

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

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### Background:

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

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

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

## **PART ONE: SOCIAL INCLUSION PLANS (GENERAL)**

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

Up to 2000 the policies for fighting poverty and social exclusion in Portugal were based on a strategy defined within the European context, through the implementation of specific Programmes for target publics or concrete geographic areas (European Programme to Fight Poverty II and III and the INTEGRAR Programme).

In the Lisbon Summit 2000, the commitment to adopt measures with a decisive impact on the eradication of poverty and social exclusion was assumed. At national level, the fight against poverty and social inequalities became a priority at political level and was mainstreamed in several sectorial areas according to the successive National Action Plans for Inclusion (PNAI) which have been implemented since 2001 (2001-2003; 2003-2005; 2006-2008), based on the Open Method of Coordination.

The current national strategy for social inclusion rooted in the PNAI 2006-2008 is based on following policy priorities:

- To fight poverty of children and elderly through measures which ensure their basic rights of citizenship;
- To correct disadvantages in education and training / qualification;
- To overcome discrimination of people with disabilities and immigrants.

The National Action Plan for Inclusion (NAPs/incl), which incorporates a variety of measures in this domain, and the National Action Plan for Employment (NAPE) are examples of cases in which rehabilitation issues appear transversally in the respective sectorial fields and can contribute to achieving the goal of equal opportunities for this population.

The strategic approach of the integration of people with disabilities and the fight against discrimination on the grounds of disability is mainstreamed in all political areas as well as in specific actions plans, namely in the Action Plan for the Integration of People with Disabilities (PAIPDI), National Employment Plan (PNE), National Action Plan for Inclusion (PNAI), National Plan for the Promotion of Accessibility (PNPA), National Action Program for Growth and Employment (PNACE), National Public Budget, National Strategy for Tourism, National Strategy for Sustainable Development, National Plan against Domestic Violence.

More recently, the Budget allocated by the Human Potential Thematic Operational Programme under the National Strategic Reference Framework 2007/2013 (POPH/QREN) will focus on the improvement of the quality of life of people with disabilities, namely the Qualification, Support to socio-professional integration, Quality of Services and Organizations, Accessibility at central and local level and Research, Raising awareness and Good practices.

Various measures have been adopted in the recent decades, predominantly of a medical, social and fiscal nature, intended to ensure rehabilitation, education, social protection and participation of disabled people in the labour market and in society.

The social security system grants various types of support in the form of cash benefits (subsidies, social pensions or bonuses) and through the access to facilities, goods and services (physical and professional rehabilitation, social services).

Although several measures had been created over recent years, the discrimination against people with disabilities has persisted and it was considered essential to define a global strategy which could establish a coherent system of measures based on the mainstream of disability issues in the various policy areas.

Therefore, in 2005, a Secretary of State for the Rehabilitation was nominated within the Ministry of Labour and Social Solidarity with the objective of ensuring the coherence and the transversality of the policy of rehabilitation and integration of people with disabilities in all policy areas as well as their fundamental rights.

The respect for fundamental rights, the mainstreaming of the disability issues in public policies, the promotion of the accessibility and the removal of physical obstacles in the environment were the key-priorities of the new policy of rehabilitation and integration of people with disabilities which was defined in accordance with the new conceptual framework of human functionality and incapacity developed by the International Classification of Functioning, Disability and Health.

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

Recently it was adopted the law nº 46/2006 from 28th of August that prohibits and punishes the discrimination based on the disability or health. This Law applies to the economic, social and cultural individual rights and defines the concept of direct and indirect discrimination. It also reinforces the application of the laws that protect people with disability from being discriminated and establishes the inversion of the burden of proof.

The NGO's representing people with disability interest and rights are entitled to represent and defend them in the court. By the article 8, the National Institute for the Rehabilitation is responsible to submit to the Government an annual report on all the information concerning the discriminatory acts and the sanctions eventually applied. The first report was already presented.

The Portuguese Government also approved the first Action Plan for the Integration of the People with Disabilities or impairments (2006-2009), by the Resolution of Ministers nº 120/2006, of 21st of September.

This was the first Action Plan approved and it defined the legislative and administrative measures, the responsibilities of the relevant actors and targets adopted and implemented by the government in the different areas of general policy. This Plan is also intended to promote a wide partnership between public and private entities, central, regional or local administration, social partners, NGO's and civil society as well as people with disabilities.

