity of health status, age, gender, level of education and place of residence had an impact on the level of labour market participation: males, younger persons with higher educational level, people living in cities and those who were less severely disabled or ill had a better chance of labour market integration. Chances for entering the labour market of Roma people with disabilities or with long term illnesses is approximately half of that for the non-Roma population. 38% of people reporting a disability lived in households where nobody had a job as opposed to the 16% of the whole

The main barriers to the employment for people with disabilities identified by the data sources consulted and the interviews carried out for this study were the lack of demand on the labour market; discrimination; the absence of complex rehabilitation facilities; a lack of information on hiring people with disabilities; the extra expenditure involved; their lower-than-average education level and inaccessible jobs. The group of people retired on disability benefits included many who would be able to work on the primary labour market if there were enough jobs for them. Thus people declared to be rehabilitated have to join some form of public work programmes.

At risk of poverty rates for people with disabilities

According to the TÁRKI survey about 4% of people reporting a disability had no income in their own right. Compared to the whole population of 18-62 years their income was 85%-90% of the whole population and 20% were income poor as opposed to the 15% of the reference population.

The composite primary indicator of material deprivation was 57% compared to 50% in the whole population[6]. The difference was the greatest in relation to delays in payments: 40% for people reporting disability in comparison to 23% in the whole population. The material deprivation rate is an indicator in the EU-SILC that records the inability to afford some key elements needed for an adequate standard of living. The indicator presents the percentage of people who cannot afford at least three of the following nine items:

1. to pay their rent, mortgage or utility bills;
2. to keep their home adequately warm;
3. to face unexpected expenses;
4. to eat meat or proteins regularly;

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[3] TÁRKI Social Research Institute is an independent, employee-owned research organization

[4] Az akadályozott és az egészségkárosodott emberek élethelyzete Magyarországon (The situation of persons with health impairment and altered working capacity)) Nemzeti Család és Szociálpolitikai Intézet 2011. The survey was carried on two samples. One of the samples covered those persons, who declared they live with disability or some form of health impairment (C survey). Their label will be ***subjectively disabled persons*** in this paper. The other sample refers to those who by an assessment procedure are declared to be persons with altered working capacity (D survey). Their label will be ***administrative disabled persons*** in this paper.

[6] http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:Material_deprivation_rate

5. to go on holiday;
6. a television set;
7. a washing machine;
8. a car;
9. a telephone.

Severe material deprivation is defined as the enforced inability to pay for at least four of the above-mentioned items. 25% of people reporting a disability were housing poor[7].

How things have changed over the period 2008-2012

Due to the increasing indebtedness of the country, the reform of the so called large redistributive systems was initiated during the life of the previous government. The extremely low activity rate of Hungary (second worse in the EU) makes the fulfilment of the Lisbon objectives impossible. This is an important driver for reorganising the disability benefit system. However, compared to the previous system, measures are not primarily targeted at the most vulnerable members of the population.

The mental health impact of the economic crisis

No systematic data collection was implemented on the effects of the 2008 recession on the mental health of the population. The number of suicides did not increase (in 2008 2,477, in 2009 2,461, in 2010 2,492, and in 2011 2,422 cases[8]. However, the suicide rate slightly increased (in 2008 24.66/100,000 persons, in 2010 24.89)[9]. According to one of the interviewees, people visiting legal counselling services are more hopeless, aggressive and the composition of those asking for advice changed significantly. Non-disabled people, as a last resort, are also requesting help when there is no solution or even response from the authorities to their problems.

3. Trends in social services

Prior to the regime change, social policy was not an autonomous sector in Hungary. The shift to a market economy along with the breaking down of the centralized system of public administration played key roles in the transition. Hungary introduced a three-tier system of governance, which is based on local self-governments, county self-governments and the central government. Different responsibilities were assigned to each of the levels. The

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[7] **“Severe housing deprivation rate** is defined as the percentage of population living in the dwelling which is considered as overcrowded, while also exhibiting at least one of the housing deprivation measures. Housing deprivation is a measure of poor amenities and is calculated by referring to those households with a leaking roof, no bath/shower and no indoor toilet, or a dwelling considered too dark.” http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Glossary:Severe_housing_deprivation_rate

[8] http://www.ksh.hu/docs/hun/xstadat/xstadat_hosszu/h_wdsd001c.html

[9] http://www.asz.hu/jelentes/1286/jelentes-a-pszichiatriai-betegellatas-atalakitasanak-ellenorzeserol/1286j000.pdf

transformation of the system of government institutions, the redistribution of power between levels of administration and the development of market-based and non-profit services created new conditions for the operation of social policy systems and tools.

During the period of state-socialism all these tasks were in the hands of the central government with the informal sector limited to making minor adjustments. From 1989 to 2012 responsibility for the social security of Hungarians was shared by the central and local governments,[10] as well as the county level governments[11]. Local governments were responsible for basic social services, while county level governments provided specialized social services that go beyond the primary care level[12]. Social services were covered by central and local funds but responsibilities were not shared. This fell within the competence of the local decision makers.

All possible players shared in making social policy. The variety of actors included local governments, for profit sector and the non-profit sector. In other words, the "welfare mix," was a clear indication of decentralization.

Care services

As far as basic social services provided mainly to people with disabilities are concerned, local governments were required to provide meals on wheels, home care, a panic button, community based social services, day care, as well as support services. Specialized care was organized by residential institutions providing nursing and care, rehabilitation institutions and institutions that offered temporary accommodation. Up to 2012, residential institutions were basically run by the county level governments.

The level of obligation to provide services differs with the size of the settlements. Regional inequalities and the size of the settlement have a decisive impact on the level of access to the services. For instance home care ought to be provided in every settlement. However, the national average of home care is organized in 80.8% percent of settlements with considerable differences according to the size of the settlement: in villages with less than 400 inhabitants 74.6%, in towns and cities 100 %[13].

Short-term residential social institutions should, in principle, be established in every settlement with at least 30,000 residents. The 19 county governments and Budapest, which holds county status, are mandated to establish long-term live-in facilities. Services may be organized in integrated organisational form. "*Organizational integration may be realized by providing several types of care within the framework of the same institution, or by building the basic, day-care and boarding institutional forms onto one another"*[14].

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[10] There are 3176 local governments.

[11] Hungary has 19 county-level governments plus a 20th covering Budapest with its nearly 2,000,000 residents.

[12] As set forth in Act LXV of 1990, on local governments

[13] Source: Statistical Mirror, Vol V, No.2 on Social facilities supplied to small settlements, 18 January 2011, Central Statistics Office http://portal.ksh.hu/pls/ksh/docs/hun/xftp/stattukor/kistelep_szoc_ell.pdf

[14] Act III of 1993 on social administration and social allowances. Section 85/B (2)

Hungary was much the same as the other former state socialist countries in maintaining a large number of residential homes, which were located in nationalized mansions and institutions once belonging to religious denominations. They were often located in small villages and many were far from even these rural centres. This state of affairs was typical of Hungary up through the end of the 1980s.

Act III of 1993 on social administration and social allowances, passed in Hungary following the regime change, did nothing to really change the system of residential care that evolved during the 1970s, in which care for adults with disabilities and for psychiatric patients relied primarily on large-scale institutions.

A number of international and domestic laws have declared that the large-sized residential institutions are to be demolished or restructured and deinstitutionalized. Act XXVI, of 1998 most specifically focused on the rights of people with disabilities and called for guarantees of equality in the institutional setting by 2010.

Starting in 1998, the Ministry of Social Affairs had been offering support in establishing group homes, advancing community-based care and implementing professional programs aimed at transforming the institutions. However, given the absence of a comprehensive development strategy, the effects were never felt on an institutional level, meaning that the dominance of the large-sized institutions never changed. Any number of studies and professional analyses have pointed out that about €79,000,000 (22 billion forints) were spent on expanding the large-sized institutional structure between 1996 and 2006, which is more than 50% higher than the amount of European Union Structural Funds the government envisaged spending between 2007 and 2013[15]. Most of the grants available in Hungary for group homes have been used to build on the grounds of the existing institutions in a trend leading to the expansion rather than the replacement of these large institutions.

The idea of deinstitutionalization gained new impetus after Hungary joined the European Union. Starting with the community budget cycle of 2007, it became possible for Hungary to access resources from the Structural Fund for, among other objectives, the deinstitutionalization of facilities for people with disabilities and for people with mental health conditions. However, as a result of major and successful lobbying on the part of the entities maintaining and operating the large-sized facilities, it became clear early on when grant conditions were published that, despite protests from the civil sector, most of the funding went towards updating existing large-sized residential facilities rather than towards replacing them with a different type of facility. In fact, using European Union Structural Funds new large-sized facilities, housing as many as 100 persons apiece, were established[16].

No data have been collected at a national level on the length of time people spend on waiting lists for supports or care. The Szoctv [Act III of 1993 on social administration and social allowances] specifies that a building block system of group homes and services based

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[15] Kézenfogva Alapítvány [Hand-in-hand Foundation] (2008): Professional material on the transformation of the long-term live-in institutional system used for persons with disabilities, Budapest, Hand-in-hand Foundation, manuscript

[16] Verdes, Tamás (2009) “A ház az intézet tulajdona” [In Hungarian. "The home is owned by the institution."]. A totális intézmények lebontásáról, humanizálásáról és modernizálásáról [Chances of dismantling, humanizing and modernizing the total institutions] ESÉLY 2009/4

on individual needs should be put in place. In practice, however, there has been little change within the care systems. The number of persons waiting for placement in residential care was 15,000, while fully one-third of the people receiving such care were self-sufficient and had been placed in the facility only because of a lack of basic services[17]. According to one of the interviewees, a person can wait for between two to three years for a place.

Two unpublished data sources are available in the Central Statistical Office, one of which provides information on those who are receiving basic social services and are waiting for placement in residential institutions and the other which indicates the length of waiting time for placement in a residential institution. These figures are presented in Tables 3 and 4.

Table 3: New residents in different residential institutions

	2008	2009	2010	2011
Number of new entrants	13,432	17,005	17,205	18,069
Number of those waiting for more than 1 year	2,099	1,912	1,796	2,185
Percentage of those waiting for more than 1 year of the new entrants	15.6	11.2	10.4	12.0

The vast majority of people in residential care are inhabitants of homes for elderly people. According to the above data there were no substantial changes in the waiting lists due to the crisis or any other factor.

Comparing the situation of people with disabilities with the general overview (Table 3), using internationally accepted terminology instead of the Hungarian terms, they have to wait longer to get access to residential services. The changes in the length of waiting, however, between 2008 and 2011 were not significant.

Table 4: New residents in residential institutions for people with disabilities and people with mental health conditions[18]

	2008	2009	2010	2011
Number of new entrants	1788	2054	2027	2066
Number of those waiting for more than 1 year	458	416	373	495
Percentage of those waiting for more than 1 year of the new entrants	25.6	20.2	18.4	23.9

Based on the other data source in 2008 1,787, in 2009 1,644, in 2010 2,035 and in 2011 2,144 people using basic social services had been waiting for residential placement.

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[17] 0820 Jelentés az önkormányzati kórházak és bentlakásos szociális intézmények ápolásra, gondozásra fordított pénzeszközei felhasználásának ellenőrzéséről. [In Hungarian: Report on monitoring the use of funds used to operate local government hospitals and care and nursing in live-in social facilities] 2008. July. Government Accounting Office p.14.

[18] home for disabled persons, home for psychiatric patents, rehabilitation institution for disabled persons, rehabilitation institution for psychiatric patents, rehabilitation group home for disabled persons, group home for disabled persons, rehabilitation group home for psychiatric patents

Specialized services, in other words, placement in residential care, are provided principally by local governments on the county level, but one-third of accommodation in facilities offering short-term care is provided by non-profit organisations.

Facilities maintained by religious orders also received special treatment. Religious orders that are legal entities maintaining institutions providing social and child welfare services or public child protection services are entitled not only to the per capita support but to 82.6% supplementary support under a law supporting religious orders. The rising numbers of residents were not necessarily because of any increase in the social role of religious denominations. Instead, under a treaty with the Vatican, facilities maintained by religious orders were entitled to supplementary per capita funding from the government. Therefore, in order to obtain the higher level of funding growing numbers of non-profits are placing themselves under the umbrellas of various religious denominations.

Recent amendments of Act III of 1993 on Social Governance and Social Benefits and of Act LXV of 1990 on Local Self-Governments resulted in fundamental changes in the system of governance and the social protection system. County level self-governments lost most of their functions; regional development is their sole responsibility. Residential social institutions were taken over by County Institution Maintenance Centres controlled by recently created government offices. Government offices are central public administration bodies under the direction of the Government[19].

Community care

The central budget allocated various funds to finance the tasks that local governments were mandated to perform. Most of the services social services were financed on a per capita basis, but the Ministry called for bids to operate the home-care-on-request (panic button), and provide community-level care and support services. Important funding sources for these tasks were the revenues generated by the local governments themselves.

Looking at the basic services it can be seen that local governments, either on their own or in cooperation with other entities, provide most of the basic services that all settlements are mandated to offer, while non-profits play an outstanding role in community care and support services. When local governments meet their obligations by contracting out the care to other organisations, the body with the operating permit that supplies the service, or that owns the organisation providing the service, is entitled to the per capita support. Non-profits who maintain institutions that provide personal care as public service welfare facilities were entitled to the same per capita contributions and support as are government-run facilities.

Although for-profit businesses have also appeared, mainly in providing live-in facilities, very few people have the money to buy their enhanced services. For-profits receive only 30% of the per capita fee.

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[19] 258/2011. (XII. 7.) Korm. Rendelet a megyei intézményfenntartó központokról, valamint a megyei önkormányzatok konszolidációjával, a megyei önkormányzati intézmények és a Fővárosi Önkormányzat egészségügyi intézményeinek átvételével összefüggő egyes kormányrendeletek módosításáról

Above and beyond the central government per capita contributions were the fees paid by recipients, which also contribute to operating the services. Service recipients are means-tested before being charged.

Per capita funding for basic social care, day care and residential care decreased between 2008 and 2011. For instance per capita fees for residential care for persons using psychiatric services was decreased from €2,918.59 (815,000 HUF) to €2,544.77 (710,600 HUF). Due to the introduction of the tendering system the number of community based service providers decreased (2008: 258, 2011: 207)[20].

Other social services

In 2011, the county institution maintenance centres described above were provided with all rights and obligations exercised by the county self-governments. Thus, all the educational, social, child protection and cultural institutions were taken over by them from the county self-governments.

A new level of administration will be revitalised from the seventies, the “járás” (a type of small region) which will be responsible for some forms of social assistance and probably for the basic social services. The regulations and operating rules have yet to be issued. However, changes in the bill on the central budget for 2013 are indicative of these changes, which will liquidate the essence of decentralised forms of governance and accommodate to a strong centralisation process of power initiated by the government.

The main reasons given for these changes are the long-term consolidation of the central budget, the reorganisation of the functioning of the state and the creation of a more effective service provision system more suited to the needs of the economy. Reducing bureaucracy and strengthening the role of basic services, among them home based services are other reasons cited. Financial resources provided to basic social services will increase to about €54,000,000 (15 billion HUF) at the expense of cash benefits (social assistance)[21].

Because of the changes in the system, it is impossible to calculate trends on the funding of cash benefits and services targeted people with disabilities. For this reason Table 5 gives some illustrative examples only and does not trace the whole picture.

Each of the crucial services provided to people with disabilities are undergoing fundamental changes. These changes are driven by the demand for budgetary cuts to reduce the debt of the central budget; by the belief that the state is the best master of public services; and by

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[20] Jelentés a pszichiátriai betegellátás átalakításának ellenőrzéséről [Report on monitoring the reorganisation of services for psychiatric patients]. State Audit Office of Hungary 2012. június http://www.asz.hu/jelentes/1286/jelentes-a-pszichiatriai-betegellatas-atalakitasanak-ellenorzeserol/1286j000.pdf

[21] Magyarország Kormánya T/7655. számú Törvényjavaslat Magyarország 2013. évi központi költségvetéséről258/2011. (XII. 7.) Korm. Rendelet a megyei intézményfenntartó központokról, valamint a megyei önkormányzatok konszolidációjával, a megyei önkormányzati intézmények és a Fővárosi Önkormányzat egészségügyi intézményeinek átvételével összefüggő egyes kormányrendeletek módosításáról

[21] Magyarország Kormánya T/7655. számú Törvényjavaslat Magyarország 2013. évi központi költségvetéséről

the political orientation of re-centralisation in terms of both service delivery systems and the administrative framework.

Basic documents such as Hungary's Structural Reform Programme 2011 – 2014[22], the two Széll Kálmán plans, the National Reform Programme 2012 of Hungary[23] reflect this approach. However, measures to improve the fiscal balances have absolute priority in the activities of the government. Many acts and other types of regulations were amended. However, the implementation has been less than systematic. The entire service sector was "reorganised" in Hungary without an exhaustive preparation process and real consultation with all the stakeholders.

Health care services

As far as medical services are concerned the basic problems (e.g. the bad health condition of the population, the ineffective functioning of the medical services, and uneven access to the services) have been known for decades and each consecutive government outlined new reform programmes and initiated changes. However, none of the fundamental problems were solved. The so called Semmelweis Plan[24] also gave a thorough description of the situation, and outlined different measures, but indications of a positive outcome cannot be detected yet.

Table 5: Some items in the national budgets of Hungary affecting people with disability, million HUF

	2008	2010	2011	2012	2013[25]
Support of transportation of persons with physical disability	1982.5	1250.0	1 250.0	1 000.0	1000.0
To buy or adapt a car – for persons with physical disability	1815.0	1600	700.0	1000. 0	900.0
Support services, community care, panic button	No data	7 275.2	7 275.2	5 863.8	5 863.8
Homes for autistic persons*				95.0	95.0
Hungarian Association for Persons with Intellectual Disability	138.0	70.0	128	130.0	122.0
Hungarian Association of the Deaf and Hard of Hearing	177.0	70.0	160	165.0	154.0
Alliance of Associations of Persons with Physical Disability	160.0	105.0	160	160.0	149.0

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[22] Ministry for National Economy Budapest, March 2011. http://www.kormany.hu/download/b/23/20000/Hungary's%20Structural%20Reform.pdf

[23] April 2012 *http://ec.europa.eu/europe2020/pdf/nd/nrp2012_hungary_en.pdf*

[24] Gyógyuló Magyarország. Semmelweis Terv az egészségügy megmentésére Szakmai koncepció. (Healing Hungary. Semmelweis Plan to Rescue Medical Services) Nemzeti Erőforrás Minisztérium Egészségügyért Felelős Államtitkárság. 2011. június 27. http://www.kormany.hu/download/3/c4/40000/Semmelweis%20Terv%20szakmai%20koncepci%C3%B3%202011.%20j%C3%BAnius%2027..pdf

[25] Has not been approved by the parliament yet.

Hungarian Federation of the Blind and Partially Sighted	207.0	97.5	160	165.0	154.0
National Association of Autistic persons	30.0	40	40.0	50.0	47.0
Disability support for seriously disabled people and benefit for blind persons	30 066.0	30 421.0	31 308.0	31 217.0	31 529.2
Equal Treatment Authority	184.8	204.6	198.5	168.6	108.8
Office of the Commissioner for Fundamental Rights	1331.6	1678.8	1584.9	1614.0	1164.9

**did not exist before 2012*

Hungary's Structural Reform Programme 2011–2014 in the Structural reforms (policy change) chapter mentions **a** prescription drug subsidy system, concentrates on the deficit of the Health Insurance Fund and on its negative impact on the central budget only. Reductions in prescription subsidies will amount to €322,303,395 (90 billion HUF), general rate of sick-pay reduced from 70% to 60% of the daily average wage[26] €10,743,447(36 billion HUF) reliefs for the central budget. Hospitals and clinics will be nationalised, e.g. responsibilities and properties have been transferred or will be transferred from the county self-governments to the Ministry of Human Resources from 2013.

Education Services

The Hungarian education system has been altered to accommodate changes in the education of children with disabilities, albeit, with less than desirable speed. While maintaining a separate education system, it has also begun to offer opportunities for integrated education. Education opportunities for Gypsies with disabilities are even worse than for non-Gypsies with disabilities. Similar to other public services, a new act was initiated on public education in 2012, but the effects on children with special educational needs cannot be assessed yet.

Rehabilitation Services

The most important changes directly affecting people with disabilities occurred in the rehabilitation system. Originally, lost working abilities and/or skills were assessed by the National Institute of Medical Experts (OOSZI) and employment-health specialists determined employability on that basis. The Employment Act (Act IV., 1991) delegated employment rehabilitation to the State Employment Service and to the county employment centres. In 1998, the employment centres established rehabilitation groups and set up a network of rehabilitation coordinators. The network included professionals in rehabilitation, psychology, career selection and career change counselling, employment and contact information provision (regarding specialists, welfare institutions, etc.), and job-finding, and employment agency services.

From 2007, new initiatives were introduced reflecting a new philosophy and procedures. The institutional framework and a new benefit system were created. Review procedures became

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[26] 50 or 60 percent depending on the length of social insurance contribution payment

more complex. They were based on medical, employment related, mental and social criteria and focused on the remaining working capacity. A new institution was created to carry out the assessment under the direction of the Ministry of Social and Labour Affairs. Rehabilitation mainly meant medical and employment oriented procedures.

The recent government reorganised the institutional framework and the benefits system. The National Rehabilitation and Social Office, its seven regional directorates and twenty two branch offices are responsible, among other functions, for the examination of the level of the working capacity; the entitlement for rehabilitation and disability benefits; for the assessment of mobility e.g. to use public transportation; for reviewing the health condition; and eligibility of persons living in residential care. Different occupational rehabilitation related activities became integrated into the Office which is responsible for the accreditation and control of protected and subsidised workplaces as well as for the professional monitoring of occupational rehabilitation benefits.

Rehabilitation has a special meaning in the new governmental discourse. The phrase does not refer to a lifelong process enabling people with disabilities to live independently and to be socially integrated, but refers rather to a way of cutting people with altered working capacity out of the disability pension system. It is the case that within the working age population the number of those who receive disability pensions is extremely high (in Hungary: more than 12% of the population compared to an EU average of 5.8%). In the most developed countries of the EU, the employment rate for people with disabilities varies around 40% while in Hungary it is 12%-15%. A maximum allowance will be introduced which will be lower than the current minimum wage and will cover each type of support, for those which are considered to a right for people with disabilities to the many others which are financed from the central budget[27].

Employment Services

A very complex system of instruments facilitating the labour market participation of people with disabilities operates in Hungary. It is based on the principles of negative and positive incentives (stick and carrot). Some of the measures are financed from the National Employment Fund, and some from the national budget. One group of subsidies contributes to a part of the wage, the tax or the social insurance contribution paid by the employer to the person with a disability or to those providing personal support to them. The main beneficiary of this scheme is a special group of companies that are accredited under the compulsory accreditation criteria.

One negative incentive is the regulation enforcing companies employing more than 25 workers to employ people with altered working capacity. The quota is 5%, which if not achieved can result in a heavy financial sanction. A special tax credit was also introduced to encourage companies to employ people with altered working capacity. Companies where more than 50 percent of the employees are people with altered working capacity have some

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[27] Hungary's Structural Reform Programme 2011-1014. Ministry for National Economy. Budapest, March 2011. p 16.
http://www.kormany.hu/download/b/23/20000/Hungary's%20Structural%20Reform.pdf

advantages in public procurement procedures. In the framework of a tendering process residential institutions organising special sheltered employment may be provided with financial resources to cover wages and material expenditures.