The main goals of the PAIPDI are: to promote the improvement of the quality of life of the people with disabilities, to promote accessibility to goods, services, information and communication, to promote the integration of people with disabilities in all domains of society, allowing their full participation, through comprehensive policies and quality services. The Plan defines the actions that should be adopted, as well as the Ministry in charged and the targets to be accomplished during the reference period of 2006/2009. It was also created a working group that will monitor the implementation of the Plan.

The Plan conveys an innovative and multidisciplinary approach to the issues of inclusion and participation of people with disabilities focused on various actions associated to, accommodation, accessibilities, modern information and communication technologies, on the offer of cultural, sports and art practices, on the adjustment to education and lifelong learning, adaptability and employability of the workers in a view to social and tax protection.

The monitoring mechanism created by the Plan will allow the evaluation and application of the programmatic measures by all stakeholders.

It should be underlined the adoption of the Council of Minister regulation through the publication of the RCM nº 186/2005 in order to settle that the submission of new draft laws that may interfere on issues related to the inclusion or participation of people with disabilities has to be completed with an assessment of its impact on the policies related to the prevention, qualification, rehabilitation and participation of people with disabilities.

The National Institute for the Rehabilitation (INR,I.P) is the national body competent to promote the disability policy in partnership with other public entities and NGO's. The National Institute for the Rehabilitation, P.I. (INR,I.P.) also monitors the application of the PAIPDI, PNPA, the Accessibility law and the Law that prohibits discrimination based on disability.

### ***Support to and involvement of NGO's***

Law 38/2004 ensures participation by people with disability or respective representative organisations, particularly in the drafting of legislation on disability, execution and evaluation of all policies mentioned in this law, so as to ensure their involvement in all situations of everyday life and society in general.

The involvement of the NGO's is also guaranteed through the National Council for the Rehabilitation and Integration of the People with Disabilities ("Conselho Nacional de Reabilitação e Integração das Pessoas com Deficiência" – CNRIPD), which is a consultative body of the Minister of Labour and Social Solidarity, and provides the Government with information used in deciding on matters related to the definition of the National Rehabilitation Policies.

This body supports and includes representatives of all kinds of disabilities as well as social partners and public authorities. It issues opinions and recommendations and presents proposals for measures related to rehabilitation and disability.

The State encourages and supports People with disabilities, their families and the Association Movement in all measures taken in regard to the prevention of disabilities and the rehabilitation and social integration of the people with disabilities.

Encouraging and supporting the Association Movement is the duty of the National Institute for the Rehabilitation (INR,IP), that works closely with Civil Society and the Non Governmental Organisations of the people with disabilities in the definition of the policies. The INR,IP also finances projects, gives technical consulting, promotes working groups on specific policies (Education, Health, new Technologies, etc), ensures the production of technical and educational publications dealing with disability and rehabilitation through three collections: Books, Manuals and Leaflets, intensifies and promotes information about good practices, etc.

There are about 400 NGO's working in the areas of disability and (re)habilitation that carry out services, activities and develop initiatives with a view to improving the quality of life of People with disability.

The State provides financial support to the NGO's through cooperation protocols to finance the functioning.

In addition, in partnership with organisations linked to Education, Social Security and Employment, the State, through specific agreements, supports NGO activities in the areas of teaching, employment, vocational training, rehabilitation and occupational activities.

The support given by the State through the INR,I.P. to the NGO's has contributed to the development of their activities and the increase in the number of relevant projects that come under the objectives of the National Rehabilitation Policy.

In recent years the Association Movement has grown significantly and consolidated its form of acting. In some cases it has taken on an active role of claiming rights for the people with disabilities.

The dialogue between the State and the NGO's and the logistical and financial support that the latter have received, has contributed to encouraging the social role played by the Associations.

Intervention is done through the Parish Social Committees and the Local Social Action Councils where the NGO's sit with the Local Governments, Social Partners and decentralised public Administration Departments. A process of local social development and planning at municipality level is carried out. Social intervention is also done after the diagnosis of situations that are reported.

### **1.3 What is the most recent research about disabled people's equality and social inclusion in your country?**

*Relevant publications published lately are:*

#### **"Future Elderly. Living Conditions In Europe. Who Will Care"**

Coordinator for the Portuguese Team: Ana Alexandre Fernandes  
2003-2006 - Funding: European Commission

Abstract: The goal of this project was to forecast the living arrangements of people aged 75+ in the next thirty years. It resulted in an interactive database and a book. The data base and the key results can be consulted on the website. It was carried out by an international and interdisciplinary research team.

#### **"Social protection models concerning incapacity- A structural challenge in integration of people with disabilities and incapacity"**

Pedroso, Paulo; Alves, Tatiana  
Study in course until 31/12/2008

The study aims to characterize the different social protection models of incapacity based on disability and to use ICF in the recognition and granting of social rights, social services, allowances and taxes benefits.

#### **Study about the evaluation of Quality and Safety of Social Services in the field of rehabilitation and integration of people with disabilities**

2005, Capucha, Luís; Cabrita, Miguel; Álvares, Maria; Paulino, Ana Lúcia

Study about the satisfaction level on the quality of existing social answers from a point of view of users and/or their families and technical staff of the institutions. Evaluation of the quality of services based on indicators to be defined. Analyze of people with disabilities needs in specific local areas where there is a lack of resources.

## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

There are not many publications or studies about the specific phenomena of disability. Normally disability is studied as cause and result of poverty and social exclusion, affecting in particularly disadvantage groups as children, women, older people and ethnic minorities.

Bearing in mind this lack of publications the INR, I. P is promoting several studies in some key areas such as: Evaluation of Social and financial impacts for people with disabilities and their families; Pathways for disabled students in the different levels of education (secondary/tertiary/undergraduate), Application of IFC in Health, Education, Employment, Social security and Tax policies; Adoption of indicators for monitoring disability policy; Impact of discrimination of women with disabilities in education, vocational training, employment and civil participation.

These studies are financed by QREN/POPH and public authorities, in special INR, I.P., and will be finished by 2009. The information obtained will be use in the developing of political measures for the inclusion of people with disabilities.

There are two studies particularly interesting in this area, namely:

“Modelling Disability Policy-making”, CRPG e ISCTE (2008).

“Poverty and Social Exclusion” Capucha, Luís, (2007) “Pobreza e exclusão social” in Maria das Dores, Anália Cardoso Torres e Luís Capucha (Orgs.), Quotidiano e Qualidade de Vida (Portugal no Contexto Europeu, vol. III), Lisboa, Celta Editora

From the reports and studies carried during last years it is possible to conclude that:

1. People with disabilities still face high rates of discrimination in all areas of society and are particularly vulnerable to poverty and social exclusion;
2. Social benefits are a result of passive policies and do not promote the integration in society;
3. Political disability measures had been designed according to assistance and medical model and there is a need to move to a human rights approach ;There is a need to focusing on ability rather in financing inactivity;
4. The empowerment of people with disabilities must be a priority and public support should be granted since birth and, specially, during transition periods;
5. It should be assured the balance of social protection and employment activation measures.

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

It is possible to find information about pensions and benefits available for people with disabilities in [www.inr.pt](http://www.inr.pt) ; [www.seq-social.pt](http://www.seq-social.pt) and [www.gep.mtss.gov.pt](http://www.gep.mtss.gov.pt)

The new Law 4/2007 of January 16 approved the general basis of the social security system. This is an advanced step in the whole process of reform undertaken. It foresees that the system of social security must assure social protection of people with disabilities through financial supports and diversified modalities of social support that favour the individual autonomy and contribute to the effective inclusion in the society.

The social action subsystem ensures special protection to the more vulnerable groups, in particular children, youths, persons with disabilities and the elderly, as well as other persons in a situation of economic or social need.

The citizenship social protection system aims to guarantee the basic rights of citizens, equal opportunities and social wellbeing and cohesion.

Social transfers are made to the institutions ( indirect support) and to the individual and their families (direct support).

To meet these objectives the citizenship social protection systems ensures citizens are entitled to the essential minimums when facing a situation of lack of resources, poverty and exclusion.

Special disability protection takes the form of cash benefits, especially as regards compensation for family charges, protection of disability and dependency and maternity under the three new subsystems<sup>1</sup>.

As example it is possible to detach several benefits in the various fields of social security system, as the following:

*Family benefits for descendants with disabilities*

The award of benefits depends on the contributions registered in the insured person`s name. People covered by non-contributory social security scheme are also eligible for these benefits, if they satisfy the required means conditions.

*Maternity Benefits*

The benefits provided under the maternity protection scheme are intended to offset the loss of income of working parents caring for descendants with disabilities.

*Dependency benefits<sup>2</sup>*

The benefits provided are as follows: attendance allowance and dependency supplement.

*Social welfare benefits in Kind*

Benefits in kind, especially those intended to support people with disabilities, come under social welfare. Support of this kind in practice enables people to use a network of equipment and services and provides the resources that they need to do so. By means of co-operation protocols Social Security provides financial and technical support to non-profitable institutions, which provide services for the population with disabilities, such as residential homes, occupational activity centres, and early intervention centres aimed at children from 0 to 6 years old. The residential homes accommodate youngsters older than 16 and adults, who are either temporarily or definitively hindered from living with their families. The occupational activity centres are aimed at the disabled older than 16 to stimulate the development of their skills, mainly of those who cannot find a job.