According to Lajos Hegedűs, head of the Alliance of Associations of Persons with Physical Disability employers employing people with altered working capacity and receiving wage subsidy had support contracts up to 30th June 2012. He indicated that the contract between the state and the 21 companies with protected work places had been extended by one more month till 1st of August. There was no information about what would happen after this period. This affects 37,000 people who are employed in this form of employment. He pointed out that the government had discussed it three times without coming to any decision. In his opinion the issue was not so much about a need for extra budgetary resources as these costs were already incorporated in the state budget, but rather about savings. Not providing these companies with the wage subsidies would save about €6,087,953 (17 billion HUF) in the state budget. If companies make their employees redundant, the level of employment will be decreased, and taxes and social insurance contributions will not be paid by them. In addition, people who have lost their jobs will be eligible for different forms of social assistance resulting in no overall savings.

The analysis of the situation outlined by the government in different strategic documents is realistic and the objective to enhance the labour market participation of people with disabilities is appropriate. However, the implementation of these objectives reflects a different reality.

As far as people with disabilities are concerned, there are three priorities in Hungary: increasing employment, streamlining systems and reducing costs. If these are to be achieved the complex and non-transparent legal system, currently in place, must be replaced with a transparent, simple, comprehensible regulatory framework which defines the criteria for obtaining benefits. The social support system which has been run in an uneconomic and non-transparent way for years must be reformed.

4. Trends in disability-related social security benefits

The disability-related social security system in Hungary is very complex. Some benefits are insurance-based, some are provided as of right and not subjected to means testing, and some are determined by the notary of the local government and provided by the local government.

The most important of them, the disability pension system has been fundamentally changed. As a result, tax based social benefits (e.g. family allowance, parental leaves, disability support, and care-fee) are not longer indexed linked.

Disability pensions and disability benefits

The most significant sources of income for adults with disabilities are disability pensions and disability benefits. Basic changes were made to the social insurance based pension system from 1st of January 2012. From this date only those who are over the pensionable age (increased from 62 to 65 years) are considered to be pensioners. Benefits provided before the pensionable age and disability pensions are not social insurance based provisions any more, but are classified as 'other benefits' and are not financed from the pension fund, but from general taxes. Even the phrase social insurance contribution was altered to social contributory tax.

Previously, there were different types of benefits, some insurance based, some financed from taxes. They were based on an assessment of the level of the impairment expressed in percentages. For example, a person was eligible for disability pension if he or she had a "social insurance history" and a health impairment of between 50%-75% and for whom rehabilitation was not considered an option. These persons could enter the labour market but with some limitations in their wages.

In the new system those people who reach the pensionable age will be provided with old age pension. Before the pensionable age people will be eligible for two types of provisions: a disability allowance or a rehabilitation allowance. In both cases a social insurance record (1,095 days in the previous five years) and a health status of a maximum 60 percent are preconditions. Now instead of lost abilities, the remaining health status is assessed. The assessment of this is complex and expressed in percentages. Those people eligible for rehabilitation allowance are assessed as capable of being rehabilitated and whose working capacity may be improved. The maximum benefit will be set at 50% of the minimum wage (about €165 per month). Those people eligible for disability allowances are those for whom rehabilitation is not indicated or if indicated not possible. The benefit varies between 30% of the minimum wage (€100) and in case of extremely serious difficulties 150% of the minimum wage (€500). Labour market participation is permitted in both cases, but with a ceiling on earned income. If the income exceeds the limit, the person will not lose eligibility for the benefits, but the financial provision will be suspended. Beneficiaries of the old system have to apply for a new assessment and gradually will be channelled to the new provisions[28].

According to Lajos Hegedűs, head of the Alliance of Associations of Persons with Physical Disability what is going on for people with altered working capacity is a tragedy. Probably half of the people participating in the old system will loose their eligibility as a result of re-examination. Because of the new support system, new entrants into the disability benefit system will have no chance for labour-market participation and they will have to live on €168 (47,000 HUF) per month. Those declared to be rehabilitated may work only six hours a day and will generally be employed for the minimum wage[29]. Savings of €3,581,148 (10 billion

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[28] A megváltozott munkaképességű személyek ellátásairól és egyes törvények módosításáról szóló 2011. évi CXCI. törvényben, valamint a végrehajtása tárgyában kiadott, a megváltozott munkaképességű személyek ellátásaival kapcsolatos eljárási szabályokról szóló 327/2011 (XII.29.) Korm. rendeletben foglaltakról..7 /2012. (II. 14.) NEFMI rendelet

[29] Meeting of the delegates of the organisations of persons with physical disability 19 th of May 2012, Siófok.

HUF) were budgeted in 2009 rising to more than double this in 2010 and 2011 as a result of reductions in the financial support system.

Non-means tested disability support for people with severe disabilities

People with severe disabilities over 18 years of age are eligible for a non-means tested disability support to cover in part the additional costs arising from the disability and may make deductions from personal income tax (maximum: 5% of the minimum wage). The monthly sum of the disability support is equivalent to 65%-80% of the minimum old-age pension depending on the type of disability and the level of ability to live an independent life. The last time this was increased in 2005.

In 2008 110,838 people with disabilities were receipt of this benefit. This had increased slightly to 114,625 persons in 2011. In 2011, 47% of recipients had a physical impairment; 32% had a visual impairment; less than 7% were hard of hearing; 11% had intellectual disabilities; 3% had multiple disabilities. 246 persons had a diagnosis of autism.

Benefits for families of children with disabilities’

Families who have children with disabilities are entitled to an enhanced family allowance for a longer period of time. Families are entitled to childcare assistance (GYES) until the child reaches the age of three, if the child is not disabled. If the child has a long-term illness or disability this form of assistance is available until the child reaches the age of ten years

Parents are entitled to child-raising support (GYET) if raising three or more minor children in the home. Child-raising support is available from the time the youngest child reaches the age of three until the youngest starts primary school, or reaches the age of eight as a maximum. GYET may be extended until the child reaches the age of fourteen if the parent receiving it has a child with a long-term illness or one with a serious disability and he/she is raising the child at home.

The sum of both the childcare assistance and the child-raising support is equal to the minimum old age pension about €100 (28,500 HUF). Hungary’s Structural Reform Programme 2011-2014 as a result of freezing minimum pension benefits expected a saving of €4,297,379 (12 billion HUF) in 2010 and €8,952,872 (25 billion HUF) in 2012[30].

No data are publicly available on the number of people provided with the above mentioned benefits for disabled children.

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[30] http://www.kormany.hu/download/b/23/20000/Hungary's%20Structural%20Reform.pdf p.6.

5. Trends in the promotion and protection of rights

The Fundamental Law of Hungary (the new constitution), 2011 and Act CXXV of 2003 on Equal Treatment and Promotion of Equal Opportunities provide for the prohibition of discrimination on the grounds of disability. The prohibition of discrimination and the responsibility for favourable treatment were also among the principles of the National Disability Program of Hungary (2006).

Furthermore, according to the Fundamental Law of Hungary, Hungary adopted special measures to protect, amongst other people, people living with disabilities. Article XV states that the State: "…*shall strive to provide social security to all of its citizens*"; According to Article XIX disabled persons and other disadvantaged groups are entitled to statutory subsidies. The Constitutional Court is the principal organ for the implementation of the Fundamental Law and for the protection of individual fundamental rights.

The Equal Treatment Authority, established by Act CXXV of 2003, conducts proceedings if the principle of equal treatment might have been infringed**[31]**. It can initiate an investigatory process either at the request of complainant or on its own initiative to assess the possible occurrence of direct or indirect discrimination, harassment, unlawful segregation or retribution. If the Equal Treatment Authority finds that an infringement of the principles of equal treatment has occurred, it may order that the situation constituting the violation of law has to be eliminated, prohibit the continuation of the violation of law, publish its decision establishing the violation of law and levy a fine.

The Commissioner for Fundamental Rights initiates special projects every year. In 2009, the project on "*Differently with Dignity – the Rights of People Living with Disabilities*" was launched and in 2011 another project on the provision of health care to patients with disabilities was initiated. More recently, the Commissioner addressed the legal barriers to the employment of people with disabilities. The project drew attention to the controversies relating to the different definitions of disability and the consequences of this in different institutional settings. Closer cooperation between civil society organisations and job centres was recommended to increase the chances of people with disabilities to enter the labour market. According to the report other substantial barriers included the lack of long term strategies for the promotion of employment; the inefficiency of support schemes and excessively complicated procedures. The Commissioner concluded: that *"…in the legal environment in force at the time of the inquiry, the right of persons with disabilities to human dignity and to the free choice of jobs was infringed, persons with disabilities did not receive the protection declared in the Fundamental Law and the requirements of equal treatment and of legal certainty were not respected*"[32].

The system of public discourse and consultation on disability issues has 'withered' over the past number of years. For example, the National Disability Committee has had no regular meetings since the change of the government, although by law as the advisory body of the government, it ought to be convened quarterly. This is at a time when the Government is

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[31] http://www.egyenlobanasmod.hu/index.php?lang=en

[32] http://www.obh.hu/allam/eng/index.htm

extremely active in publishing and processing disability legislation and other types of legal regulations that have the potential to impact on the quality of life of people with disabilities. The consultation process which currently exists is purely formal, mainly restricted to the possibility to post opinions on a website. Several organisations representing people with disabilities protested against the communication breakdown and the lack of involvement of people with disabilities in the process of developing legislation which affects their lives

The principles of the National Programme of Disability Affairs 2007-2013[33] and the envisaged government actions are in harmony with UN Convention and the legal acts of the European Union's institutions. The principles emphasised and expounded in detail in the Programme include:

- Equalising opportunities;
- The prohibition of negative discrimination;
- The responsibility for favourable treatment;
- Prevention of discrimination;
- The protection of personal rights and human dignity;
- Integration;
- Normalization;
- Equal access;
- The application of Universal Design;
- A commitment to the principle of "*Nothing About Us Without Us*".

The programme recognised that the lives of people with disabilities are determined by the general social situation of their families and consequently the envisaged actions must relate not only to people with disabilities, but also to their family members. The National Programme of Disability Affairs covers a range of areas including rehabilitation and related objectives; initiatives to achieve a positive change in the attitude of society towards people with disabilities; improving the quality of life of people with disabilities; and promoting the active participation of people with disabilities in social life.

However, the implementation of the programme has encountered crucial delays especially in the process of deinstitutionalisation. The 1257/2011. (VII.21.) Government Decree determines the strategy of deinstitutionalisation and specifies the role of the Government in the implementation. The time frame for completion is 30 years. Several disability representative organisations and professionals have criticized the measure the grounds that the maximum number of inhabitants is as high as 50 residents. The main source of financing will be provided by the EU funds.

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[33] www.szmm.gov.hu/download.php?ctag=download&docID=13606

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

Hungary was the first of the European countries to ratify the UNCRPD in 2007. In October, 2010, the Hungarian Government has prepared a national report on progress on the implementation of its obligations under the Convention. The report focused mainly on the legal regulations affecting the situation of people with disabilities**.** Hungarian organisations representing people with disabilities and their supporters formed a Disability Caucus in 2009, which is an informal group of people interested in disability related issues without a legal status and financial support, in order to deliver a shadow report which covered all the articles of the Convention and formulated detailed proposals[34]. This report was published before that of the Government, in August 2010.

A number of the crucial issues impacting on the implementation of the UCCRPD are discussed below.

In the Hungarian legal system there is no standardised **definition of disability**. The most important piece of legislation, Act XXVI of 1998 on ensuring equal opportunities for people with disabilities gives a comprehensive rather than a medical type of definition but does not cover people with psychosocial disabilities.

Legislation to guarantee the **accessibility** of public services was amended and re-scheduled. Accessibility of public transportation, for instance, ought to have been fulfilled by the end of 2010. However, there are considerable delays. An inquiry of the Ombudsman found that 81% of carriages, 97% of passenger cars and 90.3% of passenger facilities of the public railways are not accessible. Efforts are frequently restricted to physical accessibility instead of more comprehensive solutions. There are few substantive sanctions against those who infringe the accessibility standards. The Act CXXV of 2009 on Hungarian sign language recognises Hungarian sign language as a language and the users of Hungarian sign language as a linguistic minority. A sign language interpretation service network was also set up. The lack of systematic data collection makes it impossible to assess the real situation related to the implementation of accessibility and universal design.

Approximately 80,000 people live under ***guardianship*** and are considered to be 'incompetent' in Hungary. The human rights of those whose legal capacity is limited and live under guardianship are at risk in several ways (no right to property, without control over their financial affairs, automatic loss of the right to vote. etc.).

The opportunity for **independent living** was discussed earlier in the context of the large residential institutions. In the rhetoric there is an expression of determination to change social services provided to people with disabilities by shifting the emphasis from large, total residential institutions to services that promote participation in the community. However, the Disability Caucus expressed a concern that "…*no real progress has been made, since the*

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[34] Disability Rights or Disabling Rights? CRPD Alternative Report. Prepared by the Hungarian Disability Caucus. Published by SINOSZ, MDAC and FESZT, August 2010. http://mdac.info/sites/mdac.info/files/english_crpd_alternative_report.pdf

enactment of the Disability Act, in the replacement of large, total institutions with small residential homes and other community-based forms of residence, or in making community-based services available everywhere in the country. In 2008, about 23,000 persons lived in institutions for psychiatric patients and persons with disabilities, which is essentially the same figure as in 2000. Only about 1,700 persons live in residential homes"[35]. The lack of a sufficient number of group homes, the limited quantity of social housing (more than 90 percent of the housing stock is privatised) and the inaccessibility of care in the community in several settlements are strong barriers to independent living and to an effective and timely process of ***deinstitutionalisation***.

In the absence of accessible public transportation, the creation and financing of supported transport services could have been important instruments in the realisation of the free movement of people with disabilities in Hungary. However, in smaller settlements, especially in the countryside, people with disabilities experience significant challenges in accessing such services. Even where services are available, they often only operate during normal business hours. Prior to 2009, these services were financed from the central budget on a per capita basis. Recently organisations running these services are obliged to apply for state support in a tender system. All these produce serious obstacles to ***personal mobility***.

A ***gender bias*** is evident in the status of people with disability in Hungary. Women with disabilities experience multiple deprivations. They are generally poorer; their employment rate is lower and they are strongly dependent on their families. Despite of these no regulation refers to them.

Notwithstanding the intentions of the UN Convention, people with disabilities and organisations representing them are not sufficiently involved in the development and implementation of legislation and policies. For instance, several non-governmental and professional organisations published a declaration relating to the open debate on European Union tenders for deinstitutionalization demanding involvement of representatives of the more than 20,000 people with disabilities living in large residential institutions as well as of professionals in the process. The importance of this is supported by the fact that €47 million has been allocated between 2011 and 2013 for the dismantling of large institutions and the development of different forms of community based services[36].

Although the Disability Act establishing the first National Disability Program was a great leap forward, the subsequent legislation process provoked strong opposition and is compromised in many respects. Since then, the international disability policy has changed enormously, but the underlying principles of the Hungarian legislation and professional practice have not developed at a similar rate. For example, Hungarian disability policy is still targeting integration rather social inclusion.

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[35] Disability Rights… p.25.

[36] http://tasz.hu/node/1768

7. General conclusions

One of the major negative features of the welfare system of Hungary is that it is not a system at all in structure. The various forms of cash benefits and services are not connected to one another in any way. There are many unjustified differences in the services offered to different groups of recipients. The structure of the supply system is not interconnected. Basic services and specialised services are not part of the same system. On the one hand, there is no connection between the various systems, and, on the other, there is no connection between the various sectors (social services, health care).

Although initial steps have been taken in building a social-service quality-assurance system, no performance indicators have been set down. The current system offers no information on who received what and why, or on how a person's quality of life was affected by a service.

The system of financing for basic and for specialized services is distorted. Financing for specialized services is higher than for basic services, and the obligation to provide the services is delegated to different levels of the administration. For this reason, instead of developing cheaper basic services offered in or near the home environment, local governments have pushed for specialised services for which reimbursement is higher, or at a minimum they tend to move people in need of services towards the services available on a different regional level where financing is higher. The system does not offer incentives to produce results, to provide services efficiently, or to only provide needed services.

The overall amount of the funds is not connected to real average costs. For that reason, service providers are highly dependent on the ability of local governments to supplement the funds and on the ability of recipients to make a co-payment. This is one reason why there are shortages of services and why there are such regional differences in access to services. The operators of the institutions have a vested interest in attracting ‘easier’ patients/clients (younger people, people who are less ill, etc.) who are solvent. In other words, the system itself motivates them to ‘cherry-pick’. In the final analysis, the principle of equal opportunity is violated, and precisely the people with the greatest need, who live in disadvantaged regions and settlements, find it hardest to access the services financed through taxpayers’ money.

The purpose of this report was to explore, identify and analyse the impact of the economic crisis as well as the austerity measures on the rights of persons with disabilities. Significant reductions in funding for some services and savings on disability-related social security benefits were identified by this study. However, in Hungary, the fundamentally changed ideological approach and activities of the Government, which assumed power in 2010, may well have had a far greater impact on the situation of people with disabilities than the economic crisis. The current approach of the Government favours duties instead of rights; prefers centralistic, top down solutions to democratic processes and to civic movements; considers merit more important than equal treatment; poverty and deservingness is inseparable in its rhetoric and daily activities; measures to manage economic problems and to realise the political objectives prevail at the expense of the most disadvantaged groups of the society and in favour of the middle classes.

> It can be argued that recent Hungarian policies are designed without consideration of the needs of people living in poverty or who are the beneficiaries of the social protection system. Homeless people were the first to experience the impact of this new approach to vulnerable people. New regulations have prohibited sleeping on a bench in a park, to take something out of a dustbin in the street and, with the active participation of the police force, their temporary shanties built in the woods surrounding or in Budapest were destroyed. Roma people are, and have been continuously the scapegoats of the Hungarian society; and most recently people with altered working capacity are in the focus. They are blamed as skivers, cheating the benefit system and generally responsible for the low level of employment in Hungary. Even official documents of the government consider them a burden for the society.

There is hardly any institution which has not been fundamentally changed and reformed. This includes the disability benefit systems, the service delivery systems and the administrative systems. All these processes are not primarily driven by the fiscal crisis, but are politically driven and have resulted in, amongst other impacts, a chaotic situation in the welfare system and have had a substantial negative impact on people with disabilities in Hungary.

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

Country report: Ireland

This study has been conducted by BERNARD BRUNHES INTERNATIONAL BPI group

Trish McKeogh

October 2012

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1. Introduction

This research report, commissioned by the European Foundation Centre, provides an overview of the effects of austerity measures on the rights of people with disabilities in Ireland. The report is based on interviews with two service providers and two service user agencies, representing both physical and intellectual disability, and three government agencies providing services in education, health and employment. A significant portion of the information is drawn from a literature review, reports issued through disability agencies, government agencies, Oireachtas reports, press releases and service users. Important information and statistics were found from the recently published Value for Money and Policy Review of Disability Services. Finally and most importantly information is also sourced through conversations with people with disabilities and people involved in providing services.

Services for people with disabilities in Ireland are predominantly provided through the Health Service Executive (HSE) and group based non-profit organisations under arrangement with the HSE. Health and personal social services are delivered by the HSE through medical professionals and hospitals and through a network of Local Health Offices, health centres, clinics at community level. Local authorities in Ireland play little role in services for people with disabilities. Following a critical report on the lives of people with disabilities living in Ireland in 1993 (1) and widespread lobbying from the disability community, a National Disability Strategy 2004 (2) was published and a raft of legislation was introduced to improve services, and ensure inclusion of people with disabilities in Ireland. Most participants in this study acknowledge the advances made since 1993 but strenuously point out that services for people with disabilities came from a very low base, while a good deal of the strategy still has to be implemented. In July 2012 the government published a major report “Value for Money Review of Disability Services” (VFM) (3) reviewing its services and based on findings from public consultation recommends a significant restructuring of the Disability Services Programme from the dominant group-based service delivery towards a model of person-centred, individually chosen, supports; and implementation of a more effective method of assessing needs, allocating resources and monitoring resource use, however this must be achieved within available resources. All the respondents were interviewed for this report before the publication of the VFM but all had commented that there was a need for reform and reappraisal of historical funding models.

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

> *Ireland was moving towards a rights based society for people with disabilities but funding cuts are forcing agencies to cut services within the community which is forcing people back into institutional care* (service user agency)

The effects of the economic crisis since 2008 and subsequent austerity measures introduced to stave government budget deficits have had severe effects on the lives of people living in Ireland. Statistics show that they are having a catastrophic effect on income poverty levels and equality. The at risk of poverty rate at state level rose from 14.1% in 2009 to 15.8% in 2010 (4). In Ireland the GDP has collapsed by over 13% per year, while between 2008 and 2010 household incomes have been reduced by 14%. The current national debt is 84% of GDP. Since 2008, we have seen harsh budgets reduce spending and increase taxation in an effort to stave the enormous deficit that was left in our public finances after the property collapse in 2008. In 2010, faced with bankruptcy, Ireland was forced to appeal for a €85 billion bail out from the European Union, European Central Bank, and International Monetary Fund, commonly knows as the Troika and agree to austerity measures to bring down the budget deficit. To date the government has cut €6 billion from its spending and is already committed to cutting a further €8.6 billion from the economy in the next three years to meet the troika deficit target of 3%.

Under pressure to reduce government spending, harsh and crude cuts have been introduced across all sectors including reductions in public expenditure. The budgets for health, education and social services have suffered between a 14% - 23% cut in spending. There have been increases in direct taxes and contributions, with a new universal charge introduced on all employees. There have been increases in indirect taxes including a universal household charge of €100 regardless of income and the standard rate of VAT has increased from 19% to 23%. Reductions in public services have had an indirect impact on the welfare of people using them and a moratorium on staff being replaced across all sectors, regardless of position, has resulted in all services being seriously stretched.

Disquieting trends are emerging during this time of austerity. The National Disability conducted a series of national surveys of public attitudes to disability. The 2012 survey (5) showed hardening of attitudes towards people with disabilities. 20% of respondents indicated that they would object if a child with an intellectual disability was placed in their child’s classroom, this response was up from 8% in 2006. 2 out of 3 are of the view that those with intellectual disabilities should not be allowed to have children. Further evidence from this national survey shows that 44% of individuals believe that people with disabilities are treated fairly in society; however 61% also believe that these people are not able to participate because of disabilities, not because of barriers. Between 2006 and 2011, the figure for those who answered that “it is society which disables people” by creating barriers for them fell from 62% to 57%. Public attitudes to people with disabilities can be a serious barrier to their inclusion and participation in society.

Employment

The social effects of the crisis are starkly apparent in the unemployment figures. The Quarterly National Household Survey shows that unemployment increased from 4.2% in 2005 to 14.1% in 2011. The 2011 census figures are due to be published in November 2012, however the Census of 2006 showed of 360,529 people with disabilities, 93,841 were in the workforce and 77,800 in employment (6). The Disability Federation of Ireland estimates that 70% of people with disabilities in Ireland were unemployed in 2007, while unemployment rate in the general public was 4.6%. A Manpower survey (7) in 2003 showed that 88% of employers said they had no workers with disabilities. People with disabilities did not experience the boom period in the same way as people without a disability, the proportion of workers with a disability remained relatively unchanged from 2003 to 2009, and stood at between 5 and 6% of the total workforce.