Financing is paid directly by the state to the host establishment, following the conclusion of an individual agreement (co-operation protocols). Beneficiaries pay an amount towards cost calculated on the basis of their family income.

The Portuguese Government, taking account of the need to eliminate or reduce social, economic and cultural inequalities, the necessity to ensure legal-material equality, and the principle of equality, all in the context of strengthening equality for the People with Disabilities, has put the following measures in place:

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<sup>1</sup> In Portugal the Public Social Security System is divided into three subsystems: the insurance subsystem, the solidarity subsystem and the family protection subsystem. In the first two systems is foreseen a scheme of benefits in order to protect people with disability like the disability pension and the social benefits related to the accidents at work and occupational diseases. In the third subsystem is foreseen to cover family charges, dependency and disability.

<sup>2</sup> Dependency protection is part of the family protection subsystem introduced by the new framework law on social security.

The key policy of Social Security/Welfare Sector - based on human rights, equality of opportunities, autonomy and participation - is the promotion of quality of life and the development of more vulnerable citizens avoiding the social exclusion and poverty. It is devised in current legislation a family protection sub-system to disabled people establishing specific benefits and allowances for disabled children and adults aiming at compensating families for additional costs or loss of family income as a result of disability. Some fiscal benefits are available too.

In the field of social care (Social Action Sector) a range of specific social services and facilities funding by central government are available. The most part of services (institutional and community-based) are delivered by non-profit organizations through State agreements and financing by State. Assistive devices are also financed by State, the most part by Social Sector and some of them by Health and Education sectors (to in-school using mainly).

#### *Children with Disabilities*

According to the current labour legislation the worker-mothers/fathers of very severe disabled children have the permission to stay at home during 6 months with a grant paid by Social Security. The great majority of disabled children live with their families although they are facing under-resourced community-based services delivery. This kind of provision had been incremented and improved in the last years through implementing more flexible measures and facilities by State and NGO's agreements.

#### *The on-going implementation of Community Social Network*

This is a legislative measure establishing a network organization of local public services, private non-profit organizations and other entities with the coordination of each local authority – has been an important tool for a better rationalisation and management of needs and community resources and by this means improving the quality of life of the more vulnerable population including disabled people.

#### *Early childhood Intervention (ECI) system*

This system aims at the prevention of secondary conditions and the promotion of the development of children in early years - under a family centred approach and comprehensive model – ECI provides an effective way to empower families and improve community services delivery that could reduce future institutionalisation.

The increment of inclusive education policies and practice had been an important contribution to decrease the number of institutionalized children with disabilities, as well as the number of boarding schools. Even very severe situations can be attained in specialized unities within ordinary schools near their homes.

The conversion of some special schools institutions as resources centres providing community-based and more comprehensive services had been a good alternative to meet family needs in the community and to reduce institutionalization.

There are special benefits and arrangements for workers parents with severe disabled children aiming the conciliation of professional life and family life:

- parental leave for one of the parents to stay at home till 6 months with a grant paid by Social Security Sector;
- Flexible arrangements of work timetables.

#### *Protection of Women with Disabilities*

It is also prohibit any kind of discrimination based on the sex and it is guarantee the equal opportunities and the fights against discrimination in all fields.



The Decree 1/2006, 25th January, regulates the conditions of organization, functioning and supervision of the shelter houses, in development of the Law nº107/99, (establishes the legal picture of the public net of houses of support to the women victims of violence), and the Decree-Law nº323/2000, that regulates it. In accessibility terms, it foresees that the existing private spaces in the installations of the shelter houses must be conceived of form to guarantee an effective privacy and the mobility of people/women with disabilities, also dealing with issues such as ageing, health care, and also situations of dependency

#### *Policy developments*

In 2006 it was created a new social allowance for elderly with lack of resources RENDIMENTO SOLIDÁRIO DE IDOSOS. This measure was intended to be implemented progressively through the the entire country but in 2007 it was implemented in all national territories. This measure aims to combat the poverty of elderly who live alone and have very low income.

Access for all to health care is deemed to be one of the main priorities in the context of social policies in Portugal.