A study commissioned by the National Disability Authority (NDA) (8) found that the total number of public service employees for 2010 with a disability was 5,748, a decrease of 632 on the 2009 figure. This decrease occurred against a backdrop of a fall in the total number of employees in the public bodies reporting under the Act from 219,653 in 2009 to 210,267 in 2010. The study found that over all, people with disabilities were affected disproportionately by the decline in public sector employment since the introduction of the moratorium on recruitment into the public sector in 2009. The absolute number of people with disabilities employed in the public sector declined by 9.9% (632) compared to a 4% decline in overall employment (9,386).

Table 1: Progress towards 3% of people with Disabilities in public service

Target, 2009 – 2010 (8)

	Total staff	Staff with disabilities	% staff with disabilities
2009	219,653	6,380	2.9%
2010	210,267	5,748	2.7%
Change 2009 - 2010	-9,386	-632	-0.2%

Disability benefit claimants

There were a number of severe cuts across all welfare benefits from 2009 and in particular for people with disabilities. The disability allowance was reduced from €204.30 and it is now currently €188 per week. The disablement pension was reduced from €235.40 to €226 per week. The carer's allowance has also dropped from €220.50 to €212 and carer's benefit has been reduced from €220.50 to €212. These measures have a significant impact on the ability of family members to provide support to relatives with disabilities. Disability allowance was cut for under 18s and significantly reduced from €188 to €100 for 18 to 21-year-olds and from €188 to €144 for 22 to 24-year-olds. Rates for under 25s cared for by a qualified adult also were reduced but this was somewhat offset by extending the domiciliary care allowance by just 2 years, paid to the family of a disabled child from 16 to the age of 18.

Allowance	2009	2010	2011
Disability Allowance (Personal Rate)	€204.30	€196.00	€188.00
Qualified Adult Allowance (Under 66)	€136.00	€130.10	€124.80
Domiciliary Care Allowance	€309.50	€309.50	€309.50
Carer’s Allowance (Under 66)	€220.50	€212.00	€204.00
Carer’s Allowance (Over 66)	€239.00	€239.00	€239.00
Carer’s Benefit & Constant Attendance Allowance	€221.20	€213.00	€205.00
Respite Care Grant (Annual Payment)	€1,700.00	€1,700.00	€1,700.00

At risk of poverty rates

It is evident from the Census survey on income and living conditions (9) that inequality is rising, reversing the progress made in the previous decade, the at risk of poverty rate at state level rose from 14.1% in 2009 to 15.8% in 2010 in Ireland, in the UK it is 5% and in France 4.85%. Statistics also show that people with disabilities are more vulnerable to poverty. During the boom period in Ireland social welfare payments lagged behind incomes from work and property and thus average income for people on social welfare fell below poverty lines.(10)

The Census figures show people with disabilities are two and half times less likely to have a job and were more than twice as likely to be at risk of poverty, and more than twice as likely to be poor, using official measures of poverty. People with disabilities were also less likely to be in a club or an association, to talk to their neighbours, friends or relatives most days, or to have a social afternoon or evening out there by increasing their isolation.

Waiting lists for services or benefits

In interviews for this report, both service providers and representative agencies report an increase in waiting lists in general services, but they have managed to maintain their services at the level that the austerities first impacted in 2007,

> *We have managed to maintain our service, particularly our Personal Assistance (PA) service because we have absorbed the decrease in hours, but smaller Centre for Independent Living (CIL) agencies around the country have not been able and have cut hours, we are getting a lot of complaints about that and also a lot of people are fearful of what is coming next, will their hours be cut and what will the impact be. Every individual is assessed separately and a lot of people did receive cuts in their hours which would mean they could not get out as much.* (CIL)

However with the increase in demand the waiting lists are growing. The service requirements of the 25,191 people with disabilities registered on the National Physical & Sensory Disability Database in December 2010, 5,301 people (21.0%) required assessment for personal assistance and support services, 292 people (1.2%) had been assessed and wait-listed for personal assistance and support services and a further 1,051 people (4.2%) needed an enhancement to these services.(11) The services are strictly applying eligibility rules. Hospital waiting lists are also growing with 178,000 waiting on an outpatient list. It has been reported that the HSE were running €145.8 million over budget by the end of March 2012 and that some hospitals will not break even in 2012 without significant reduction in services.

> *I am used to waiting lists, so are most people with disabilities, but I could not wait this time, my swallowing was getting worse, no matter how small I make the food it goes down the wrong way, I had to get to see a consultant so my family came together and paid for the appointment, it looks like I will have to get a peg so they are going to pay again, I have lived independently for the past 15 years, before that my family looked after me, I value my independence so much but I am in constant fear they will reduce my PA hours, I have to have 24 hour care. We have reduced the hours but so far I am okay. My friend lost her transport allowance last month, her training course finished due to cuts, she is lost without it. I think the real fear is we just do not know what is going to happen next, we know more cuts are coming for the next few years, the government are committed to paying off these bank loans*

A key provider in supporting people living independently reports that they are maintaining their services but they are "*down to the bone, we have made all the cuts we can*. The Irish Wheelchair Association website reports that there is a current unmet need of over 520,000 hours per annum for Personal Assistant Services for people with physical and sensory disabilities alone. A national service provider for people with intellectual disabilities highlighted the waiting lists for young adults, for example one in four young adults with an intellectual disability or autism who left secondary school this year will have no further education, training, or day service placement in September. The HSE said there was currently no places for 153 out of the 650 school leavers with an intellectual disability or autism who need further support from the disability services and they are now on a waiting list for services.

A recent newspaper article highlighted the story of a young teenager on a waiting list for a prosthesis. (12)

> *A teenager who lost a leg when he was just two years old has spoken of his "anger" at being denied a proper, active life by the HSE, which claims it can't afford €4,000 for his replacement prosthetic. The 14-year-old has grown out of his current prosthetic and has been on a waiting list for a replacement for five months.*

Specific issues relating to age (younger or older people) and gender differences

Services for people with intellectual disabilities have reported an increasing number of parents unable to get a place for their child in their local mainstream school; schools are turning away students with disabilities because they know they will not be able to support them with the reduction in resources. One mother reported to the agency that she had been turned down by 5 schools in her area. While a teacher reported that

> *There were two children in two classes with intellectual disabilities whom in previous years each had an Special Needs Assessment (SNA) but this year it was reduced to one, I really can not take my eyes off the child and cannot let her go out of the room*

> *alone. She gets on well in the classroom and it is good for her and the other children to be engaged with each other but when I had the SNA, she would sit beside her and ensure that she was keeping involved, now I have to be near her and it is impacting on my teaching. I think mixed classes are so good, because all children have differing needs and it is good they learn to support one another but you do need the supports, if you believe in mainstreaming, which I think is the only way, you have to have the resources or it is not fair on the child or the teacher or the class.*

A participant of this study providing training for young people with disabilities reported the lack of funding for transition services, such as services for 18 year olds leaving school,

> *We worked with a young man in the VEC (further education school), he had limited speech and mobility but we supported him through 3 years in the VEC and he got his results and was accepted on an architecture course. We spoke to the college but they said they could handle his needs but they didn't. They failed to put any supports in, even basic needs like he needed support toileting and notes in classes, but they let him down. The Disability officers did not have the proper training. Many disability officers that have been put in place do not have training, they are moved from other jobs to fill a gap and they are unable to support student with disabilities. This student left college and the father was so angry; his son had lost all confidence, after three years of working his way to college. The college apologised and promised to put supports in place but it was too late, the student is at home now.*

Brief evaluative comment on how things have changed over the period 2008-2012

Both service providers and representative of people with disabilities report that the sector is coming from a low base, severe cuts in the 1980's recession devastated the sector and it was only beginning to recover.

> *During the years of prosperity, there was a waiting list of approximately 2000 for people with intellectual disabilities for residential care and now as there is no money for residential care the list is growing and it now stands at approximately 4000. (*KARE)
>
> *We are not prepared to burn the bond holders but we are prepared to burn vulnerable.* (respondent)

Four out of ten people with a disability experienced increased deprivation between 2009 and 2010. Analysis of the principal economic status of the individual revealed that unemployed persons reported the highest consistent poverty rate in 2010 at 15.2%. This was an increase from 11.5% in 2009. The next highest rate was for those not at work due to illness or disability with a consistent poverty rate of 13.0% in 2010 (13). The survey showed people with disabilities experienced deprivation levels of 42%, which was by far the highest level compared with other people such as the unemployed, students or older people. Deprivation was measured by not being able to do at least two of the following things: heat their home; buy a warm coat or new clothe); or not able to eat meat or fish at least every second day.

Commentary on the mental health impact of the economic crisis

The Human Cost report (14) provides an overview of the evidence the austerity measures are having on mental health and reported that this recession is showing higher personal debts coupled with a dramatic drop in property values leaving people in negative equity and for people with disabilities in particular, it found that the change in the benefit structure and state supports have been to the detriment of people on low incomes.

> *The reality is that an increasing number of people are suffering stress and anxiety as a result of the recession. We cannot ignore the fact that the economic slowdown is having an affect on our mental health and consequently there will be greater demand for mental health services. Coping with unemployment, debt and poverty understandably puts pressures on individuals and families, and as a society, we must recognise this and try in whatever way we can to support people through the crisis.* (Human Cost report 2011)

The Money Advise & Budgeting Service Helpline (MABS), which offers assistance to callers took over 27,700 calls in 2010, compared with 24,737 calls in 2009. In the first half of 2011 the helpline has assisted 16,620 callers. By mid 2010 one in ten calls to the Samaritans in Ireland were described as 'recession-related' and in June 2010 some 50,000 calls were received, up from an average of 35,000 in other months. The suicide rate in Ireland increased from 424 in 2008 to 527 in 2009, an increase of 24%.

3. Trends in social services

A summary of the evidence for the impact of austerity measures on social services

For the past three years there have been severe cuts across all of the public service, with reduced allocation to local authorities, government agencies such the HSE and not for profit agencies. Across the public sector there has been a 23% cut, 85% of this through staff and 15% through non-pay. In direct funding to agencies 15% has been removed from disability services over the past five years with larger service providers reporting a 23% cut to services. There has been a moratorium on all public service staff, no staff have been replaced but reassigned to cover front line services.

	2012	**2011**	**2010**	**2009**	**2008**
Budget cuts	3.7%	1.8%	4.2%	2%	2%

This year the HSE have imposed a 3.7% cut to be found through 2% cut in services and 1.7% in efficiencies. Both the service providers and the disability agencies say that this is impossible, they have borne previous cuts through cutting overtime, reducing PA hours, cutting staff training, outreach etc. They report they have no more efficiency to make and that now they will be forced to reduce essential services. The total drop in funding in 2012 is of the order of €850 million and the Minister for health has said *it was unavoidable that there would be further cuts in services next year.*

Reduced allocations to local authorities

Capital housing grants have been cut and it is extremely difficult to get support for independent living if you do not have it already, it has become very difficult for people to move out of the parental house.

Decreased funding for private and not for profit providers

A “Not for Profit” service provider for Physical & Sensory Disability reported that the funding cuts were across the board and crudely allocated. He maintained that his organisation had developed and were successfully building a community based model of services but no consideration was given to their work and all organisations were treated the same.

Closing down services, mergers and consolidation, decreasing hours and days

All respondents report that there is no over time paid and people are working longer hours.

> *People have been asked to work longer hours, we have been fortunate with our staff that they are willing to work longer hours, examples of staff spending nights with people who are afraid to stay alone, wading through snow to get to our members. That is something that the HSE will never capture, they will only recognize it when it is gone. The line has to be drawn somewhere. I was trying to explain to the HSE the things we do, cleaning people’s houses, looking after people out of hours, the guy in the HSE said to me “we never asked you to do that”.*
>
> *The embargo on recruitment means we cannot replace staff, who leave or retire, people have left and it is putting a huge strain on the staff to maintain the service. There is a lot of stress around. “There are less people doing more work for less money”, this leads to more stress in the workplace, more people out sick.*

Persons with disabilities and their families are responsible for paying a greater proportion of services

The respondents report that there is no doubt that people with disabilities and their families have been impacted by cuts and are paying for some services. There are no statistics, but in a survey of over 140 schools and colleges for the Teachers’ Union of Ireland, (15) it was found reduced Government funding and staffing cuts were already impacting on students with special needs. The survey found that falling incomes of families across the social divide is adding to the effects of cuts to education services in schools. *"Even during the Celtic Tiger, there were canteens set up in schools to feed young people from disadvantaged areas. So even in those times, people living below the poverty line didn’t have enough money to feed their children adequately".*

The Disability Federation of Ireland (DFI) argue that it is widely acknowledged that people with disabilities incur extra ordinary costs in their day to day living expenses in terms of special clothing and foods and increase heating costs for instance. The cumulative impact of the cuts announced in Budget 2012 will further exacerbate the day to day difficulties experienced by people with disabilities and the threat of falling into consistent poverty. Service providers report that increasingly people were buying their own Assistive Technology (AT) devices, particularly environmental control devices.

> I*n some areas there is no point in putting in a request for sanction for environmental control devices, they will not be sanctioned and if they are it takes months. The problem with AT market is that once a device is labelled as a medical device the price goes up 10 fold. I have a supplier in Hong Kong that you can buy a voice box for €70, if I was to get a similar device, maybe slightly fancier, from a medical supplier it would cost €700, people are buying online.*

Cuts in staff training and professional development budgets

All respondents report a cut in staff training, they have to cut professional development budgets in order to protect front line services, one provider explained that there simply was not the staff to cover people going out on training.

> *People are noticing the cuts in staffing, they see staff are not being replaced and that there are not enough people working to keep the service. We have had to cut respite care and this has had a critical effect on our clients, particularly parents who are looking after children with complex needs.*

Decreased investment for research, development and innovation

Again respondents report that there was scarce money for research, one reported that

> *It had been a hallmark of their work to come up with innovative ways to support people with disabilities, the organisation grew from people with disabilities coming together to find ways to live independently. We have been innovative from the start and we want to continue that way but it is increasingly difficult to find money for development. We could not justify using money for development and denying someone extra hours for a PA.*

Another respondent said they were sourcing some money from Pobal, a not for profit organisation that manages various funding programmes on behalf of the Irish Government and the EU.

Increased standardisation of care and less person centred and individualised services

To date Ireland's system of service provision is largely based on a professionalised medical model of service, funded through the health system. The VFM report found that almost 90% of services for people with intellectual disability occurred in segregated settings and likewise for residential services. Numbers of people with physical disabilities living in segregate care were smaller. The report also found that other services, which would normally be outside the remit of the health service, were also funded through health including sheltered employment and employment related supports of various types, training and education, transport and advocacy services.

The re-emergence of institutional solutions to the provision of care

The respondents reported that the number of people with physical disabilities living independently with the support of Personal assistants and adapted housing had increased in previous years but they also reported a growing trend of people moving back to institutional care because of the lack of money for independent living.

> *I had a member last week who had secured his own house but was unable to get the necessary resources to adapt the house or the required PA hours. We had a meeting with the HSE last week and were told that there was only money in the residential care budget and it could not be used to fund anything else.*

The situation was very different for people with intellectual disabilities where the VFM reported that 90% were living in segregated settings.

A reversion to the medical model in eligibility assessments

The VFM report reported that the current provision of disability services is not just located in and funded by health, but is strongly influenced by a 'professionalised' model of provision. There is still an emphasis on diagnosis as a means to determine the needs of people with disabilities and although most services advocate a person centred approach, it is largely the view of health and social care professionals and disability service which determines future care. The VFM review found that this model of service has significant consequences for how disability services are organised and delivered, and also on the over all cost of services. In a report on services for people with acquired neurological conditions, it was found that 'rigidity' and 'lack of flexibility' of service delivery prevailed and a rigid diagnostic criteria for entry into services.

Changes in national policies on personal budgets

The VFM found that presently there is no evidence of a personal budget model, however the report does recommend that this model should be introduced as soon as possible and the Minister in charge has committed the government to this policy.

Cuts in resources for inclusion in the mainstream

There has been a concerted effort to provide community based services, as legislated through the Disability Act, however service user agencies contend that essential therapies are not routinely available outside of disability service settings, there by driving the demand for segregated services contrary to the stated government policy of mainstreaming. With cuts to the education budget, teachers unions are warning that special educational resources are been undermined. The proportion of children with disabilities educated in ordinary national schools increased from 49% in 1997/98 to 59% in 2007/08. However, there is evidence of an increasing trend in the number of students at post-primary level moving back from mainstream educational settings to special schools (15).

The government has a strong commitment to inclusion, which is underpinned by legislation such as the Disability Act 2005, the Education for Persons with Special Education Needs (EPSEN) Act 2004 and the Equal Status Acts 2000 and 2004. The Sectoral Plans also have a commitment to the policy of mainstreaming. However many of the elements of the legislative have been postponed due to the austerity measures.

Reduced priority for independent living outcomes

Ironically, considering the government's stated commitment to independent living, two respondents reported that there is no money for independent living but there is money for residential care in some areas, and there is no facility to move money from one budget to another. There is separate funding for each HSE area and independent living resources are dependent on shrinking budgets. One provider based in the south west reported that there had been no environmental control devices sanctioned for the past 2 years, and he believed that most parts of the country was the same.

Increased 'Privatisation' or outsourcing of social services

The HSE in the north west have acknowledged that *there has been an increasing use of "for profit" services, the services we have used have been very good, very innovative, highly qualified, they drive harder to provide solutions. Definitive threat to the voluntary sector but they do provide better delivery.*

Both service providers acknowledge the use of for profit agencies by the HSE and believe that it is a short sighted solution to the problem, they believe that these agencies may appear to be a cheaper solution initially but long term are more costly because they offer basic package and then charge for all the add on, there is no legislation governing minimum standards. The for profit agencies only pay staff the minimum wage, while service providers are bound by the Croke Park agreement and must pay their staff the annual increments. The HSE acknowledges that you cannot buy the experience of "not for profit" agencies but they must consider all options.

> *We have to stay within budget, for along time there was a monopoly, its good to have choice. It is a problem now that we have no budget for training, so we have had to take sessional people to cover but the HSE are not happy about that. Volunteering in the community has increase but less people are trained and there is no budget for training so have had to look at the "for profit" for education services.*

Increased and more demanding tendering of services

It is estimated that the Irish public service in a typical year expends some €15 billion on goods, services and construction works. Approximately €8 billion of this expenditure is directly attributable to the procurement of goods and services. The public service procurement environment has become progressively more regulated in recent years. The primary source of regulation for large-scale procurement campaigns emanates from EU directives. These directives, and the consequential case law have increased the complexity of the public service procurement process and in 2009 the Government established the National Procurement Service

> *We have to find savings in non-pay areas. We are bound by the Croke Park agreement and people are entitled to their wages but there is no provision made by the government to cover increments. We have looked at all our procurement and we have found some cheaper deals, reduced our use of stationary, phones etc. We have made some good savings and indeed it was a good exercise.*

Growing uncertainty for the service providers

The VFM has recommended sweeping changes to how disabilities services are provided including a drive towards a person centred model of services and supports and a system of monitoring to ensure application. It was further recommended that the HSE should, in consultation with the disability sector, work towards the directional reshaping of certain services and models of service delivery based on a new commissioning and procurement framework. The government has stated it is determined that the changes will be made and there will be an end to the block grant approach to funding which was found to be inefficient in addressing the needs of people with disabilities and lacked accountability and transparency. There will also be adequate monitoring structures put in place in the HSE and costs and benefits evaluated. Both service providers interviewed for this report grew from a user base and their services are based in the community, they believe that is was short sighted of the government to crudely cut across all service providers when they are providing a service in line with the commitments of the National Disability Strategy.

Health services

The Irish public health service has lost nearly 3,100 nurses and 2,342 beds have been closed and with an ageing population there is an ever-increasing demand for healthcare – This scenario for service providers in the Health services has been characterised as a *double-edged sword...whereby service providers confront the prospect of diminishing resources together with increased demand.* A representative of the Nurses union commented *that the stark reality, to patients and those working in the frontline, is that our health service is now under unbearable pressure, standards of care are inevitably dropping and patient outcomes are being compromised arising from shortage of staff, increased patient dependency and delays in accessing treatment.*

The representative of the service providers for people with intellectual disabilities reported that every single service provider in the West of Ireland (and he said he had no reason to believe it was different in any other regions) was running at a deficit and these further cuts are driving the disability sector into bankruptcy. In the area of mental health the HSE lost 425 psychiatric nurses in the first two months of 2012 due to retirements. Overall, the mental health services have suffered 14% of the retirements under the latest early retirement scheme despite representing less than 9% of the workforce.

When asked about cuts in the health service in 2012, the Minister of State in the Department of Health, Kathleen Lynch said that the HSE service plan provided for a 3.7% reduction in specialist disability services, but 2% of this should not impact on services (17). The HSE had begun, with the National Consultative Forum on Disability services, a process for identifying cost efficiencies. Some reductions in services would be unavoidable even with efficiencies and would arise in day services, residential and respite services. It is estimated that over 1000 beds in community nursing homes will be closed. The Minister also said that the HSE would minimize the effect of the 3.7% reduction on service users and their families, including the personal assistance services. However the disability agencies and service providers strenuously argued that they cannot make any more efficiency, that this latest round of cuts cannot be absorbed and these cuts will impact on frontline services.

> *We have less money but more bills to pay, we are being squeezed on all sides. Under the Croke park agreement, pay increments had to be paid due to contractual arrangements and staff are working harder, are more stressed. To keep up the contractual arrangement, the Department of Health agree it must be paid but have reiterated that it must come from our budget. The Government has also increased the PRSI contribution and this too had to come out of our individual budgets. We have been forced to reduce respite services and double up people in group homes. I just think that while the disability sector remains within the health service, its budget will be sacrificed in the face of hospital budgets.*

Rehabilitation services

The Neurological Alliance of Ireland (NAI), representing over 30 non statutory organisations working with people with neurological conditions report on their website (19) that only one in six people requiring specialist rehabilitation for neurological conditions are receiving the services following funding cuts of 12% in the last 3 years. The report shows that the HSE's latest HIPE (Hospital In-patient Enquiry) indicate that in 2010 just 2,510 out of 15,000 people requiring specialist rehabilitation services for conditions such as acquired brain injury, stroke, spinal cord injury, MS and Parkinson's received treatment vital to maximise their recovery. At present only one in six people who need to can get access to the National Rehabilitation Centre while there are few services in place for those who return home to their community.

A survey of the NAI's 32 member organisations revealed that continued funding cuts have had serious effects on services, including the closure of vital community rehabilitation programmes and home-based rehabilitation. A service mapping exercise conducted for the National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland (18) 2011-2015 found evidence of an uneven and patchy nature of provision of neuro-rehabilitation services across the country, particularly in physiotherapy, speech/language therapy and neuropsychology numbers. 'Rigidity' and 'lack of flexibility' of service delivery were described.

> *Rigid diagnostic criteria for entry into services, together with bureaucratic protocols and attitudes, were highlighted. People not falling into specific diagnostic categories or age groups were not accepted for treatment in some statutory and non-statutory services.*

In relation to community rehabilitation services, the HSE representative reported that in her area they have been managing to keep therapy services waiting lists relatively manageable. They have been able to absorb the cuts so far but is worried how to manage the next round of cuts. She reported that it is different in other areas, and that they are all under pressure. This is also corroborated by both representative agencies who report that community services are working well in some areas but under pressure in others. There have been substantial cuts, particularly in the area of assistive technology and environmental controls, the latter is virtually impossible to get. A further area which has been severely cut is the "demographic funding", which was additional money given each year for new clients or new school leavers or anyone requiring a lot of service or if someone had to go urgently into residential care. There has been no demographic money for the last 2 years and if there are emergencies the money has to come out of the area budget and this is starting to present problems, local HSE offices cannot continue to provide these services.

> *HSE day centres are really struggling, there is no replacement of staff and one of the daycentres is closing because they will have no more staff this year. All agencies report that there is always difficulties when staff go out on maternity leave or out sick or on annual leave, current staff have to cover so there are delays and waitlists go up.*

Inclusive education

The Irish National Teacher Union reported that resource teaching time for children with learning difficulties have reduced by 15 minutes per week, a reduction of 5%. This comes on top of a 10% cutback last year, meaning special needs pupils will have lost 45 minutes of learning support since the 2010-2011 academic year. The cutbacks will result in a reduction in the number of resource teachers in primary schools across the country. Schools are being asked to make up lost time by supporting the students in groups and exercising more effective time management. The Department of Education operates a General Allocation Model, based on enrolment figures provided to the Department. Depending on the figures each school is allowed a certain amount of referrals for assessment rather than based on need.

The National Council for Special Education (NCSE) reported that there is no reduction in service or in Special Needs Assistants and the budget remains the same for education. However both representative agencies and non-government agencies report that there may not be a reduction in the number of SNAs but the service has been capped for three years and the total number is a fixed resource based on the number of children in the school, so if you have x number of children in your school regardless of how many children need support, you are only entitled to x amount of SNAs and resource hours. The NCSE are rigidly applying guidelines if a child is assessed and determined not to have needs, arguments from the parents or teachers or service providers are not heeded. EPSEN Act 2004 has still not been fully enacted. Individualised Educational Plans (IEP's) are recommended by the National Council for Special Education but are not a legal requirement.

The demands are increasing within intellectual disability, higher instance of autism, particularly in the mild range, because of better diagnosis and parents are rightly demanding a services and supports for the needs of their children. There are also increasing numbers of children within mainstream with dyspraxia, dyslexia and learning difficulties due to better monitoring and detection and respondents argue that it is a child's right to be given an education that meets their needs. People have voiced their frustration that EPSEN is suspended due to austerity cuts and there can be no challenges in the courts.

> *We had made progression to inclusion and now austerity is driving us right back. Vulnerable children and their families have to fight*.

Schools in the mainstream are now refusing to take children with critical needs because there are no more resources and no clinical backup. A child whose parents are members of the association has tried 5 schools and been refused and this is not unusual. There is very little parents can do because boards of management are autonomous and answerable to the patron, not to the Department of Education. The schools report that they do not have the resources to support the children and they cannot take them so increasingly children are going back into special schools.

Employment services (Mainstream, Supported and Sheltered Employment services)

In March 2009 the National Disability Authority presented research on Sheltered Employment and Sheltered Work (20) which set out a number of key questions for consideration with regard to the population of 8200 people currently engaged in HSE funded activities on the work spectrum, which included voluntary work, sheltered work, sheltered employment and supported employment. Of these some 4,700 are in some form of sheltered work or sheltered employment. The report recommended the development of a Comprehensive Employment Strategy for People with Disabilities to ensure people with disabilities were engaged in meaningful employment in integrated, mainstream settings where possible.

There have been a number of workshops closed and people redirected into further training with a number of service providers due to a realignment of service, which is now being replaced with a new model called Sheltered Occupational Services, but there are no figures on whether the closures were due to austerity cuts or realignment of services.

4. Trends in disability-related social security benefits

The postponement or cancelling of the indexation of benefits to the cost of living – In Ireland benefits were not index-linked to cover the increases in the cost of essentials, further extending the poverty levels of many people on the margins during the time of prosperity and in fact poverty levels increased during this time .

Disallowing certain non-contributory periods such as child rearing when calculating benefits. A Homemaker’s Scheme qualifies for a contributory pension at 66 by bridging gaps in an insurance record. People are eligible to apply for this scheme if they gave up work to rear children. The years spent at home are disregarded when calculating average contributions for pension purposes.

Increasing the social security deductions from invalidity pensions – If you have a social welfare payment and another source of income, you may have to pay tax. In this case, your taxable social welfare payment and your other income are added together and you are taxed on the total amount. There is no mechanism for taxing social welfare pensions at source and your non-social welfare income determines how tax due is paid.

Cuts in Personal Budget Schemes - A short pilot module on the response of households to the economic downturn was included in the Quarterly National Household Survey (21) in the second quarter (April - June) of 2011. In the summary of the main findings, 79% of households cut back their spending on at least one of the listed items as a result of the economic climate in the two years before the survey and more than half of households cut back their spending on groceries and on going out. Almost two thirds of households cut back their spending on clothing and footwear and spending on health insurance was reduced by 15% of households and 11% of households cut back spending on pension contributions. One fifth of households delayed or missed paying their bills in order to meet their outgoings on basic goods and services. One in ten delayed or missed loan repayments and a further one in ten delayed or missed paying their credit card bill. In the two years prior to the survey 45% of households spent some or all of their savings and 62% reduced the amount being saved. One in ten households borrowed money from family or friends to pay for basic goods and services in the two years prior to the survey.

A series of indirect cuts have been made to a range of public services which has serious consequences for people with disabilities in their daily lives. For example a universal household charge of €100 was introduced across the board regardless of income, from June 2000 to January 2008 household electricity prices doubled (99% increase). The price of kerosene rose by 78% over the period 2000 to 2008 and natural gas prices increased by 87% (SEI Figures). This coming winter will see the cost of electricity and gas again increase significantly. There was also a reduction in the amount of student support grants and changes in teacher support services may prevent people with disabilities from continuing in the education system, particularly if the system itself is not inclusive of their needs.

Direct cuts to disability benefits – The Disability Allowance was cut by more than 4% in Budget 2011, consumer price inflation is close to 3%, with price increases for basic utilities exceeding 8%. The reduction of the disability allowance from €204.30 to €196 and of the disablement pension from €235.40 to €226 may not seem unduly drastic; but given the additional cost of disability, these are sufficiently serious to warrant attention.

It is also reported that the government is planning to cut funding voluntary services for respite care that they deliver to families with children with disabilities. Families also receive a respite care grant from the Department of Social Protection of €1700 a year and it is believed that the government will announce that families must pay for the respite care out of this budget. The disability service providers argue that this will not cover the care or the type of respite that some children need and if they lose the respite budget it will substantially cut down on the respite care they can provide.

Delaying payments – There are significant time delays in the processing of new applicants for disability benefits. On the Department of Social Security website it is reported that the processing time and delay of payment is 17 weeks for the disability Allowance, 28 weeks for the carers allowance, 31 weeks for the invalidity pensions, other benefits range from 6- 10 weeks.

Increased user charges and cuts to in kind benefits – There has been an end to VAT return on accessible transport which resulted in the increase of fare for disabled customers. The budget in 2010 introduced a 50 cent charge per prescription item, subject to a monthly ceiling of €10 per family. The threshold for the Drugs Payment Scheme was increased from €100 to €120 per month. People with disabilities will be disproportionately affected by both these charges. In 2009 the minimum household contribution for rent supplement was increased from €18 to €24 further effecting people on low incomes.

Changing the conditions for entitlement to benefits – The refusal rate for initial applications for the Disability Allowance has risen from 54% in 2010 to 61% in the first quarter of this year. If the current trend continues 15,000 applicants for the disability allowance will be turned down in 2012. All respondents report there is an increasing rigidity in the rules for eligibility. There have been complaints about domiciliary care allowance which is a monthly payment to the carer of a child with a disability. The criteria for the allowance are so severe that the child requires care and attention and supervision substantially in excess of another child of the same age in order to be eligible for support. In 2010 and 2011, over 80% of applications for this allowance in respect of children with autism spectrum disorder were refused.

> *I am aware of children who cannot speak, who are completely withdrawn and who need constant care from their parents who have been refused the allowance. How does this reflect on our society and the Government?*

All agencies report a stringent application of eligibility within education also, which is seriously undermining support as reported previously. The number of resource teacher and learning-support posts the government can allocate to primary schools was capped at 9,950 in December 2010 to meet the terms of the EU-IMF bailout. The Department of Education has to cut 15% of assessed needs to schools to ensure they can respond to further demands for resource teachers throughout the school year and this is tightening up the eligibility criteria which is seriously impacting on children with mild learning difficulties.

Eligibility for Personal Assistants has also been tightened, a member of the CIL reported:

> *What has helped me come out of the shadows is my PA service. I get 7.5 hours a week and it's very hard not to go over my allocation. Those hours are allocated to me after assessment, and they are the bare minimum. With those hours I can live a normal life for example getting the shopping. I got a letter from the Health Service Executive stating that those precious hours were to be cut by 2.5 hours – no consultation – my disability has not changed so therefore my needs have not changed. Therefore without talking to me that letter has taken a chunk of my freedom away. I want to be very clear, without my PA hours I am a prisoner in my own home. I appealed the letter and I was supposed to hear back from them in November 2011 – however I didn't hear from them till January 2012, and that was only after a lot of persistence on my part. I did not win the appeal.*

Reducing financial support to employers employing workers with disabilities - There are a wide range of supports for people with disabilities and for employers, including the supported employment programme, the disability allowance disregard, the wage subsidy scheme, the employee retention grant scheme and the workplace equipment adaptation grant. A further scheme to be introduced under the national disability strategy is the partial capacity benefit scheme, which will allow people with disabilities who are assessed as having restricted employment capacity to avail of employment opportunities while continuing to receive an income support payment. The maximum grant in 2003 was €6,300 towards adapting workplaces for someone with a disability and ten years later it is now set at €6348.70.

5. Trends in the promotion and protection of rights

Statutory supports for equality and rights

The National Disability Strategy, launched in 2004, provides a legal framework for the statutory rights and comprise the following elements: the Disability Act 2005, Comhairle Act 2000 and subsequent amendment enacting a personal advocacy service specifically aimed at people with disabilities, Education for Persons with Special Educational Needs (EPSEN) Act 2004. The Disability Act 2005 remains highly contested by many disability groups in Ireland because of the absence of a substantive role for the legal system, which they argue demonstrates that the Act is not rights-based. Both Disability groups were calling for the government to sign the UN convention to enshrine human rights in the legislation.

The Value For Money (VFM) report found that although the Disability Act gave the individual with a disability the right to an assessment it is narrowly focused on their health needs (in the case of children) or health and educational needs (in the case of adults) and therefore excludes a consideration of the totality of needs of the individual. Although there is a clear requirement under the Act that assessment should be carried out by an independent assessor, many are carried out by health professionals in the employment of services providers and it is questionable how independent they are. In the absence of the commencement of relevant sections of the Education for Persons with Special Education Needs Act 2004, the Disability Act 2005 is being used as means to expedite special education assessments. A National Disability Authority Report (22) on the Practice of Assessment of Need under Part 2 of the Disability Act 2005 found that the current operation of the statutory assessment of need process does not require that all children with a disability receive an assessment of need. An unintended consequence of this is that the statutory assessment of need process can be used as a means to circumvent existing waiting lists for assessments. In this way it has, in some locations, created a two-tier system for entering services.

Community information, advice and advocacy services for persons with disabilities.

The Comhairle Act of 2000 established the right to ‘‘advocacy services’’ including services in which the interests of a person seeking a social service are represented in order to assist them in securing entitlements but this does not include legal representation. Under the act the Citizens Information Board and Assist Ireland were established, the former to provide information for people with disabilities and the latter to provide information on assistive technology. However the new Advocacy service has been put on hold due to the austerity measures. Advocacy and information are now provided through the Citzen Information Centres.

The formal consultative role for a National Disability Council

The "People with Disabilities in Ireland (PwDI) was the only national cross-disability organisation funded by the Government. However in 2011 the government seized funding to the PwDI on the basis of a value for money review, which established that the vast majority of the money allocated to PwDI was been spent on the operation of its office headquarters and on administration rather than on the creation of programmes and services which would directly benefit people with disabilities. A National Disability Strategy Stakeholder Monitoring Group (NDSSMG) was set up with responsibility for monitoring the implementation and progress of the Strategy. This group is made up of senior officials of the above Government Departments along with representatives from other relevant government departments, the National Disability Authority and the Disability Stakeholder Group, which comprises six disability umbrella groups. This new group will include representation from a number of disability stakeholder organisations and also a number of people with disabilities. The National Disability Authority is the independent state body providing expert advice on disability policy and practice to the government, and promoting Universal Design in Ireland. The NDA is an independent statutory agency established under the aegis of the Department of Justice, Equality and Law Reform by the National Disability Authority Act, 1999. The National Disability Authority's work guides on policies, practice, and technical standards that address the challenges to full inclusion of people with disabilities in Irish society, across a wide range of areas such as employment, housing, support services, transport, information technology and the built environment. The statutory Centre of Excellence in Universal Design is an integral part of the National Disability Authority.

NGOs representing the views of people with specific types of disabilities and their families

There are a number of NGOs representing the view of people with disabilities in Ireland. Two respondents, the Centre for Independent Living (CIL) and the Disability Federation of Ireland were interviewed for this study. CIL have 22 Centres around the country, their slogan is 'Nothing about us without us!' The CIL are looking for the UNCRPD to be ratified so that there will be a legal requirement on the government to ensure services are maintained. CIL have suffered budget cuts which have led to two centres closing, and other centers cutting their services.

> *All our budgets have been cut, we had 10% in 2011 and a further 3% in 2012. We have two types of funding in our CE scheme, we were given €20 for materials for each of our participants and €500 per participant per week. The former has gone to €13 and the latter was cut in half to €250. Through these schemes we provide training for Pas, maintenance and home support people but there is no incentive now to sign up for training because they only get a little more than the dole. We have seen a 50% cut in people applying for the positions and when they do come in for interview, we loose another 50% when they hear the amount of money they will receive.*

The Disability Federation of Ireland (DFI) is the national support organisation for voluntary disability organisations in Ireland who provide services to people with disabilities and has 127 organisations in its membership. The DFI argues that the Government's commitment to social inclusion has no way of knowing the impact of the recession on the very group that it has prioritised in terms of social justice, namely people with disabilities, because clear lines of accountability and effective monitoring have never been established. Since 2008 people with disabilities have been suffering cumulative reductions in essential income and service supports. The DFI argues that any further pressure on them would be unsustainable. (23)

> *If services relied on by people with disabilities continue to be pared down, when Ireland finally exits from austerity, the supports that underpin people's ability to maintain their health, participate in education, keep their jobs and lead fulfilling lives will have been greatly weakened. Moreover, the social infrastructure on which to reinvigorate progress will be deeply eroded and exceedingly difficult to regenerate.*

The postponement or cancellation of elements of the National Disability Strategy or Action Plan

The National Disability Strategy, launched in 2004, provides a legal framework for the mainstreaming of public services and comprises the following elements: the Disability Act 2005, Comhairle Act 2000 and subsequent amendment enacting a personal advocacy service specifically aimed at people with disabilities, Education for Persons with Special Educational Needs (EPSEN) Act 2004, Sectoral Plans from six Government Departments and a Multi-annual investment programme for disability support services. The previous national disability strategy has been endorsed in the social partnership agreement Towards 2016. The government has acknowledged the lack of progress in implementing it to date, and a revised and realistic plan for its implementation is being considered.

Changes in the regulations governing the requirement for public or private agencies to produce equality assessments or to meet targets or quotas

The Human Cost (24) study reports that the cuts in mental health services are taking an insidious form in that staff who leave or retire are not replaced. It is estimated that approximately 10% of psychiatric nursing staff left the mental health services in 2009. Delays in recruiting health and social care professionals also occur as a cost saving measure. The Inspector of Mental Health Services notes that

> *unfortunately and ironically, when cuts are made, it is the progressive community services which are culled, thus causing reversion to a more custodial form of mental health service.*
>
> *The funding for CE schemes was cut, we depend on them for our day centres, they would receive grants for materials, they have been cut from anywhere between €7-15,000 and we have 26 such schemes. They have said that they will review them but different projects have been cut in different ways and there appeared to be no logical reason as to how they made the cut. There appears to be just across the board cuts without taking in to consideration what they should retain, like community services, or what they need.*

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

At the present time Ireland has signed the UNCRPD but is unable to ratify it due to the lack of legislation. In June 2012 the Oireachtas Joint Committee on Justice, Defence and Equality held hearings to discuss future legislation. Representative bodies argued strongly that the current Mental Capacity Bill was not in keeping with the UNCRPD and that both internationally and nationally rights had moved beyond guardianship to focus on enabling people to make their own decisions with support.

It is widely accepted that the austerity measures that the Irish government has had to make are having a severe impact on services, in contravention of many of the articles enshrined within the UNCRPD. The Convention provides for a paradigm shift in thinking on legal capacity in Article 12, which moves away from thinking of people in terms of “deficits”, and the lack of ability to make decisions, towards augmenting individuals’ capabilities. The VFM, published in July 2012 by the government, recognises that this approach is not manifested within service provision. People with disabilities, to a large extend, are assessed in terms of the disability rather than ability. The National Disability Strategy does encompass many of the provisions that will enable the ratification of the UN convention, particularly with the introduction of new legislation covering mental capacity. However there is scepticism as to whether this is the real reason for the delay of the ratification, as it is widely thought that the Convention could be ratified without this legislation and the real reason is that the rights that the Convention will enshrine will bring a raft of legal cases against the state for contravention.

Article 31 Statistics and data collection

Among the main sources of official information on people with disabilities in Ireland is the Census 2006. The 2011 census data on people with disabilities is to be published later this year. Data is further acquired through the National Intellectual Disability Database and National Physical and Sensory Disability Database. There has also been Disability Modules, designed by Eurostat, in the Quarterly National Household Survey. The Equality module in the QNHS Q4 2004 research report details the social and living conditions of people with disabilities. Government departments commission research and recently the Department of Social Protection published “A Social Portrait of People with Disabilities in Ireland” which examined the circumstances of people with disabilities in Ireland and is one of a series of Social Portraits on vulnerable groups in Ireland (25). It draws its sources, primarily from the first and second reports from the National Disability Survey (Central Statistics Office, 2008 and 2010). The report provides for the first time in Ireland, the National Disability Survey facilitates estimation of the prevalence of disability in the population and a detailed analysis of the living circumstances and needs of people with disabilities.

However the Value for Money Review of Disability Services found there was a lack of data on community services and how funding currently supports people to live in the community. Due to the lack of available data the report focused almost exclusively on residential and day services. It was recommended that this deficiency in key information should be addressed to ensure that the recognition and monitoring of person-centred services and supports located in the community. Community supports which have a clear outcome of empowering people with disabilities are a key element of mainstreaming.

Article 33 - National implementation and monitoring

There are no national indicators defined to objectively measure the effectiveness of the Disability Services Programme in promoting personal progression, community inclusion and the application of choice, control and independence. The National Disability Strategy Stakeholder Monitoring Group (NDSSMG) was established to monitor progress on the overall implementation of the National Disability Strategy (26). In 2010, progress on the NDS ended and NDSSMG work finished due to the major downturn in the economy which led the Government to halt all further implementation of the legislative programme outlined in the Strategy. However In November 2011 with a change of government, a new Minister, Kathleen Lynch TD was appointed with responsibility for Disability, Equality, Mental Health and Older People and a new NDS Implementation Group (NDSIG) was established to replace the NDS Stakeholders Monitoring Group (NDSSMG), to develop and progress the implementation of a realistic implementation plan for the National Disability Strategy with achievable timescales and targets within available resources. Minister Lynch chairs this new group. In addition, the Minister expanded the Disability Stakeholders Group (DSG) to include key representative groups and also individual people with disabilities.

Article 19 Living independently and being included in the Community

An Implementation Framework has also been announced on July 17th which sets out a range of priority actions to support people with disabilities to live in communities as independently as possible, by providing mainstream assessment of housing needs and appropriate housing solutions. The government announced that the approach would be two fold, supporting people moving out of residential care with the provision of housing and with the necessary supports for adaptation and community services. Funding is to be made available to meet the housing needs of people leaving institutions in 2013, which will enable housing authorities to provide up to 150 new homes in the community for people with disabilities. One of the Disability organisations interviewed for this report welcomes all these announcements but is sceptical in the present economic climate these schemes will work.

> *I had a member last week, and I know there are more, who had the opportunity to move into independent living situation but he could not get funding for the resources needed, environmental controls, personal assistants. I was in the office with the HSE and they said they had no money in that budget and had only got money left in the residential care budget, no amount of arguing would get them to move that money, he did not have the authority!*

Article 24 Education

As part of the National Strategy EPSEN Act has been legislated but not been implemented to any significant extent and there is no recourse under law if services are not been provided. The National Council for Special Education has the remit to provide supports for children with special needs and its role will be significantly extended as the EPSEN Act 2004 is commenced. While certain sections of the Act have been commenced, the implementation of key sections which confers statutory rights to assessment, education plans and appeals processes on children with special educational needs has been deferred due to the current economic circumstances.

> *There is no entitlement until certain elements of the EPSEN are enacted and that has been put on hold due to the austerity measures. The Department of Education operates a General Allocation Model , which does not include mild intellectual disability, this cohort of students are not entitled to resources. We have found that our children are rolling back into special schools because the resources are not available within the mainstream. There is simply no legislative recourse if services are not provided*. *I have a mother with a child who has been turned down in five schools, they say they do not have resources to support the child. This mother has no recourse under law, if the EPSEN act was rolled out or if UNCRPD was ratified she would have some recourse, although apparently there is a 8 year waiting list of cases for submission to the UNCRPD.* (Organisation providing support for people with Intellectual Disabilities)

There is also widespread criticism of services for young adults with intellectual disabilities. After they leave school usually they follow some form of training or day services provided by a disability service provider and funded by the health services. Although FAS funds some training programmes for people with disabilities, the vast bulk of day services and training for people with intellectual disability is funded from the health budget. This means that people with intellectual disability are largely segregated, which contravenes all human rights. One of the biggest issues this year is in fact lack of places as there is no money for “demographic funding” to provide emergency placements and services for school leavers.

Article 25 Health

HSE-funded service provision is moving towards a community-based and inclusive model rather than one that is institutional and segregated. The focus in the next few years will be less on increasing the level of service delivered by the voluntary sector and more on improving the existing service for people with disabilities through tailoring the service to their needs, individualised budgets proposed by the policy review, a number of other aspects of independent living will be central to the development of the national disability strategy. What is of concern to all is where the resources will come from to support these provisions.

Article 26 Habilitation and rehabilitation

The article calls for habilitation and rehabilitation services and programmes begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths. Both the Disability Act and the EPSEN act legislate for these rights but neither have been rolled out fully, the 0-5 year olds assessment service of the Disability Act has rolled out but there is criticism that there is an over-emphasis on health only and not bringing in the totality of needs.

Article 27 Work and Employment

Statistics show that unemployment is at all time high and people with disabilities are particularly vulnerable. The government has in place supports for people with disabilities to secure employment. But with statistics showing that people with disabilities are under-educated and many are leaving special education with no qualifications, much of the work that people with disabilities manage to secure are in very low pay sector. While many are too nervous to take up employment and loose whatever benefits they have, the government has recently introduced a phased approach to removing benefits for people who have secured employment.

Article 28 Adequate standard of living and social protection

There are very few standards relating to services for people with disabilities, as one representative pointed out there are no minimum standards and the ‘For profit’ agencies are using people with little experience and paying them minimum wages. Approximately 9,000 people with disabilities live in residential care settings provided by or on behalf of the State, the majority of who have an intellectual disability. However, there is no independent inspection system in place for these residential services. The legislative framework for regulating the sector is provided by the Health Act 2007 which envisages a role for the Health Information and Quality Authority in this regard. However, the relevant sections of the Act that allow for mandatory registration and inspection of designated centres for people with disabilities have not been commenced to date.

Based on a rating scale from 1 to 5, where 1 = extremely negative impact and 5 = no impact at all, both organisations representing people with disabilities interviewed for this study have rated almost all measures on the 1-3 scale, indicating that there is no area that has not been negatively impacted. However removing legal barriers to general education received a rating or 4 and a 4 for the exercising of rights as a consumer. Both organisations gave the lowest scores for issues regarding employment, slightly higher scores were given to making the workplace more accessible and equally low scores for enabling people with disabilities to enjoy all the benefits of EU membership and removing attitudinal barriers to equal participation. Overall the organisations gave a score to accessibility (2,2) Assistive technologies (2,2) obstacles to rights (4,2) promoting transition (1,3) access to sports etc (3,2) EU benefits (- 1) attitudinal barriers (2,1) community services (3,1) banning discrimination (2, -) EU NGOs (3,3) labour market (2,1) integration (2,2) market policies (3,1) workplace accessibility (2,3) job placement (2,1) on job training (2,1) SMEs & women (1, -) education barriers (4,2) adequate training (2,2) participation rates (2,1).

7. General conclusions

Ireland is in a financial turmoil, and it is having significant effects on all its citizens. Service users, service providers and statutory bodies report an accumulative 14% cut to their core organisational funding over the last 3 years. Micheal McCabe's speech below to the European Parliament clearly outlines the enormity of our financial commitments

> *€85 billion Euros is the amount the Irish Government committed Ireland to paying in order to bail out the Irish banks. €85 billion would provide 405 million personal assistance hours for people with disabilities in Ireland.* M McCabe, Chairperson of the Centre for Independent Living, in a speech to a hearing in the European Parliament on Independent Living 2012*.*
>
> *The 2012 Health Service Executive (HSE) Service Plan sets out the health and personal social services that will be delivered within its current budget of €13.317bn. The total quantifiable cost reduction target in 2012 is €750m. The scale of the financial challenge facing the HSE means that there will be an inevitable and unavoidable reduction in services but it will not be a "straight line reduction".* James O'Reilly, Minister for Health

The Troika have called for even further reductions in universal support and subsidies which they claim are hard to justify under the present budgetary circumstances. They argue that Ireland needs to target child benefit, medical card spending and household benefits. To keep up with the demands of its loans, the Irish government's 2013 budget is proposing to get back about €3.5 billion in a combination of cuts to spending and increases in taxation, including €1.25 billion in extra taxes with increases to carbon tax, excise duty, VRT, motor tax and a residential text. They expect there will also be further spending reductions of about €2.25 billion in the areas of welfare entitlement reforms and some capital projects.

There are no arguments amongst service providers that significant changes must be made to improve the service for people with disabilities, and many welcome the Value for Money report but criticise that it had a narrow focus. One advocate for people with intellectual disabilities reported in a newspaper article

> *There is real hope here – and isn't it extraordinary that hope would be found in a value-for-money report. This is the kind of change that could really put people with disabilities more at the heart of policy*.

Presently service users and service providers report that they are just about "coping", however with waitlists growing, increasing numbers of service users and decreasing resources, none were able to report where further efficiencies were going to be found without significantly impacting front line services. Participants of this study strongly argue that the marginal increases in funding during the "boom" period were off set against a historically low starting point. Budgets since 2009 have brought about a huge reduction in health expenditure, and subsequently in disability services, and these impacts are ranging from postponing the development of existing services, reducing staff professional development, reducing expenditure on capital items, non replacement of staff and reductions in new service development. If these austerity measures continue, there will be an enormous impact in coming years, greatly undermining the advances made in services over the previous years.

> *We were always very efficient, we only had frontline staff, we took cuts over the years, other agencies had more fat and the HSE have acknowledged this to us, we have managed to take cuts but financially the organisation will not be around if we are forced to cut more or if we have to support it through fundraising.* (service provider participant)

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

Country Report: Portugal

This study has been conducted by BERNARD BRUNHES INTERNATIONAL BPI group

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25 October 2012

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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.

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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.

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[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

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[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.

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[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.

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[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

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[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.

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[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

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[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.

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[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

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[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.

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

Country report: Spain

This study has been conducted by BERNARD BRUNHES INTERNATIONAL BPI group

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25 October 2012

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1. Introduction

This country report, commissioned by the European Foundation Centre, reviews the evidence of the impact of austerity measures on the rights of people with disabilities in Spain. The report is based on interviews with representatives of two local administrative authorities, three services providers and two organizations representing people with disabilities. It was a challenge to identify respondents who were willing to participate in interviews. There was particular reluctance on the part of representatives of local administrations and some organizations, mainly as a result of being overloaded by work. In the case where a respondent who was assigned to respond to the interview could not participate in the interview, a respondent from another administration was identified. In other cases, it took several interventions before information was provided. In addition, the information provided was often incomplete.

The informants for this report included:

Administrative representatives;

- The president of the an Association of Municipalities from a Commonwealth (Comarque) in Valencia,
- A councillor for Family and Equal Opportunities of a City Administration,

Representatives of service providers:

- The head of Human Resources for a group of social service providers in the north of Spain,
- The commercial director of quality and innovation for a group of companies that provides employment services for people with disabilities including a Special Employment Centre and social rehabilitation services,
- The director of a services that provides support for independent living to people with disabilities,

Representatives of people with disabilities:

- The managing director, and director of legal services, of an association defending the rights of people with intellectual or developmental disabilities and their families,
- A member of a regional committee of an association of representative organisations of people with disabilities.

Desktop research was conducted in parallel using different sources such as reports, publications, statistics, standards and laws, which were obtained from the National Institute of Statistics, the relevant Ministries, the Spanish Committee of Representatives of Persons with Disabilities (CERMI), Information Services for people with disabilities and the National Observatory on Disability. Most information was obtained through the Internet, and the rest from our own documentary sources.

A primary conclusion that can be drawn from this review is that it was difficult to access appropriate and recent data on the status of people with disabilities in Spain. In many instances data were completely lacking and in other cases they were fragmented and inconsistent because different reference periods or data gathering procedures were used.

The process of national policy changes has been strong and recent, so many of the recent austerity measures will have a real impact on the situation in the coming months. As a result, available statistics, new regulations, and the views of respondents reflect somewhat different pictures. Nevertheless, there was compelling evidence that austerity measures were having a significantly negative impact on the rights and lived experience of people with disabilities in Spain.

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

Both of the respondents from administrative authorities reported having to make budget cuts in recent years as a result of the crisis and the economic situation. Wages had been reduced by 5% and social sector budgets had been reduced both at local and regional level, a decrease of between 2.3% to 5% in the budgets of local and regional administrations in 2011 and 2012. While there was no indication of the level of future cuts, reduced revenue and the need to reduce existing deficits have resulted in the need to eliminate or postpone planned developments, such as the development of residences for people with severe disabilities and to make cutbacks in employment and training programs. There was a strong belief that reductions in funding will impact on the disability sector in the future. Reductions in transfers to NGOs were reported by both respondents although they could not quantify the level of these.

Cuts in social and educational services, with closure of some programs, such as programmes to help people to reconcile work and family life and some programmes funded by European Union, were reported by one respondent from a social service provider. In most cases services have been maintained by increased co-payments by users. In addition, there was clear evidence that delays in payments had caused organisations with the highest deficits to withdraw from service provision or to be more selective in the services they provided. It was confirmed that other service providers face similar problems as a result of the termination of certain funding streams and financial restrictions. Severe cuts in, and the abolition of, funding programmes for improving accessibility and eliminating barriers, are projected to have a negative effect on the participation of people with disabilities.

According to another service provider representative cuts in funding from public sector and reduced income from private sources had resulted in a total annual budget reduction of € 67,720.92, which represented 7.5% of the total budget. This reduction was attributed primarily to cuts in public sector finance. In Valencia, a partner organisation had to close because they could not afford to advance salaries to professionals in the absence of information about when the advances would be reimbursed by the government. Another organization in Andalusia had to take similar action due to delayed and uncertain funding. There were also changes to the way in which funding was accessed. Experience of ESF financial support for projects was rated very positively. A growth in the number of clients seeking services was reported by the respondent, primarily due to the fact that the organisation was the only service provider in the area to provide support services in the community for PWD. Recently support services to schools have been introduced in spite of the funding climate. Generally, user satisfaction remained high, although many needs remain unmet due to lack of funding. A trend in more passive attitudes on the part of people with disabilities was noted. This was attributed to a lack of supports and resources.

In contrast, another respondent from a service provider offering employment services to people with disabilities reported no reductions in funding from either public or private sources. There were no changes in the funding structure for services. However, there were delays in payments by the State which placed a strain on current funding and monthly salaries. This is a trend that was affecting the private sector and NGOs in particular. No changes were reported in either the number of clients requesting services or in characteristics and needs of clients. Client satisfaction remains high, above 95% in users and 90% in families, showing no changes or variations.

The respondents from disability representative organisations reported significant cuts in funding for improving accessibility and the elimination of barriers in terms of public buildings, services and transport. Investment budgets were reported to be virtually paralysed. According to the Permanent Specialized Office, which provides yearly reports about complaints of discrimination and inequality, there was an increase of over 400% in the number complaints proceedings between 2005 and 2009. In 2008, 261 complaints of discrimination were received. This increased to 715 consultations in 2009. There was a reduction in the number of complaints in 2010 (238)[1].

The employment status of people with disabilities in Spain

Data gathered by the Survey of Disability, Personal Autonomy and Dependency Situations (EDAD) carried out in 2008 by the National Statistics Institute (INE) are presented in Table 1. People with disabilities were approximately twice as likely to be unemployed compared to those without disabilities. The gap in relation to employment and activity rates was more than double. The employment and activity rates for women with and without disabilities were lower and the unemployment rate was higher, indicating a gender imbalance in labour market participation in Spain which is also evident for people with disabilities.

INE data from the Labour Force Survey (EPA) and the National Database of Persons with Disabilities show a similar but less substantial labour market participation gap in terms of unemployment, employment and activity rates in the period 2008-2010. The unemployment rate was lower, 11.3% for people without disabilities and 16.3% for people with disabilities. This gap reduced in 2009 and 2010 indicating that although the rate has increased in both groups, the increase is comparatively lower in PWD. This may reflect the fact that the employment rates for people with disabilities are less elastic for people with disabilities partly as a result of the operation of protected employment schemes and programmes.

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[1] http://www.oficinape.msssi.gob.es/informesOPE/home.htm

Based on data from the Labour Force Survey (EPA) of the first quarter of 2012, unemployment data in the general population has reached a 24.44%. Data were not available for people with disabilities but based 2008 figures, it can be estimated that the unemployment rate for people with disabilities is over 30%. The increase in activity rates in Table 2 reflects the fact that more people are out of work and actively seeking employment.

Table 1: Activity rates, employment and unemployment in people with and without disabilities and total population in working age (16 - 64 years) by sex. Spain 2008[2]

	Disability	No Disability	Total
	MEN		
Activity rate	40.3%	84.7%	82.7%
Employment rate	33.4%	77.4%	75.4%
Unemployment rate	17.2%	8.6%	8.8%
	WOMEN		
Activity rate	31.2%	65.3%	63.6%
Employment rate	23.7%	56.6%	54.9%
Unemployment rate	24.0%	13.4%	13.6%
	BOTH		
Activity rate	35.5%	75.2%	73.2%
Employment rate	28.3%	67.2%	65.3%
Unemployment rate	20.3%	10.6%	10.9%
Source: INE, EDAD 2008			

Table 2: Activity rates, employment and unemployment in people with and without disabilities and total population trends year 2008-2010

	Disability	No disability	Total
	2010		
Activity rate	36.2%	75.9%	74.4%
Employment rate	27.7%	60.6%	59.4%
Unemployment rate	23.3%	20.1%	20.2%
	2009		
Activity rate	36.2%	75.4%	74.0%
Employment rate	28.3%	61.8%	60.6%
Unemployment rate	21.8%	18.1%	18.1%
	2008		
Activity rate	33.5%	74.9%	73.7%
Employment rate	28.0%	66.4%	65.3%
Unemployment rate	16.3%	11.3%	11.4%
Source: INE, EPA y Base Estatal de Personas con Discapacidad			

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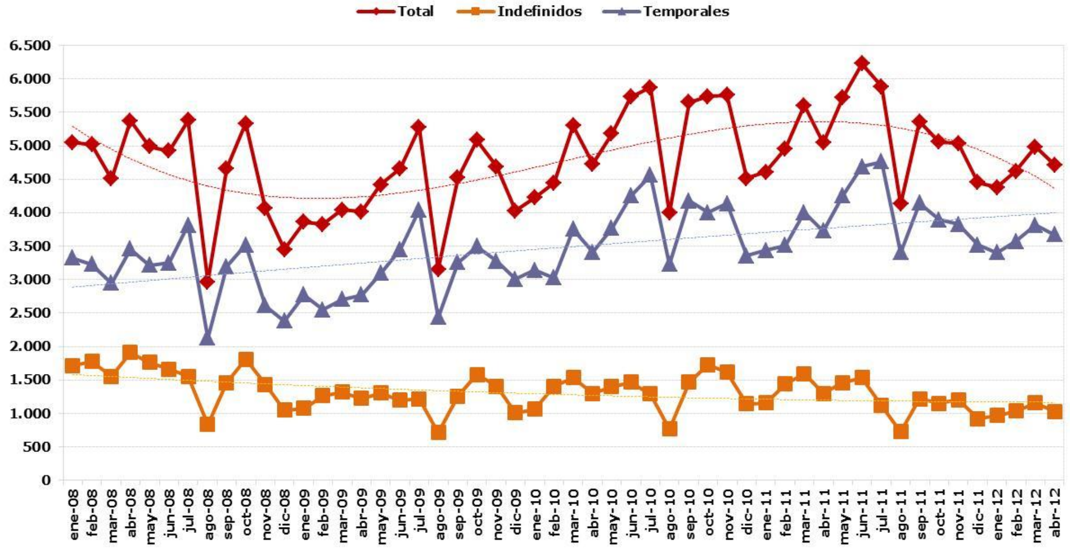
[2] The figures in Table 1 do not sum to 100% because they overlap, for example, activity rates combine employment and unemployment numbers.

Figure 1 presents trend data on the number of people with disabilities on contracts in each month produced by the National Observatory of Disability (OED), obtained from the Public Employment Service (SEPE). The number of contracts for persons with disabilities (in each month) dropped in the second half of 2008, gradually increased up to the end of 2011 and declined again in the first quarter of 2012. There is an increasing trend in temporary contracts with a corresponding fall in permanent contracts.

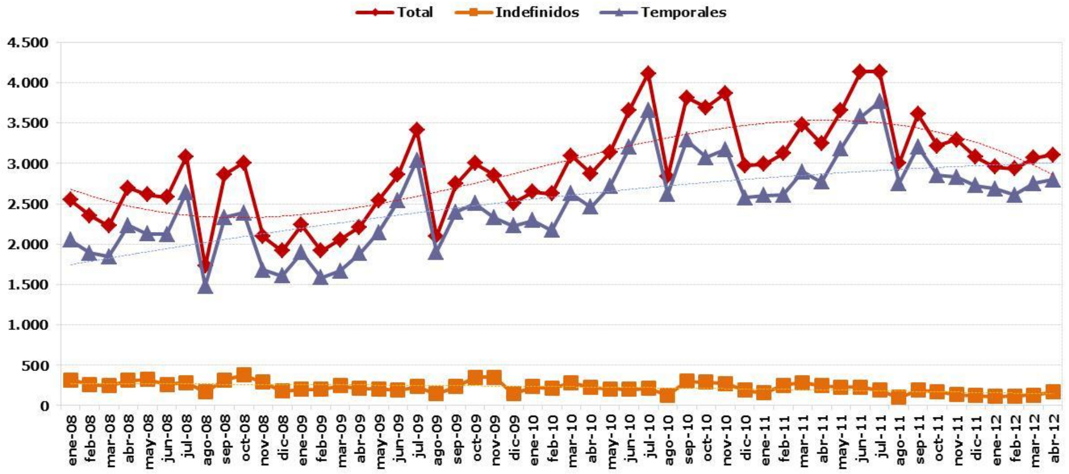
Figure 1: Monthly evolution of the number of contracts to persons with disabilities by type of contract - Years 2008-2012



Source: SEPE. Elaboration OED.

OED carries out the same analysis with respect to contracts in Special Employment Centres (Sheltered Workshops). This is presented in Figure 2. The pattern was similar with a decline in the second half of 2008, an increase up to the end of 2011 and a slight drop in first quarter of 2012. In this case main pattern was the increase in temporary contracts, which are the vast majority of those made, permanent contracts gradually decreased.

Figure 2: Monthly evolution of number of contracts to persons with disabilities by type of contract in Sheltered Workshops - Years 2008-2012



Source: SEPE. Elaboration OED.

Trends in employment, disability, gender and age

An estimation of employment and activity trends by gender 2008-2010 for people with disabilities is presented in Table 3. The trend of rising unemployment rates in both men and women is evident, although the increase is more pronounced for men.

Table 3: Activity, Employment and Unemployment Rates for People with Disabilities by Gender

	2008	2009	2010
	Men		
Activity	38.4	41.0	40.4
Employment	32.8	32.1	31.4
Unemployment	14.6	21.6	22.3
	Women		
Activity	27.3	30.5	31.0
Employment	22.0	23.7	23.3
Unemployment	19.4	22.2	24.9

Source: INE, EPA y Base Estatal de Personas con Discapacidad

The relative impact of the crisis between 2008 and 2010 on the activity, employment and unemployment rates of people of different age groups is presented in Table 4. It is evident that, in absolute terms, younger people with disabilities have been most impacted with an unemployment rate of over 50%. However, the percentage in unemployment was greatest for people in the 25 to 44 year rage (a 42% increase). The significant increase in the activity rate for this age group is most likely a result of a higher number of people with disabilities actively seeking work. In comparison, the increase for the younger age group was 21%.

Table 4: Activity, Employment and Unemployment Rates for People with Disabilities by Age

	2008	2009	2010
	16 to 24		
Activity	34.3	35.8	35.1
Employment	19.7	19.5	16.9
Unemployment	42.6	45.6	51.9
	25 to 44		
Activity	42.5	49.2	50.1
Employment	35.0	37.0	37.4
Unemployment	17.8	24.7	25.4
	45 to 64		
Activity	27.9	29.1	28.9
Employment	24.7	24.3	23.6

Unemployment	11.3	16.5	18.2
Source: INE, EPA y Base Estatal de Personas con Discapacidad			

Table 5 presents the proportion of employed men and women with disabilities who are in receipt of supported employment services. It is evident that in recent years the gender gap has been decreasing and there is also an indication that the participation of older people over 46 years of age had increased.

Table 5: People with Disabilities in Supported Employment by Gender and Age- Years 2006-2010

	Gender		**Age**		
Year	**Males**	**Females**	**16-25**	**26-45**	**46-65+**
2006	68%	32%	24%	68%	8%
2008	57%	43%	20%	64%	16%
2009	54%	46%	26%	53%	21%
2010	53%	47%	23%	60%	17%
Source: INICO					

The type of contract being offered in supported employment recruitment is presented in Table 6. The data clearly show the impact of the crisis in terms of an increase in temporary contracts and the expense of permanent contracts.

Table 6: Evolution of types of contract in supported employment

	2006	**2008**	**2009**	**2010**
Temporary	68%	77%	83%	82%
Permanent	32%	23%	17%	18%
Source: Institute of Community Integration (INICO)				

3. Trends in social services

According to the representatives of local and regional administrations, the demand for services on the part of people with disabilities has been steadily increasing over many years and this trend has been aggravated by the economic crisis. For example, in drug abuse prevention programmes the demand for family support has doubled. Trends show that the number of families in situations of social vulnerability has increased, mainly due to rising unemployment and the resulting economic hardship. The number of applicants for services and supports to meet basic needs and to address the relocation of accommodation after losing home has increased substantially over the course of the economic crisis. Referrals to local social services have increased as has the number of hours of home support required per person.

Administrative authorities have, in the main, managed to avoid cutting frontline services despite the budget reductions of between 2.3% and 5% discussed in the previous section. Under the Dependency Act (Act 39/2007), regional administrations have actually increased the allocation of financial benefits to the purchase of care services. There have been no cuts in funding for services to vulnerable groups and in some instances it has been increased. In 2009, the budget for social services to vulnerable gourds was increased by 43% over the pervious year from €218,858.31 to €410,858.00 in one city administration.
No other changes were perceived either in access to resources or benefits for this population. There have been no cuts in general social services or changes in outsourcing procedures.

The main mechanisms in meeting the challenge of maintaining services in the face of overall budget reductions have been cuts in the wages of professionals, the postponement of investment projects such as the building of residences for people with severe disabilities and a reduction of 15% in the funding support for NGOs in the disability field.

There was agreement that future public sector funding for organisations and agencies that provide supports and services to people with disabilities will be reduced particularly for habilitation and rehabilitation services including vocational rehabilitation and training, assistive devices and access to speech therapy, occupational therapy and physic therapy.

The views of the representatives of social service providers, interviewed for this report, differed depending on the sector in which they operated. In one instance, the organisation faced a €6m reduction in public authority funding, which represented a decrease of about 25% in pubic sector contracts. While some social and educational services had been reduced or terminated, in most cases services were maintained by increasing user fees. In order to qualify for ESF co-funding, the organisation has had to increase the extent to which it is using its own generated income as matching funding to replace public sector finance which as been withdrawn.

The services provided by another provider have become more individualised and individual support programs have been extended to all clients. This has been achieved by involving more natural supports in the community i.e. increasing the role of family and friends. There is an increasing demand for new clients resulting in the development of new services. The organisation has put in place a research team to gather and analyse data on the emerging needs of clients and a new volunteer programme has been developed. A Strategic Plan is in place for the period 2012-2015 which projects a shift towards increasing private funding. The number of professionals has not changed, but their profiles have been adjusted to meet the new approaches. There have been pay cuts, the elimination of coffee breaks, late payment of allowances and transportation. External training has been also reduced and internal training has been increased. Some more expensive investments have been deferred.

In another organisation little or no impact of austerity measures on the services being offered was apparent. There had been a slower growth in the volume of services, 5%, compared to around 10% in previous years. The organization has evolved into the promotion and certification of excellence (EFQM +400). The number of employees of the company has been maintained in the past two years and working conditions have not changed. While there have been no layoffs of staff, it has not been possible to recruit new staff. Revisions to the collective agreements have reduced index linked wage increases. Continuing professional development programmes have been maintained and distance training has been promoted. There has been a reduction in investment in projects and spending on outsourcing.

The respondents from representative organisations of people with disabilities differed in their perspectives on the impact of austerity measures on social services to people with disabilities. According to one respondent public funding has maintained globally at national level. There have been decreases in some programs and slight increases in others. This has been achieved by using surpluses accumulated in previous years to compensate for reduced funding. There has been a negative impact on private funding, particularly from banks which have decreased financing facilities and in some cases eliminated funding options.

The other respondent reported major cuts and higher costs. Unemployment benefits have been reduced and new copayments for health services have been introduced and existing user fees have been increased which impacts greatly on people with disabilities. Sources of funding for disability representative NGOs had been negatively impacted between 2010 and 2012 by 20% in the Castilla y Leon Autonomous Community.

There was agreement on the potential of negative impacts as and from next year given the current budget and earnings 2012 and projected austerity measures in 2013.

The impact of austerity measures on sheltered and supported employment services

Reliable and timely data on the number of people with disabilities working in Special Employment Centres in Spain was difficult to access as it is not routinely published. Table 7 presents data from two different sources.

Table 7: Funding for Sheltered and Supported Employment Services for People with Disabilities (Years 2008-2010)

	2008	**2009**	**2010**
Grants and subsidies for the employment of people with disabilities in CEE, including those relating to the support units for personal and social adjustment	€219,781,416	€263,185,183	€231,034,650
Subsidies to promote permanent employment for people with disabilities, including those relating to labour enclaves and supported employment aid	€76,612,857	€78,649,098	€79,247,840
Source: Servicio Público de Empleo Estatal			

Available data from reliable sources were somewhat outdated. Rodriguez, Garcia and Toharia (2009) presented data from 54,146 workers in a total of 1,728 Special Employment Centres in 2007[3]. Other data were from more informal sources. At the end of 2010, the

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[3] Rodriguez, G., García, C. y Toharía, L. (2009). *Evaluación de las políticas de empleo para personas con discapacidad y formulación y coste económico de nuevas propuestas de integración laboral*. Madrid: Cinca.

Public Employment Service estimated that 59,185 workers were employed in 1,871 centres. These data reflect increased numbers of centres and people employed by them between 2007 and 2010.

The only data available on the evolution of supported employment in Spain was obtained by the Institute of Community Integration (INICO) (Jordan de Urríes and Verdugo, 2011)[4]. Data show a drop in the number of initiatives in 2010, probably as a result of crisis. Grouping people with disabilities and people at risk of exclusion, people served by supported employment programs had increased considerably. The increased demand for services can be attributed to the need for employment as a result of the crisis and increasing unemployment rates. These trends are presented in Figures 3 to 5.

Figure 3: Trends in the Number of Supported Employment initiatives (Source INICO)

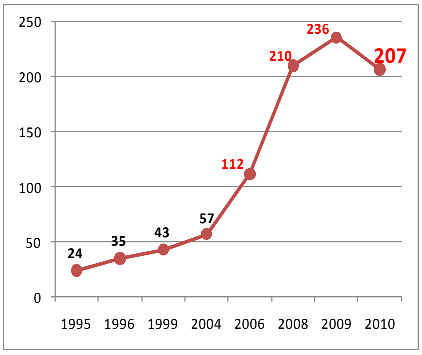

Figure 4: Trends in the Number of Participants in Supported Employment *Programs* *(Source INICO)*

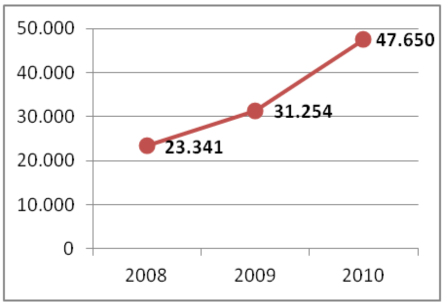

Figure 5: Trends in the Number of People with an Employment Contract in Supported Employment (Source INICO)

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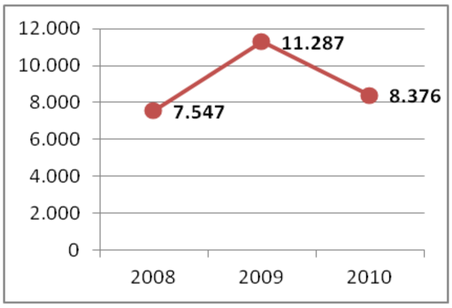
[4] Rodriguez, G., García, C. y Toharía, L. (2009). *Evaluación de las políticas de empleo para personas con discapacidad y formulación y coste económico de nuevas propuestas de integración laboral*. Madrid: Cinca.



Data from the Public Employment Service provide an indication in the evolution of the public sector budgetary allocations for aids and subsidies for the employment of people with disabilities in Sheltered Employment Centres (CEE), including support modules for personal and social adjustment, and subsidies to promote permanent employment for people with disabilities such as employment enclaves and supported employment subsidies and supports. These figures are presented in Table 7 above.

There was a 12.2% decrease in public sector funding for Sheltered Employment Centres between 2009 and 2010. Funding for supported employment programmes was increased by less than 1%.

A more detailed analysis of funding for supported employment services carried out by the Institute of Community Integration (INICO) is presented in Table 8 for the period 2008-2010. The figures show a different pattern to the data provided by the Public Employment Service. Depending on the funds that organisations report having received, and their origin, funding fell in 2010. Between 2009 and 2010 European funding increased by 13% and local funding increased by a third. On the other hand, both national funding and regional was has cut by between 34% and 37%. Overall, there was a drop of almost 26% in overall funding in 2010 for the supported employment services surveyed.

Table 8: Evolution of funding of Supported Employment (Years 2008-2010)

Funding	2008	2009	2010
European	€1,865,257.85	€4,338,705.24	€4,908,923.07
National	€7,357,269.34	€6,975,466.80	€4,622,484.78
Regional	€13,284,893.90	€20,490,839.26	€12,974,667.05
Local	€1,862,431.68	€1,903,640.36	€2,539,143.48
TOTAL	**€24,369,852.77**	**€33,708,651.66**	**€25,045,218.38**
Source: : Institute of Community Integration (INICO)			

Table 9 presents data extracted from the annual report 2010/2011 of the Spanish Business Confederation of Social Economy (CEPES) on the evolution of employment and turnover reported by its member companies. Employment, after rising in 2009, showed a slight drop in 2010. Turnover, however, showed a steady decline which was more pronounced in the years 2009 and 2010.

Table 9: Development in Employment and Turnover in Social Economy Companies

	2008	2009	2010
Employment	2,354,296	2,379,994	2,377,912
Turnover (millions of €)	115,069	92,157.16	86,663.48
Source: The Spanish Business Confederation of Social Economy (CEPES)			

In summary, many public sector, private sector service providers and NGOs have managed to maintain services even in the context of significant reductions in regional and local budgets, mainly through wage reductions, recruitment freezes, increased user copayments and a greater reliance on family members and volunteers to provide support. There is consensus that this situation is unsustainable into the future and that over the coming years there will be significant negative impacts on social services for people with disabilities and in particular, on budgeting for independent living and community inclusion not only in terms of supports, services, facilities but also in terms of direct payments or personal budgets. There has been significant reduction in the revenue resources to be assigned to the Law on the Promotion of Personal Autonomy. Now only 0.7% of personal income tax will be devoted to social affairs and investment will be prioritized. This will significantly restrict progress in relation to personal autonomy and independent living.

The number of Special Employment Centres and the numbers employed by these centres increased from 2007 to 2010. National level funding for sheltered employment services decreased in 2010. The number of supported employment services decreased in 2010 in the context of increased demand for services and a significant decrease in the number of jobs. Funding for supported employment funding dropped by 26% in 2010 and the structure of funding changed with an increasing reliance on ESF and local funding. Social economy enterprises maintained the number of jobs developed but experienced significant reductions in annual financial results from 2008 to 2010.

4. Impact on disability-related social security benefits

Non-contributory disability benefits

Data on non-contributory Disability Benefits are presented in Table 10. Between 2005 and 2011, there has been a consistent decrease in the number of benefit recipients for both disability benefits and retirement pensions which are granted to people with disabilities over the age of 65 years. In the same period the annual amounts allocated to these benefits have increased annually both in total and in the monthly value of the payment.

Table 10: Non-contributory Disability benefit – Number of Recipients, Gross Annual Budget and Average Monthly Pension (Years 2005-2011)

Type of Benefit	2005	2006	2007	2008	2009	2010	2011
	Number of Recipients						
Retirement	278,556	274,266	267,702	262,960	258,873	254,989	253,259
Disability	204,686	204,383	201,751	197,884	196,782	195,962	194,704
Total	483,242	478,649	469,453	460,844	455,655	450,951	447,963
	Gross Amount (Millions of € per annum						
Retirement	1,056,521	1,082,941	1,120,587	1,147,961	1,154,017	1,169,985	1,198,528
Disability	889,294	918,806	956,197	977,108	989,070	1,008,787	1,032,928
Total	1,945,816	2,001,748	2,076,784	2,125,069	2,143,087	2,178,772	2,231,456
	Average Monthly Payment (€)						
Retirement	267.35	278.05	290.43	307.71	315.45	320.59	330.35
Disability	306.15	318.55	330.26	348.5	357.7	357.15	370.04
Source: Subdirección General de Gestión del IMSERSO. Área de Prestaciones Económicas							

Social and economic benefits of the Law for Social Integration of People with Disabilities (LISMI)[5]

Data on the Social and Economic Benefits of LISMI are presented in Table 11. There was a progressive decrease in the number of recipients and in the total amounts. It is important to note that these types of pensions are being phased out. Thus the progressive decline is merely a reflection of that situation. Average payments per beneficiary did not decrease over the period 2005 to 2011.

Table 11: Social and Economic Benefits of the LISMI - Number and Gross and pensions by type (Years 2005-2011)

	2005	2006	2007	2008	2009	2010	2011
	Grant Minimum Income Guarantee (SGMI)						
Numbers	42,277	37,000	32,013	27,749	24,210	20,509	17,608
Millions of €	93,652	82,133	71,353	62,041	53,742	46,148	39,465
	Grant Assistance Third Party (SATP)						
Numbers	5,596	4,665	3,878	3,267	2,794	2,336	1,907
Millions of €	4,991	4,152	3,453	2,885	2,458	2,119	1,699
	Mobility Allowance and Transportation Expenses (SMGT)						
Numbers	4,093	3,579	3,105	2,722	2,37	2,082	1,802
Millions of €	2,460	2,257	2,014	2,022	1,762	1,579	1,422
	Total LISMI						
Numbers	51,966	45,244	38,996	33,738	29,374	24,927	21,317
Millions of €	101,103	88,542	76,820	66,949	57,963	49,847	42,585
Source: Subdirección General de Gestión del IMSERSO. Área de Prestaciones Económicas							

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[5] Ley de Integración Social del Minusvalido

Benefits of the System for Autonomy and Care for Dependency SAAD

There are major changes in the approval process for support under the ACT 39/2006, of 14th December, on the Promotion of Personal Autonomy and Care for Dependent Persons. This is the main Act related to cash benefits and personal budgeting. The purpose of the Act is to regulate the basic conditions to guarantee equality in the exercise of the right to personal autonomy and care for dependent persons. It sets out the basis for collaboration and participation of all of the Public Administrations and the guarantee by the General State Administration, with the participation of local authorities where applicable, of a minimum common content of rights for all citizens in any part of Spanish State territory.

The Act specifies autonomy as the ability to control, face and make, on one's own initiative, personal decisions on how to live in accordance with one's own standards and preferences and to carry out basic activities of daily living. Dependency, according to the law is the permanent state in which persons require the care of another person/other people or significant help in order to perform basic activities of daily living. This can arise from a number of causes including age, illness or disability (physical, mental, intellectual or sensory impairment.

The Act covers both non-professional care, provided to the dependent persons in their homes, by members of their family or friends, and professional care, provided by in their own homes or in a centre. The Act covers personal assistance services which provide a personal assistant that performs or collaborates with the dependent persons to allow them to undertake everyday tasks, with the aim of encouraging independent living and promoting and reinforcing his/her personal autonomy.

The latest modifications of the Act will result in higher copayment levels and a greater number of persons who will be required to contribute a co-payment. It also sets a stricter requirement for primary carers to be contributing to the Social Security System, receiving a benefit, or to be eligible to receive benefits.

Data from the System for Autonomy and Care for Dependency (SAAD) are presented in Table 12[6]. The figures indicate that the national financial contribution has exceeded the forecasts provided in the Economic Report of the Law, thus fulfilling the objective of the Central Government and Autonomous Communities to fund the new cost involved in implementing the Dependence System to 50 percent. Both the Central Government (AGE) and Autonomous Communities (AC) are responsible for covering 50% of the costs each The AC had to provide it by supplying the land required for development of the centres infrastructure. The AGE is responsible for funding the services through grants for Autonomy and Care for Dependency services.

The percentages in Table 12 refer to the percentage of the total amount forecasted for each year for SAAD. AGE funding was to be 50% but each year the contribution has been more than 50%. Figures are not available for 2011 or 2012.

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[6] http://www.dependencia.imserso.es/dependencia_01/index.htm

Table 12: Actual and Projected State Funding for the System for Autonomy and Care for Dependency (SAAD) (Years 2007 - 2015)

Year	Total public funding forecast	Contribution of AGE	Final budget of AGE	% of total forecasted in the economic memory
2007	800,000,000	400,000,000	400,000,000	50%
2008	1,370,370,793	678,685,396	889,894,299	65%
2009	1,958,729,234	979,364,617	2,051,824,253	105%
2010	2,320,661,624	1,160,330,812	2,048,792,116	88%
2011	3,090,851,227	1,545,425,613		
2012	3,347,769,536	1,673,884,768		
2013	3,752,061,129	1,876,030,564		
2014	4,223,143,288	2,111,571,644		
2015	4,425,808,795	2,212,904,397		

Source: IMSERSO, Área de Estadísticas y Evaluación de la Subdirección General Adjunta de Valoración, Calidad y Evaluación. AGE (General State Administration)

The number of applicants for Autonomy and Care for Dependency grants is presented in Table 13. There is a month by month increase in the number of applications, from a total of 1,082,414 in December 2009 to a total of 1,500,152 in January 2011. Between 42% and 44% of applications were decided upon each month resulting in a steady increase from a total of 463,303 in December 2009 to a total of 668,578 in January 2011.

Table 13: System for Autonomy and Care for Dependency SAAD. State funding. Applications and decisions

Month	Applications	Decisions	Percentage
Dec09	1,082,414	463,303	42.80
Jan10	1,141,608	485,526	42.53
Feb10	1,164,960	505,098	43.35
Mar10	1,224,096	521,035	42.56
Apr10	1,258,567	546,610	43.43
May10	1,290,966	553,716	42.89
Jun10	1,317,982	578,953	43.92
Jul10	1,377,655	614,750	44.62
Aug10	1,400,328	614,173	43.85
Sep10	1,423,553	622,190	43.70
Oct10	1,431,506	627,165	43.81
Nov10	1,452,555	636,739	43.83
Dec10	1,482,375	654,499	44.15
Jan11	1,500,152	668,578	44.56

Source: IMSERSO, Área de Estadísticas y Evaluación de la Subdirección General Adjunta de Valoración, Calidad y Evaluación.

In summary, to date there have been no significant cuts in disability-related social security benefits in Spain as a result of the economic crisis. In fact, the number of benefits recipients for non contributory benefit has decreased, but total funding has been increased and average payments have increased. The funding for the benefits of the System for Autonomy and Care for Dependency SAAD have been constantly increased, but most of the years were under budget. The number of applicants has grown steadily as has the number of decisions, increasing the percentage of resolutions every year.

Significant cuts are currently being implemented in order to make the system sustainable. This will clearly impact on the Promotion of Personal Autonomy and Care for Dependent Persons System. This will be reflected in stricter conditions for eligibility, and higher levels of co-payment, on the one hand, and lower coverage levels for primary caregivers, who will lose part of their benefits as workers.

5. Trends in the promotion and protection of rights

The majority of regional and local authorities have developed plans for deploying the UN Convention on the Rights of Persons with Disabilities (UNCRPD). However, there is little or no evidence that these have been implemented in any proactive way. The development of policies aimed at improving accessibility and eliminating barriers has stalled and many other regional and local initiatives have been postponed or cancelled.

There are a number of agencies in Spain that provide support to people with disabilities in accessing their rights. Organisations that are central to this are the Offices of the Ombudsman at national and regional levels, which report to the authorities on areas of policy, procedure or practice that limit disability rights, and the Permanent Specialized Office. In some regions disability specific Ombudsmen have been established. There is also an arbitration system for complaints about infringements of equality and non discrimination legislation. The Permanent Specialized Office publishes annual reports in the number of complaints received and the number of proceedings carried out[7]. There was a gradual increase in disciplinary proceedings in the period 2005-2009 and a substantial increase between 2008 and 2009 from 216 to 715 which dropped to 238 in 2010.

In 2011, the Spanish Government adopted a Royal Decree to amend a number of relevant regulatory provisions to conform to the UN Convention in a number of key areas[8]. The Decree made changes to a number of existing laws and introduced additional measures. The main measures covered by the Decree include:

- Accessibility
    - Public bodies required to plan
        - Buildings
        - Transport
        - Services
        - ICT and Information Society
- Civil Protection in emergency situations
    - Accessibility of procedures including public notices and disaster support point

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[7] http://www.oficinape.msssi.gob.es/informesOPE/home.htm

[8] Royal Decree 1276/2011 of 16 September, of normative adaptation to the International Convention on the Rights of Persons with Disabilities

    - Evacuation procedures
    - Nuclear emergencies and radiological risks
    - Disability awareness training for staff and volunteers
- Legal Protection/Due process
    - Adaptations for people with limited capacity in decision making
- Organ donation and transplants
    - Supports for people with limited capacity in decision making
- Employment
    - Protection in the dismissal process
    - Defined role for Special Employment Centres and Integration Companies
    - Training for centre staff
    - Integration of disability in Spanish Employment Strategy
    - Active Employment Policies
    - Special employment measures for PWD
    - SE programmes
    - Rules for grant aid for:
        - Certification
        - Guidance and Counselling
        - Job placement Support
    - Support for Pilot Programmes
    - Subsidies
        - Employment in Special Employment Centres and Self Employment
        - Employees carrying out social and general interest services
        - Public and Autonomous Bodies including Universities
        - VET Providers
        - Cooperatives

Organisations representing people with disabilities that promote and protect the rights of people with disabilities often work with the specialized institutions or bodies such as the regional Offices of the Ombudsman. At state level, the Spanish Committee of Representatives of Persons with Disabilities (CERMI) has been designated as an independent mechanism to promote, protect and monitor the implementation of the UNCRPD in Spain. It is a non-profit association representative at the state level of associations representing most types of disabilities. In its monitoring function in relation to possible violations of rights, in relation to the UCRPD, CERMI has noted an increase in complaints since the onset of the crisis.

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

According to the informants representing regional and local administrations they have a genuine commitment to carry out the mandate of the UNCPRD. Regional level changes have been made in programmes aimed at facilitating greater inclusion and the development of local accessibility plans. There is a Regional Plan for Social Exclusion in Valencia (2011-

2013) but this does not explicitly refer to the Convention. There are plans in place for promoting employment rights for people with disabilities. There was some indication of a reduced commitment to inclusive education with more children being referred to special schools rather than integrated education, although there were no actual statistics to support this contention. There was no perception that the rights of people with disabilities regarding participation in the community or independent living had been negatively impacted by austerity measures. There was an acknowledgement of the positive contribution made by the ESF particularly in mitigating the impact of funding cuts to initiatives which were in operation prior to the crisis.

The respondent from the local administration was not aware of any specific plans for implementation of the Convention, although specific actions to promote accessibility were being implemented, For example, in relation to accessible transport, one initiative increased the availability of accessible taxis, provided assistance for people with disabilities to use accessible taxis, removed barriers to using public transport, issued disabled parking permits and worked in partnership with organisations of deaf people to create more accessible communication systems. A specific action for the work integration of people with intellectual disabilities was in place through an initiative to conserve and maintain public spaces and gardens. The funding for this project was €253,774. There was no awareness of the right to involvement in the community or independent living being limited.

The representatives of social service providers were aware that many regional and local authorities had plans for implementing the UNCPD but they had no evidence that any substantive actions had taken place and they were not participating in any initiatives. They knew that accessibility was a policy but were not aware of any major activities in this area. They were aware of the local authorities' accessibility plans. They noted that local governments had reduced public funding for employment services such as supported employment and were not very active in the area independent living or inclusive education.

One organisation was working actively to promote the Convention. Actions undertaken included the distribution of an easy read version, so their service users knew their rights. When issues of accessibility arose they used the services of the Reference Centre for Personal Autonomy and Technical Aids (CEAPAT). They also complied with accessibility standards in the development of residential environments. Another organisation was taking action to develop Articles 19 (independent living), 24 (Education), 27 (Employment) and 30 (Participation and leisure).

The informants representing organisations of people with disabilities drew attention to the Spanish Disability Strategy 2012 – 2020.[9] The framework for the Strategy is derived from the actions specified in the Euro 2020 including guaranteeing sustainable and inclusive development and advancing to a knowledge-based society. The National Reform Program 2011 set out quantitative targets at the national level for Spain. In spite of the strong legislative, policy and strategic basis for the promotion and protection of disability rights, implementation has been slow to progress. Progress on a number of Articles of the Convention are presented below.

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[9] http://sid.usal.es/idocs/F8/FDO26112/Estrategia2012_2020.pdf

- **Article 9:** Accessibility plans in relation to public buildings, services and transport Investment budgets were virtually paralysed in terms construction, building adaptations and reforms.
- **Article 19:** Actions to support living independently and being included in the community in terms of supports, services, facilities and direct payments have been restricted by a 30% reduction in the budget.
- **Article 24:** Resources and supports for inclusive education in mainstream settings are being withdrawn. In the future this will be more evident in measures to increase numbers staff-pupil ratios and the possible reduction in funding for support services.
- **Article 26:** Access to habilitation and rehabilitation services has also been restricted in terms of speech therapy, occupational therapy, physiotherapy therapy, vocational rehabilitation, vocational training and assistive devices. People with light disabilities are no longer eligible for access to benefits under the law on the promotion of personal autonomy.

In conclusion, from a legal and policy perspective significant formal progress has been made in integrating the UNCRPD into national systems. However, there was a strong view on the part of a number of respondents that the full impact of austerity measures on disability rights in Spain has yet to be felt. This was particularly the case because additional cuts are in the pipeline that will have a direct impact on the right to independent living and community inclusion and employment rights and the System for Autonomy and Care for Dependency is under review in terms of its sustainability. Thus, cuts affecting social policies are either too recent or have yet to be implemented and their impact can not be assessed.

Overall, the absence of sufficient relevant data makes difficult to quantify the depth and breadth of impact of austerity measures on the rights of people with disabilities in Spain. Nevertheless, the majority of respondents were able to recount instances in which regional and local administrations had either postponed actions aimed at enhancing disability rights such as accessibility, or had reduced funding for educational or community inclusion initiative There was an acknowledgement of the positive contribution of ESF to maintaining innovative projects.

7. General conclusions

A number of general conclusions can be drawn from the data and documentation reviewed and the interviews carried out for this study. A main conclusion to be drawn was that there was insufficient data to come to any firm conclusions about the impact of legal instruments, plans and programs. The development of legal and policy instruments in response to the UNCRPD has been substantial over the previous two years. The key question is whether these new laws will have adequate funding support for effective deployment. The shared opinion of all the respondents interviewed and other stakeholders; and the legal obligations on the Spanish State; supports the contention that moving into the future data relating to disability should be gathered in conformance with the Convention.

A substantial increase in the number of complaints of discrimination on the grounds of disability was reported by the Permanent Specialized Office between 2009 and 2010. It is difficult to attribute this directly to the impact of the crisis and austerity measures without a more detailed analysis of the grounds specified. It is likely that enhanced awareness on the part of people with disabilities was also a contributing factor.

Although some cuts in services were indentified, many legal and policy changes are too recent to be evaluated, either quantitatively and qualitatively. It is likely that the real impact will only become evident in the coming months. In some cases, the laws have yet to be deployed. All informants considered that in the near future, benefits, programs and services will be affected by these cuts with a consequent restriction on the participation of people with disabilities in society in terms of employment, education and independent living.

The opinions of the informants from regional and local administrations were that austerity measures to date have had little or no impact on the rights of people with disabilities and that cuts were relatively mild. This contrasted with the views of representatives of social service providers and organisations representing people with disabilities who reported significant negative impacts. In some cases cuts in funding were compensated by increased payments on the part of services users or their families

Data sources provided evidence that the unemployment rates for people with disabilities had increased during the course of the economic crisis. The increases were less than for people without disabilities but it must be kept in mind that the employment gap between people with disabilities and people without disabilities was almost 58% (28% and 66% respectively) and this had reduced to around 54% in 2010 which is still a significant differential. The employment rates of males and young people (16-24 years) were most severely impacted. In addition, temporary contracts for people with disabilities had increased substantially.

Trends in social services were indicative of reduced service capacity and, increased demand for services. More families were in vulnerable situation, due to unemployment and in some cases the loss of housing. Services were relying on increasing user co-payments, the use of volunteers and reductions in staff salaries. The funding for sheltered and supported employment had decreased which had resulted in many supported employment initiatives closing down. At the same time demand of these services had increased. The ESF was considered to be playing an important role in sustaining innovative services.

Trends in cash benefits indicated that these had not been affected significantly and in some instances had actually increased as in the case of the Law of Autonomy and Care to Dependence. However, new regulations are in the process of being approved, that will involve deep cuts in funding, much stricter requirements for eligibility and higher levels of copayments. Restrictions in the eligibility of primary caregivers are also planned.

From the perspective of the promotion and protection of rights, regional and some local authorities have plans in place to improve accessibility. There was no substantive evidence that these plans were being implemented apart from one local authority that was working on accessibility plans and benefits for transport (taxis etc.).

CERMI has been designated as the independent monitoring mechanism in relation to the UNCRPD. The implementation of the UNCRPD and the European Disability Strategy 2010-2020 has been underpinned formally in both legislation and policy. There was no evidence of the UNCRPD influencing regional and local plans, but all participants considered that administrations were aware of it and took it into account. Service providers were disseminating awareness of the Convention within their own services.

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

Country report: UK

This study has been conducted by

Michael J. Evans

25 October, 2012

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1. Introduction

This research project used a variety of methods to gather evidence. Firstly, research from academic, governmental and user organisations were sourced, synthesised and is presented here. Secondly, confirmative interviews were undertaken with disabled peoples' organisations, service providers and local authorities. These interviews focused upon the brief given in the questionnaires provided although the service provider and disability questionnaire was merged to gather the most relevant and meaningful information. Questionnaires were completed using both face-to-face interviews and by submitting questionnaires to providers/disability organisations following a briefing of what areas to address.

The challenges faced in this project were mainly concerned with the fact that many areas of the report are not the responsibility of the UK government but are the responsibility of the devolved governments in Scotland, Wales and Northern Ireland – for example Employment and Welfare Benefits are the responsibility of the UK coalition government but Social Services, Social Inclusion, Education and Health Services are controlled by the devolved governments. These issues added to the challenges of compiling the report and care has been taken not to distort in any way the current picture of the situation in the United Kingdom.

The resulting report combines all these sources to bring the most up to date picture of how austerity measures are affecting people with disabilities in the UK.

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

The following statistics, analysis and comments are intended to provide an indication of how austerity measures have impacted on people with disabilities in the United Kingdom.

Employment rates

For the purpose of comparability with previous years the old working age definition (males 16 to 64 and females 16 to 59) has been used when presenting trends. Direct comparisons with estimates from 2010 onwards should not be made, due to an improvement in the way people report disability from this point which takes into account the increase in the state pension age for women which will increase gradually from age 60 to age 65. Any differences reported as significant are statistically significant at 95 per cent level.
The trend shows that there has consistently been an employment rate gap between people with and without disabilities, though it has narrowed from 33.5 per cent in 2005 to 30.3 per cent in 2009. The employment rate for people without disabilities has gone down during this

period which is likely to be an impact of recession in 2008. On the contrary, the employment rates of people with disabilities appear to remain unaffected by recession.

In 2011, 48.8 per cent of people with disabilities were in employment compared to 77.5 per cent of people without disabilities. Although it seems as if the employment rates for people with disabilities have improved over last couple of years, due to the improved disability reporting since 2010, it is not possible to conclude whether this is a real increase.

Employment rates (total) for men aged 16-64 and females aged 16-59 in Great Britain[i]

	Percentage disabled **In employment**	**Percentage Non-disabled** **In employment**	**Percentage gap between disabled and non-disabled**
2005	47.0	80.4	33.5
2006	47.4	80.2	32.8
2007	47.2	80.0	32.7
2008	48.3	80.0	31.7
2009	47.5	77.7	30.3
Figures above from 2009 and earlier are not directly comparable to the figures for 2010 and after given below			
2010	48.4	77.5	29.1
2011	48.8	77.5	28.7

In October 2010 the UK Government ended the Workstep programme which was a programme designed to support both employees with disabilities and their employers. Support was provided through wage subsidies and/or job coaches and employment support workers. The Workstep programme was replaced by the Work Choice programme and the UK Department of Work and Pensions contracted with 8 providers throughout the UK to deliver the programme. The Work Choice programme is the main UK employment programme for people with disabilities and concerns were raised that the majority of funding to the providers and their sub-contractors was target related; in other words only when a disabled person secured a job would the providers be given the majority of their funding. This suggests that people with significant disabilities are potentially at a disadvantage as providers are encouraged to work with people with disabilities who are likely to find a job relatively quickly and who do not require constant support. However, the first published report on the Work Choice programme[ii] indicates that less than 14% of participants secure a job and the sustainability of these job outcomes appears to be much lower than 14%. Moreover, the programme does not appear to be addressing the needs of the target group of people with disabilities and is instead working with people with disabilities who are closer to the open labour market.

Disability benefit claimants

The working age Employment and Support Allowance and Incapacity Benefits (ESA/IB) estimate for January 2012 is 2.550 million (to the nearest 5,000)[iii]. This indicates a 1.2% decrease since August 2011. The trend of disability benefit claimants is a general decrease in numbers; In August 2007 there were 2.641 million claimants reducing to 2.633 in August 2009.

Between October 2010 and Spring 2014 people who receive incapacity and welfare benefits due to illness or disability will be re-assessed for the new welfare benefit – Employment and Support Allowance. The following benefits are being phased out:

- Incapacity Benefit
- Income Support paid because of illness or disability
- Severe Disablement Allowance

People who currently receive these benefits will be reviewed under stricter criteria of the Work Capability Assessment (WCA) to see if they are eligible for Employment and Support Allowance.

- People who are assessed as capable of work will move onto Jobseekers' Allowance
- People who need more support while they prepare for work should get assistance on the Employment and Support Allowance (ESA)
- People who are most disabled or terminally ill will not be expected to look for work

The emphasis therefore is to move people with health problems and disabilities towards work thus meeting the UK Government's intention of reducing the Welfare Benefit costs within the UK.

At risk of poverty rates

A substantially higher proportion of individuals who live in families with disabled people live in poverty, compared to individuals who live in families where no one is disabled[iv]. The same is also true of individuals who live in households with low income (income below 60% of median equivalised household income).

Individuals living in households with income below 60 per cent of median equivalised household income (After Housing Costs, including Disability Living Allowance and Attendance Allowance in income)

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Individuals in families where at least one member is disabled	25%	25%	27%	28%	26%	25%	24%
Individuals in families where no one is disabled	19%	20%	20%	20%	21%	21%	20%

Since 2005 and after Housing Costs, there has been a decrease from 25 per cent to 24 per cent for this group, but this is not statistically significant.

Adults living in persistent poverty (After Housing Costs, including Disability Living Allowance and Attendance Allowance in income)

	2001-04	2002-05	2003-06	2004-07	2005-08
Disabled	14%	12%	10%	10%	11%
Non-disabled	7%	7%	7%	6%	7%

The general accepted reason for the difference in low income/poverty between people with and without disabilities is that people with disabilities are less likely to be in employment. Additionally, people with disabilities are more likely to be in part-time employment compared to people without disabilities ; people with disabilities are more likely to earn less wages than people who do not have a disability.

Mental health impact of the economic crisis

Research from the University of Glasgow[v] conducted amongst General Practitioners in some of the most socio-economically deprived areas of the UK (The Deep End) showed there were some alarming issues regarding the mental health and well-being of people living in deprived areas.
A central concern of Deep End practices is the number of patients with deteriorating mental health.

At one end of the spectrum, there are those who are in work, and previously well:

- under increasing stress at own jobs due to cutbacks
- taking on extra work/jobs, with resultant impact on family and relationships
- experiencing stress of job insecurity

At the other end of the spectrum, there are those with chronic mental health issues and established physical problems who are “deemed fit for work” and have their benefits cut:

- struggling to make ends meet
- increasing contact with GPs and psychiatry
- increasing antidepressant/antipsychotic use
- self-medicating with drugs and alcohol

Aside from the direct detrimental effects of drugs, alcohol, and worsening mental health on physical health, it can also be affected indirectly as many patients are reluctant to take time off work due to job insecurity. Additionally, GPs report less time to deal with physical problems, as these are no longer a priority for the patient.

This financial hardship is manifesting in several ways, but perhaps most striking is the growing number of individuals and families experiencing fuel poverty – the combination of increased costs and falling benefits resulting in a choice between heating and eating. Practices reported cases of an elderly patient going to a friend's house in order to wash; families relying on relatives to pay for food and cigarettes (unable to stop smoking due to stress); and a mother resorting to prostitution to feed herself and her family.

> One GP within the study reported: *'In my surgery I am hearing from patients who for 2–3 days a week cannot afford to heat their houses (many use metered cards which are more expensive than direct debit payments)'*

Changes to the benefit system were cited by most respondents as impacting on patients' health and practice workload. Practices described an "endless cycle" of appeals, during which time the patients' benefits are reduced. One GP calls this "*completely unnecessary [and] completely avoidable*"; another felt that the WCA (Work Capability Assessments) were ill-matched to the clinical reality.

For obvious reasons the patients in X [deprived area of Glasgow] call Corunna House [where the Work Capability Assessments are done] "Lourdes" because all the sick come out cured.

Specific issues relating to age

In the period March-May 2012, 1.02 million young people aged 16-24 were unemployed, up 107,000 (or 11.6%) on the same quarter in 2011.
The unemployment rate for those aged 16-24 was 21.9%, which is 2.3 percentage points higher compared with the previous year[vi]. Whilst there statistics did not differentiate between disabled and non-disabled the situation regarding youth unemployment in the UK is a major cause for concern.

Evaluative comment of changes

From a statistical point of view we can observe that there are no great significant changes in the employment rates and levels of poverty amongst people with disabilities. However, this is at odds with the anecdotal evidence and other factors that indicate that people with disabilities are being adversely affected by the impact of austerity measures in the UK. Although employment levels are fairly stable over the past 3 – 4 years there remains a significant disparity between the employment rates amongst people with disabilities and non-

disabled. Moreover, the main UK Government employment programme for people with disabilities, Work Choice, reports only very small numbers of people with disabilities entering employment and many disability organisations have expressed serious concerns that this employment measure is not meeting the needs of people with disabilities – a concern that is confirmed by the statistical report recently released by the Department of Work and Pensions (DWP). The expectation is that unemployment rates for people with disabilities will rise due to the increased competition for jobs, the emphasis on work for people on disability benefits, the closure of Sheltered Workshops/Supported Businesses and the poor performance of government Work Programmes and employment measures.
Additionally, the removal of Working Tax Credits for people who work less than 24 hours per week and general welfare reform are likely to cause people with disabilities and their families to become increasingly closer to being at risk of being in poverty. Furthermore, new and proposed welfare reform measures will limit the amounts of benefits that can be claimed.

3. Trends in social services

It has been widely reported that local authorities are among the most significant casualties of public spending cuts in the UK. A Joseph Rowntree Foundation report published in January 2012[vii] suggests there is strong evidence that local government has indeed been subjected to a particularly severe real terms cut and their analysis also demonstrates that the most deprived authorities will be hardest hit.

- “*The overall magnitude of the proposed cut is unprecedented, amounting to 28 per cent of the grant and 14 per cent in terms of overall spending power in cash terms over four years (excluding education, police and fire).*

- *The cuts are front-loaded and, allowing for inflation, could be nearer to 40 per cent of the grant or 25 per cent of the spending power.*

- *The most deprived local authorities lose systematically the most spending power, especially in the first year, while some affluent areas face only mild cuts initially.*

- *There is still a relationship between deprivation and size of cuts over the two years 2010/11–2012/13, with some deprived authorities facing cuts of between 20 and 28 per cent in cash terms.*

- *The main reason for the adverse impacts on deprived authorities is the scrapping of specific and special grants that were previously heavily targeted on deprived areas, partly in the name of ‘localism’.*

- *Looking three to four years ahead, the impacts of the 2010 grant settlement will probably be overlaid by significant further changes in the local finance system”.*

A direct trend due to local authority austerity cuts has been a freeze in pay rises, no pay increments and no annual inflationary pay increases. Local authorities have also embarked on a range on efficiency savings including Voluntary Redundancy (VR) packages and the introduction of Voluntary Early Retirement (VER) schemes; one respondent to the questionnaire stated that more than 400 staff had left due to VR/VER in 2010/11 and 2011/12.

A national disability organisation had initiated a range on mergers with smaller, local service providers and whilst this may not directly affect service delivery these mergers usually resulted in staffing cuts and a reduction in the geographic location of services and staff.

Local authorities appear to be trying to protect the most disadvantaged groups from austerity cuts; one respondent stated that despite the cuts, front line staff services have largely remained unaffected and that Social Work budgets have not had reductions passed onto them. The Scottish Government have ring-fenced the budget to the Health Service in Scotland. However, another local authority respondent stated that their Social Work Department had lost 65 staff and there had been a 7% reduction in the Social work budget.

Evidence suggests there is no doubt that austerity measures in the UK are adversely affecting people with disabilities. This is most evident in the very recently published Demos report (Wood, 2012[viii]) published in conjunction with Scope, which found that all people with disabilities within a small group that they studied longitudinally were financially worse off, some very much indeed. The impact of financial stricture was being felt across the whole range of family activities by people with disabilities – affecting not only the individuals but their whole families. Thus, family activities such as outings and celebrations were curtailed through lack of funds and travel of all kinds was severely affected, including travel to find work. In overall terms, the research found:

> *'Since the Emergency Budget two years ago, disabled people and their carers have seen a drop in income of £500 million. But with the overall cuts to disability support predicted to come in at £9 billion by 2015, Demos and Scope warn that the struggle has only just begun. By 2016, a further 500,000 disabled people are likely to have lost their Disability Living Allowance. By 2014, 36 per cent of existing Incapacity Benefit claimants will no longer be able to claim this support. The number of councils limiting funding support to only those with substantial or critical needs will have risen to 81 per cent*.'[ix]

Thus, this important research found that persons with disabilities and their families are now responsible for paying a greater proportion of services. Specifically, squeezing people with disabilities financially is resulting in hardship. Mental health of persons with disabilities declined specifically because of financial strains and their informal carers (already a highly burdened and stressed group[x]) have become highly pressured through losing their access to social services and support. At the same time, public hostility towards people with disabilities and others in receipt of State support has grown exponentially, resulting in less likelihood of community participation, all of which is against the Government's own policies of fostering more social inclusion (see Wood, 2012.10). This is direct evidence of cuts in resources for inclusion in the mainstream and increased responsibilities for families and end users in the financing and provision of services.

There is also strong evidence of a reversion to the medical model in eligibility assessments[xi] with Disability campaigners in the UK furious over the Chancellor's plans to phase in a new medical assessments for new and existing Disability Living Allowance claimants of working age from 2013 and in time to extend this process to new and existing child claimants and pensioners who receive the benefit. The new test will follow a similar process to the Work Capability Assessment (WCA) which determines eligibility to employment and support allowance with a points based system. However WCA has been accused by campaigners of wrongly identifying large numbers of people with disabilities as fit for work and thus ineligible for ESA – and this reduces the level of benefit they receive.

The austerity measures are set to increase standardisation of care with less person-centred care once these financial strictures bite over the next two years.

In social services, the UK has seen cuts in staff training and professional development budgets. A social care professional network survey in February 2012 found:

> *'Budget cuts are the greatest challenge facing social care professionals, a Guardian social care network survey reveals. More than 86% of network members say cuts to budgets are the biggest problem facing the sector, while 40% listed government policy and 37% chose staff cuts. Integration with healthcare was selected by 27% of respondents. The survey, launched last month, was completed by more than a fifth of the network's members. More than 93% said they expected their jobs will become more difficult over the next 12 months as further budget cuts are implemented… Others said that funding cuts would lead to fewer staff being expected to take on more work, spend less time with clients and work longer hours.'*[xii]

Scotland has also witnessed decreased investment for research, development and innovation with an acknowledgement that:

> *'Currently there is no explicit social services policy on research in Scotland. This leaves us without an overall direction of travel and without clear priorities for research, resulting in research, which is led by the interests of research producers, commissioners and funders. For research to be relevant, useful and used, there needs to be a better system for determining priorities and linking these to funding. The role of service users, carers and other key stakeholders in these processes needs to be enhanced*.'[xiii]

In the UK there is a commitment to the continuation of community care (care at home) and we have not seen a move towards a re-emergence of institutional solutions to the provision of care, although we have witnessed a widening and strengthening of the private social care sector, with, in the learning difficulties sector less than 10% of care being in State hands by 2011.[xiv] This may come as a surprise to many who believe the State still holds power over such social care services in the UK. Essentially, we have seen increased privatisation and outsourcing of social services: such services are financed by the State but provided through private or voluntary/ charity sectors. One disability organisation respondent has stated that increased complexities in the tendering for services makes it more complicated and more time consuming to apply for these bids through the tender process.

The UK has only just introduced personal budgets, which were widely heralded as leading the world in improving and providing personalised care. However, it is widely acknowledged amongst social care professionals that the personalisation agenda is being damaged by the austerity measures:

> *‘Sue Bott, director of the National Centre for Independent Living, said she often gets calls from people whose personal budgets have been cut, some by as much as 40%. "We are seeing some quite horrific figures, which really bear no relation to the reduction in funding that local authorities are getting." She added: "It doesn't look transparent to me and I think local authorities need to come clean and explain to service users and their staff, who I think are being put in an impossible situation, exactly what the rationale is because I don't understand it."’*[xv]

There is no doubt that the austerity measures, combined with the cuts to Disability Living Allowance (DLA) are impacting on the personalisation agenda and social care professionals’ capacities to provide individualised services that meet disabled people’s needs. This in turn will severely impact upon independent living outcomes and result in more standardisation and less choice and control for people with disabilities in their service provision in the UK.[xvi]

The UK Government has stated its intention to close 27 Sheltered Workshops operated by Remploy with a further 9 workshops also at risk of closure or privatisation. The closures will result in more than 1,400 disabled people losing their jobs. This follows earlier cutbacks when in 2008 there were 29 workshops closed throughout the UK which resulted in 1,700 disabled people becoming unemployed. A survey by the Trade Union, GMB of disabled workers made redundant in 2008 revealed that 74% were on welfare benefits and the remaining 26% who had found alternative work only 5% of those had found work on equal or better terms[xvii].

There are around 80 other supported businesses/sheltered workshops in the UK and these are mainly funded through funding from the Department of Work and Pensions and Local Authorities. Over the past 2 years several have closed down: Speedwell Enterprises in Slough provided work experience, training and employment for people with disabilities; Sherwood Industries in Nottinghamshire provided employment in a furniture factory for people with learning and physical disabilities; B-Line Industries in Hull; Blindcraft in Edinburgh which had provided employment for disabled people which was established over 200 years ago; LuDun Industries in Bedfordshire which exclusively employed people with physical, sensory and learning disabilities and provides a range of services including picture framing, sanding, spraying and light assembly and packing and Bolmoor Industries in Bolton which produces newspaper bags, cleaning products and work wear.

In addition many sheltered workshops have shed workers with disabilities an example of which is Dovetail Enterprises in Dundee which has gone from employing more than 120 employees to now less than 70 with many only working a 4 day week. The British Association of Supported Employment is also aware that many Sheltered Workshops and Supported Businesses are being reviewed with a view to cost savings.

There is no mainstream funding for Supported Employment in the UK but there was an estimated 400 – 600 service providers throughout the UK as reported in a Study of Supported Employment in Europe[xviii]. However since the study was compiled in 2010, many of the funding streams have been cut. The Workstep employment and disability programme ended in 2010 and was replaced by Work Choice. The flexibility of the Workstep programme enabled hundreds of service providers to deliver employment services which contained many elements of Supported Employment. However, the Work Choice programme is operating differently and the majority of funding is achieved though job outcomes – figures from the

Department of Work and Pensions indicate that people with significant disabilities are not having their employment needs addressed. Many of the Supported Employment providers were either part of a local authority or directly funded by a local authority; a survey taken in 2010 showed that more than 66% of providers received more than half of their funding from local authorities[xix]. This does not augur well for the future of Supported Employment as this is not a statutory service of a local authority and it is likely that these services will see services closed or reduced. A local authority that delivered Supported Employment lost its Workstep funding when the programme ended and the service was cut from 17 staff to just 6.

4. Trends in disability-related social security benefits

This section will focus on summarising the impact on social security cash benefits from welfare reforms measures that have already taken place:

Changing the indexation of benefits to the cost of living

One of the most sweeping and clearest changes to benefits has come from the Government's decision to switch from linking annual reviews from the Retail Price Index (RPI) or Rossi Index, to the lower Consumer Price Index (CPI) inflation rate. Since 2011, in April each year the increases in benefits rates have been based on the previous September's (lower) CPI inflation rate. As a result, in May 2011, benefits rose by 3.1% (the RPI was 4.6%) and in 2012, the rise was 5.2%, rather than 5.6%. The Government will, over time, cumulate very significant savings as a rolling result. Government forecasts £5.8 billion savings by 2014/15[xx].

The RPI, CPI and Rossi all make a comparison between the cost to an "average" household in purchasing a typical basket of goods and services one year to the cost of the same goods and services the previous year. However RPI does not factor in changes in consumer behaviour.

The Government justified the change by stating that the RPI Index overstates the true cost of living because people change their consumer behaviour when prices rise - in other words they buy less, or cheaper products and therefore linking benefit reviews to CPI was more appropriate.

In 2010 the Institute for Fiscal Studies (IFS) undertook a study and conducted detailed analysis of the way in which the CPI, RPI and Rossi calculate inflation and whether the shift to uprating benefits using the CPI was equitable to benefits recipients and their circumstances[xxi].

The study examined the three indices and the services and household costs which are included in each. For example, amongst other costs, Rossi excludes mortgage interest payments, rent and council tax and is used to calculate most means tested benefits as people receiving these are unlikely to be home-owners and often have increases in rent and council tax covered by benefits. The costs excluded from the CPI are similar to Rossi, however the CPI includes rent. For the Government to be able to demonstrate that linking the uprating of benefits to the CPI was not detrimental to benefits claimants, it would have to show that the CPI includes costs and services most appropriate to benefits recipients. The IFS showed this to be untrue when they examined the coverage of the CPI and proportion of benefits recipients who are "insulated" from it compared to the RPI. The IFS found that the changes were not clearly justified by the assertion that coverage of the CPI is more appropriate for benefits recipients and especially those of average working age.

The financial extent to which people with disabilities have already been and will continue to be affected by this aspect and the other changes introduced under the UK programme of Welfare Reform is well appraised and documented in the series of DEMOS "Destination Unknown" studies, and in particular the final study produced in Summer 2012[xxii]. The study tracked the financial impact on six "typical" families of people with disabilities and the particular blend of benefits they receive and support services they require and makes a comparison of their income pre- and post- April 2011. One element of this is to demonstrate the difference between what families now receive, using the CPI rating, compared to what they would have received, had their particular benefits remained linked to the RPI or Rossi. In all the families studied, the uprating changes plus other changes to benefits meant the families were worse off.

Example of impact of CPI rating - Disability Living Allowance (DLA)

DLA is the sole disability benefit designed to compensate for the extra cost of living with a disability, regardless of income and employment status therefore provides a good representative example of the impact of CPI uprating on disabled people. By using the CPI instead of the RPI there is a reduction in DLA for all disabled people and although the margins are relatively small per week but taken over 12 months can be £30 - £50 worse off.

Direct cuts to disability benefits

DLA/PIP

Under the Welfare Reform Act, DLA will be replaced by Personal Independence Payment (PIP) for working age claimants (those until 16 will continue to receive DLA). PIP will be piloted from April 2013 and phased in until all existing DLA claimants have been reassessed by March 2016.

Similar to DLA, PIP has 2 components, *Daily Living Component* and *Mobility Component*. However under PIP, the Daily Living Component will have only two rates payable, as opposed to DLA, which has three.

To qualify for PIP, an individual will have must score a certain number of points in relation to 11 activities. These include toileting, preparing food and drink, communicating and moving around and will have threshold scores built in to decide which rate is payable. A more and widely criticised “medical” model of assessment will be used, rather than taking social and other factors into account. Independent health professionals will be appointed to assess claims and any available medical evidence e.g. from a GP or Consultant will be taken into account. Claimants may also be required to attend a face to face interview/assessment.

Eligibility criteria and rates for PIP will be announced in autumn 2012 and two million DLA claimants will be assessed over the four year transition. Until details of the rates payable are released, it is difficult to predict the impact fully on disabled individuals and families. However in national terms, the number of disabled people expected to be negatively impacted is detailed in DWP's official Impact Assessment[xxiii], published in May 2012 shows that by 2015/16 the caseload for Personal Independence Payment is estimated to be around 1.7 million people. This compares to a previously forecast scenario of a DLA working age caseload of an estimated 2.2 million people in 2015/16 In total, therefore, 500,000 disabled people currently receiving DLA will be disallowed from PIP.

The change from three rates of Daily Living Component to two under PIP will also negatively impact. Around 290,000 disabled people currently receive the high rate of mobility and middle care rate. Under PIP, the equivalent would be Enhanced Mobility and Standard Care; however only 190,000 will qualify for this therefore it is logical to predict that many will lose out[xxiv].

The Impact Assessment aims to cut expenditure by 20% in 2015/2016, forecasts a net cut of £2,240 million in DLA payments over the three year migration and return the working age spend for DLA to the same level as 2009/10.

Incapacity benefit/Employment and support allowance

As previously mentioned in Section 2, since January 2011 no new claims for Incapacity Benefit (IB) have been accepted and individuals started claiming the replacement Employment and Support Allowance (ESA). Jobcentre Plus also started contacting existing IB, Income Support (paid due to illness/disability) and Severe Disablement Allowance claimants from October 2010 to review claims with a view to transferring claimants to Jobseekers Allowance or ESA, depending on the outcome of their review. This review process is expected to continue until 2014 and involves a medical assessment – Work Capability Assessment (WCA). Claims for ESA run in two phases:

1. Assessment Phase – this lasts for thirteen weeks, while a decision is made on an individual's capability for work. During this period, ESA is paid at the basic rate.

2. Main phase – this starts at week fourteen. If the WCA determines that the illness or disability does limit ability to work, an additional amount of benefit is paid (a component) in addition to the basic rate. In the main phase, there are two groups:

    a) WRAG (Work Related Activity Group) where individuals have been judged capable of work at some point in the future but not immediately. They are required to undertake work focussed interviews and activity to start to move towards employment.

    b) Support Group, where it is judged that an individual's disability or condition is severe enough to impact on their ability to work and they will not be expected to work.

Where the assessment process judges that a person has the capability to take up work immediately, they will be removed from ESA and will need to submit an application for Jobseekers Allowance.

If a person is placed in the Support Group then these claimants will receive the higher rate of ESA and do not have to take part in any work-related activity as a condition of receiving benefit (although they can volunteer to do so).

Further moves have also been taken; Firstly, to prevent any new claims for ESA on the grounds of youth. This means for young people aged 16-20 (or under 25 if in education or training at least 3 months immediately before turning 20) could not receive contribution-based ESA without paying NI contributions. Secondly, the period for which contribution-based ESA for those in the WRAG group was limited to up to one year, effective from May 2012. For individuals who had already received contribution-based ESA for 365 days or more, their benefit was stopped immediately. Finally, the “linking rule” changed. Previously, where an individual left ESA to start work or training within one month, their benefit was reinstated at the same rate as previously, if they returned to ESA within 104 weeks. Given the changes brought by time-limiting contribution-based ESA, the linking rule was abolished.

DWP statistics[xxv] show that of all claimants already reassessed, around half have been judged as fit for work, however around half again have been overturned on appeal, showing both a flawed assessment process and an indication that many have been financially negatively affected by measures already taken. These are starkly outlined in the DEMOS “Destination Unknown Report, summer 2012.”

Changing the conditions for entitlement for benefits

In addition to the changes noted above, further changes to entitlements or levels of payments have occurred or are planned to take place, including -

- PIP - if a person is claiming PIP for the first time there is a 3 month qualifying period and disability must be expected to last a further 9 months ("the prospective test"). If an individual already gets DLA, there will be no qualifying period but they must still pass prospective test. (Exception - where there is a terminal illness, the claim can be fast-tracked and Daily Living Component is guaranteed but there must be an expectation that death will occur within six months[xxvi].

- Lifetime Awards - no further entitlement with the abolition of IB - PIP will be awarded on short or longer term basis with reassessment periods built in.

- Support for Mortgage Interest (SMI) - Since October 2010, SMI paid at level of Bank of England's average mortgage rate (3.63%) - much lower than previous SMI rate of 6.08% set in 2008.

- Income Support - those claiming as Lone Parents whose youngest child is aged 5 or over will no longer be entitled to IS and will need to move to JSA or those with disability or health condition will have to apply for ESA.

Further future changes:

- Child Benefit - will be withdrawn for households earning £50,000 plus from January 2013

- In April 2013, Council Tax Benefit will be replaced by localised support through local authorities, with a 10% decrease in budget. Details and impact yet unknown.

- From April 2013 - Housing Benefit - size criteria will be extended from the private rented sector to social rented sector. People in houses bigger than they need will have Housing benefit cut. Many disabled people need extra space for equipment and adapted premises.

- In April 2013, Local Housing Allowance rates will be uprated by CPI instead of market rents for areas.

- In April 2013, Crisis Loans - to be replaced by a "payment on account" system (details to be announced). Other crisis-type loans and Community Care Grants will be abolished, with budgets being passed to local authorities who may choose whether to introduce their own system of assistance.

- From April 2013, Tax Credits - any rise in income of £5,000 or more during the year will be taken into account. Previously only changes of £10,000 or more were taken into account.

- From April 2013, Benefits caps £26,000 on households - no special conditions for disabled households whose cost of living is higher. DWP estimates around 75,000 households will be affected by 2014/15.

- October 2013 - Transfer of existing benefits claimants onto Universal Credits by October 2017.

Personal budget schemes

Personal Budget Schemes (Individual Budgets in Scotland) were introduced by the former UK Labour Government and designed as part of the "personalisation" agenda, to put the individual in control of assessing their own needs and how spend their finances/funding on their own chosen types and levels of care. With support from social care staff, they develop their own "Support Plan" to take into account their financial situation, health, social, family, cultural needs and circumstances and what they want to achieve, e.g. a job, and plans on how they can achieve this. The Coalition Government continue to push the personalisation agenda and set a target for all local authorities to ensure 100% of care users have their own Personal Budgets by 2013. In 2007, only 13% of care users had Personal Budgets.

This has required very rapid response to high volumes of care users and the ability to react to increased individual choice and provide the support required to truly empower care users and disabled people to make their own choices. Amongst other factors, local authorities have had to:

- ensure people were provided with the right information and make available trained staff to give the right support to make sense of this and develop their own personalised plan

- be able to meet market demand by having services that were more flexible and tailor-made

- to be able to change the provision they made available locally in a short timeframe

Concerns were raised from all quarters around how this could be achievable within the environment of cuts to local authority settlements and cuts to care budgets. Some of these concerns appear to have been borne out, with reports of disabled people having to fund more of their care personally - whilst coping with benefits cuts and increased cost of living, cuts to the availability of services, e.g. reduced opening hours, reduced qualified staff, changes to eligibility rules set on services by local authorities, "screening out" users and for disabled people using Personal Budgets, cuts to the amount of cash being given to them to spend on services and their own care. The DEMOS study of disability and austerity[xxvii] indeed, shows some truth in this. The study examined information obtain from local authorities across England and Wales to map out budget cuts to care and support services and to assess the impact on disabled users. The study did, however, find great variances across the country in how local authorities applied the austerity cuts and also pinpointed some local authorities where the introduction of Personal Budgets improved the lives of disabled people. 13 local authorities piloted Personal Budgets in 2006. The study found that many of the top "copers" had responded quickly to the personalisation agenda and had invested time and effort early doors to increase the take up of Personal Budgets. The study concluded that whilst some local authorities had bluntly cut the level of funds awarded to care users and/or increased the cost of care, others had been able to improve the quality of care and satisfaction of users through the adoption of Personal Budgets. Those authorities appear to have involved users most in consultation, been clear about the level of funds available to them, laid out comprehensively the availability of services, invested the most staff time and effort in making information available, accessible and clear, focusing more on capability rather than disability of users and been open to truly giving decision making power over to users whilst achieving better efficiency and leaner or more cost effective spend. Nonetheless, there appear to be significant disparity between those who have successfully increased use of Personal Budgets to the satisfaction of disabled people and those who have failed to do so.

Changing financial support to employers employing workers with disabilities:

Work Programme

Through the Department of Work and Pensions (DWP), a range of programmes is available to support jobless people back to work. The Coalition Government introduced the Work Programme, to replace a plethora of other employment schemes. The Work Programme is the single biggest programme of support for all jobless people, including disabled people in the United Kingdom and what is clear, however, from the few statistics that have been published, is that less disabled people than profiled have started on the Programme, despite overall numbers being higher to date than anticipated of the general jobless community. There is no additional amount of funds available to employers to act as an incentive to employ disabled people through the Work Programme, whereas 160,000 wage subsidies are now available to employers to employ young people which will make it more difficult to compete for jobs in the open labour market[xxviii].

Access to Work

The Access to Work programme makes available grants to employers in order to make adjustments and modifications to the workplace in order to employ a person with a disability. Access to Work may also provide funding for special aids, travel costs and communicators.

DWP published figures in April this year showing 27,420 individuals were assisted between April 2011 and December 2011[1] however the majority were "continuing" recipients of support rather than new. The annual budget for Access to Work was £100 million however in March this year; the Government announced an additional £15 million over a three year period. Employers are expected to pay for some of the costs where they have already employed a disabled person within the previous six weeks or up to 100% of costs where they are going to employ a disabled person and each is negotiated on an individual basis. Therefore funding is available for employers to support them to employ disabled people however, whilst this appears to be a good measure there appears to be a chronic lack of awareness or availability of information available to employers to access the scheme.. One respondent stated that paradoxically, the Access to Work scheme was inaccessible. An independent review [xxix] makes a number of recommendations for this measure including making it easier to use by employers and to increase the marketing of the programme. The report also notes it is underused by people with mental health problems and people with learning disabilities.

<u>Work Choice</u>

The Work Choice programme replaced Workstep, the Job Introduction Scheme and Work Preparation in October 2010; it is specifically for disabled people whose needs cannot be met through Access to Work or other programmes or workplace adjustments.

Under the previous Workstep programme, employers could receive support in the form of a wage subsidy and/or in the shape of personal support through a Job Coach or an Employment Support Worker. The new Work Choice programme ceased any wage subsidy to an employer and was intended to provide support through assisting the disabled person to prepare and settle into work. However as mentioned in Section 2 of this report the Work Choice programme has failed to deliver on almost all aspects of its intended outcomes and there is real concern by providers and disability organisations that this new programme does not and will not meet the employment needs of people with significant disabilities.

5. Trends in the promotion and protection of rights

One of the key impacts that will affect the rights of people with disabilities is the welfare reforms proposed by the UK government. Despite the UK having ratified the UNCRPD in 2009, independent living does not currently exist as a freestanding, justiciable right in UK law. The report by the Joint Committee on Human Rights of the House of Lords and the House of Commons 'Implementation of the Right of Disabled People to Independent Living' [xxx] argues that the existing matrix of human rights, equality and community care law, while instrumental in the protection and promotion of the right to independent living, is not sufficient. The right to independent living should be added as an outcome in any forthcoming Bill on adult social care in England.

Regarding the impact of current reforms, the report goes on to say

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[1] http://www.dwp.gov.uk/docs/dwp-annual-report-and-accounts-2011-2012.pdf

> “*While we recognise the exceptional economic circumstances facing the UK, we conclude that there is a risk of retrogression of the UK's obligations under Article 19 as a result of the cumulative impact of spending cuts and reforms. There has been particular concern about the effects of reductions in funding for local authorities, changes to Disability Living Allowance under the Welfare Reform Bill, caps on housing benefit and the closure of the Independent Living Fund, and the way in which these might interact to restrict enjoyment of the right to independent living*”.

The report identifies that many local authorities are restricting eligibility criteria for social care support which could be in breach of Article 19. The Joint Committee on Human Rights recommends that the Government’s forthcoming Disability Strategy includes measures to monitor the impact of restrictions on eligibility for adult social care on disabled people's access to independent living.

Many of the witnesses during the Committee’s inquiry expressed concern over the proposed change from Disability Living Allowance to Personal Independence Payments (PIP). During the course of this inquiry, the Government decided that disabled people in residential settings should continue to be eligible for the DLA/PIP mobility component; a measure that was welcomed by the committee. However, it was recommended that the new assessment system and eligibility criteria must not create a disincentive to using aids and adaptations; should be independently reviewed with the involvement of disabled people’s organisations before being rolled out nationally, and must continue to be based on the fundamental principle that this is a benefit based on the additional costs of impairment, and not based on medical diagnosis.

The committee argued that the closure of the Independent Living Fund to new applicants, with no ring-fenced alternative source of funding, may severely limit the ability of disabled people to participate in society ,and that the Government should address this issue in their consultation paper on replacement funding to be published in early 2012 and ensure that this change in policy does not result in retrogression as far as Article 19 is concerned.

The report further stated that:

> *“The range of reforms proposed to housing benefit, Disability Living Allowance, the Independent Living Fund, and changes to eligibility criteria risk interacting in a particularly harmful way for disabled people. Some disabled people risk losing DLA and local authority support, while not getting support from the Independent Living Fund, all of which may force them to return to residential care. As a result, there seems to be a significant risk of retrogression of independent living and a breach of the UK’s Article 19 obligations”.*

The UK Government was accused of deliberately concealing the extent of opposition to reform of a key disability benefit. Independent analysis undertaken by a team of disability campaigners has claimed that consultation on the future of the Disability Living Allowance was thick with criticism from disabled people’s organisations, charities and individuals, but many of these concerns were concealed. The report entitled Responsible Reform (also known as the Spartacus Report)[xxxi] claims thatwomen would be disproportionally affected by these proposals. This was because of the potential loss of carer benefits as a knock on effect from removing a band from the care or daily living element of the benefit. and that carers are predominantly women.

The report also stated that people with mental health disabilities would be disproportionally affected by these proposals. This was deemed to be because they would suffer from the type of assessment proposed which would perform poorly at assessing fluctuating conditions, so called invisible disabilities, people with poor communication skills and people who might be unable to communicate changes of circumstances, all of which apply in particular to people with mental health disabilities. Furthermore people with mental health disabilities are disproportionally represented among those receiving lower rate DLA and are considered to be the most likely to suffer from any cuts.

The report expressed concern of the adverse impact of the reforms stating:

> "*Ironically it was felt that disabled people would be negatively affected by these proposals. Due to cuts of 20% there would be a significant loss of income to large numbers of disabled people who would lose valuable support. It was also reported that some might be unable to continue working and others would be unable to continue socialising. It was felt that there could also be a negative impact on their health and wellbeing. It was suggested that there might be a contravention of human rights in these proposals".* The report also went onto say: *"However the UK is bound by the Human Rights Act 1998, in particular Article 8 which guarantees the right to independent living and article 9 which guarantees the right to free association. Furthermore under the CRPD (United Nation Convention of the Rights of Persons with Disabilities), the UK recognised under article 19 "the equal right of all persons with disabilities to live in the community, with choices equal to others". Under these articles, all disabled people have these rights, and narrowing support given to uphold these rights could be considered retrogression."*

The United Kingdom has, compared to other European countries, quite strong legislation regarding discrimination and the rights of people with disabilities. In 1996 the United Kingdom introduced the Disability Discrimination Act 1995(DDA) was introduced to protect disabled people against widespread discrimination; to give disabled people rights and end their dependence on "goodwill" and to have disability recognised as an equalities issue, in the same way as ethnicity and gender. From 1 October 2010, the Equality Act replaced most of the Disability Discrimination Act (DDA). The Equality Act 2010 aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in the areas of:

- employment
- education
- access to goods, services and facilities including larger private clubs and land based transport services
- buying and renting land or property
- functions of public bodies, for example the issuing of licenses

The Equality Act also provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person. This can apply to a carer or parent of a disabled person. In addition, people must not be directly discriminated against or harassed because they are wrongly perceived to be disabled.

6. Impact on the implementation of the UNCRPD and the European Disability Strategy 2010-2020[2]

On 24 November 2011, the United Kingdom Government submitted the first UK report on implementation of the UN Convention on the Rights of Disabled People to the United Nations[xxxii]. In Great Britain, the national Life Opportunities Survey (LOS)[xxxiii] has started to collect information on disabled and non-disabled people's life opportunities, covering areas such as work, education, social participation, experiences of crime and discrimination. It aims to identify the social barriers that prevent people from taking part in different areas of life as much as they would like to. The information will be used to help target policies and resources where they are most needed, and ensure that more disabled people can participate in society. The survey is designed to be accessible for people with a range of impairments.

The Office for National Statistics (ONS) Opinions Survey includes a module that asks disabled people about the difficulties they have in accessing a range of goods and services, and the amount of choice and control that they have over their daily lives. These data are published as part of the Office for Disability Issues (ODI) disability equality indicators[xxxiv]. ODI and ONS are also developing a suite of harmonised disability questions for social surveys, to make it easier to compare data from different sources.

The four UK equality and human rights commissions have been designated as the independent monitoring and reporting framework required by Article 33(2) of the Convention. They are the Equality and Human Rights Commission, the Northern Ireland Human Rights Commission, the Equality Commission Northern Ireland and the Scottish Human Rights Commission.

There was no obvious mention or any report from the UK government regarding the impact of austerity measures on the national implementation of either the UNCRPD or the European Disability Strategy.

Accessibility

In terms of public buildings, transport and services is good in the UK thanks to strong disability discrimination legislation. However, access to services may become affected by the reduction in disability welfare benefits and reduced income through job loss and unemployment which could adversely affect a disabled person's ability to buy services.

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[2] On 1 December 2011 the UK government announced a discussion with disabled people to gather suggestions for a new UK disability strategy. The consultation and subsequent documents are due to be published in Autumn 2012 with a further strategig document and action plan being produced in 2013. http://odi.dwp.gov.uk/odi-projects/fulfilling-potential.php

Independent Living

As a result of the cumulative impact of spending cuts, the closure of the Independent Living Fund and welfare reforms, there is a growing risk of retrogression of the United Kingdom's obligations under Article 19.

Education

On-going and long-term funding reductions to Local Authority budgets could begin to affect resources and supports to inclusive education in mainstream settings. However, the UK disability legislation provides a high degree of protection from discrimination in the education system and also affords equality of opportunity for people with disabilities.

Work & Employment

There appears to be a dwindling supportive framework for assisting people with disabilities into paid employment through the closure of Sheltered Workshops, the cessation of wage subsidies for employers of disabled people, the reduction in Supported Employment providers and the poor results of the UK Government's Work Choice programme.

Adequate standard of living and social protection

The austerity measures announced by the UK Government in 2012 have set out the most radical and far reaching plans for welfare system reform ever embarked upon. The Government have been widely and publicly criticised for refusing or failing to take into account the negative impact these measures will have on disabled people and their families. The changes to welfare benefits, tax credits as well as increased costs could be seen as putting social protection and the provision of a standard of living at risk.

Respondents to the questionnaire generally stated that they considered there would be a negative impact on the European Disability Strategy and the United Nations Convention of the Rights of Persons with Disabilities.

7. General conclusions

The data and information gathered and put together in this report in relation to the impact on a range of issues and situations regarding people with disabilities provide a clear indication that the economic crisis and austerity measures are having a significant negative impact on disabled people.

In producing this report, there was an enormous amount of information available through reports, statistical information, studies, discussions with disability organisations/service providers and the media. There were a great many reports that were not used for any other reason than the availability (or lack of) of time and space. The additional issue of the United Kingdom being the largest country in the selected country study and the fact that so many aspects related to this study were devolved to the Scottish Government, the Welsh and Northern Ireland Assemblies.

Whilst most of the statistics used were from official sources they did not of course tell the whole and perhaps the under-lying story and that is where additional research and interviews have been able to bring a more realistic and indeed, even emotional aspect to this report.

The current employment rates in the UK indicate that employment rates are quite stable but further research reveals a raft of closures and risk of closures to sheltered workshops. Additionally, there is no longer a wage subsidy available to employers who employ a person with a significant disability and the new employment programme for disabled people has a less than 14% outcome rate. Moreover, Supported Employment services are reducing and financial incentives are becoming available for young people which will make it more difficult for people with disabilities to compete in the open labour market.

Poverty rates also appear to be fairly stable but the significant changes under Welfare reform will surely see people with disabilities and their families considerably worse off financially. Cuts and reductions in benefits and allowances are causing great concern amongst people with disabilities, their families and support organisations. The review of all people currently on disability benefits with a view to potentially deciding that they are fit for work is causing alarm amongst the disability community as the whole process including the Work Capability Assessment is viewed with suspicion and fear.

This study provides evidence that the austerity measures are having an adverse effect on people with disabilities. However, given that some of the measures have not yet began or have not yet impacted then perhaps the real level of impact will not be seen for a year or two.

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