Recently, the Portuguese Government approved the National Plan of Mental Health 2007-2016 which consists in a instrument for the concretion of a national strategy to be implemented on a multisectorial form for some ministerial entities, having as main objectives:

- a) To assure the equitable access to quality care of mental health to all the people with problems of mental health, including those that belong to vulnerable groups
- b) To promote and to protect the human rights of the people with mental health problems
- c) To reduce the impact of the mental disturbances and to contribute to the promotion of the mental health of the population
- d) To promote the decentralization of the services of mental health, in order to allow the instalment of care services near the population and to facilitate a higher participation of the communities, the users and its families
- e) To promote the integration of the care services of mental health in the general system of health, not only at the primary care level, but also in general hospitals and the continued care, in order to facilitate the access and to diminish the institutionalization.

### **2.3 Policy and practice (summary)**

Similarly to the Portuguese population, people with disabilities present as an average low school levels. Most of them only have the 1st level of 'basic education', compulsory schooling and 'do not know how to read or write', a category where women clearly stand out. In 2001, the illiteracy rate of the disabled population was more emphasized than in the total population (respectively 23% and 8.9%).

These people are mostly inactive economically (71%) and only 29% posses an economic activity. The main means of subsistence for people with disability or incapacity over 15 years old is their pension/ retirement (55.2%), reflecting an inverse situation to the total population whose principal means of subsistence is work (52.6%). It is important to stress the number of people with disabilities or incapacities "cared for by their families". These factors are considered as being one of the greatest vulnerabilities of this group in relation to the overall population.

In 2001, the unemployment rate of people with disabilities or incapacities was 9.5% in relation to 6.8% for the total of the resident population. This means that specific measures of vocational training and processes of readjustment to work still do not generate an employability rate equal to the one selected for the population in general apart from a strong investment made in these last years in this area.

Between 2000 and 2004, there was a slowing down in the increase of the coverage in the service and equipment network for this population. The execution rate of response was the lowest (10.5%) in relation to the execution rates in the family and community sector (76.4%), elderly support (27.1%), childhood and youth (14.3%). In situations where disabilities are more severe or complex, the solutions and social services are still insufficient or not very adjusted to the real needs felt, particularly affecting the families. This situation is even more serious regarding single-parent families.

Amongst the groups vulnerable to poverty and the exclusion phenomena, the disabled population constitutes the group which taking into account the multiplicity of problems and the historic deficit of response, enhances a need for an urgent and reinforced investment.

Fulfilling the reform agreement signed with the social partners in October 2006, the new Social Security Base Law (Law n. 4/2007 of 16th January) was published in January 2007. The Decree-Law n. 187/2007 of 10th May, in effect since last June, develops the principles agreed in relation to pension calculation, namely taking the sustainability factor into consideration, the acceleration of the transition period into a new formula for pension calculation and the revision of the flexibility regime for the retirement age.

Combating social exclusion and poverty (namely, through the National Action Plan for Inclusion 2006-2008 and for sectors Action Plan for the Integration of People with Disabilities or Impairments and the Plan for the Integration of Immigrants) is one of the main goals of the modernization of the Social Protection System.

## SECTION THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

There are not many publications in this field, however, some recent publications to consider are:

NEVES, António e CAPUCHA, Luís (Coord.) (2006), *Estudo de Avaliação da Qualidade e Segurança das respostas Sociais na Área da reabilitação e integração das Pessoas com Deficiência*, Coleção Cogitum, nº. 21, Lisboa: DGEEP – MTSS.

Neves, António Oliveira das (Coord.), *Integração das Pessoas com Deficiência*, DGEEP/MTSS

AMOR, Teresa (Coord.), MATIAS, Carla e COTRIM, Ana (2007), *Envelhecimento e Deficiência: Dupla Exclusão?* (Relatório Final), Centro de Estudos Territoriais, Lisboa.

Baltazar, Maria da Saudade (Coord.), Candeias, Maria de Jesus,(2008), *A institucionalização de pessoas com deficiência em Lares Residenciais*, Universidade de Évora.

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

Social Support concerning elderly and adult people with disabilities<sup>3</sup> is intended to support Elderly people on their own or with other family members, in residential care settings for elderly with or without autonomy. Social services and programmes for people aged 65 and over aim, as much as possible, at promoting their autonomy and well being, encouraging them to remain at home and in their family and usual living environment and at reinforcing their social and community integration.

The types of care and support available are:

#### Social services for older persons with disabilities

- *Emergency situations:*  
National social emergency line 144, run by ISS - Institute of Social Security.
- *Foster Care:*  
This service provides temporary or permanent care provided by a selected family for older persons who cannot stay at home due to the absence of family members and/or inadequacy of social services.
- *Home Help:*  
This service provides individualized personal care at home for individuals and families who, due to illness, disability or other problems, cannot satisfy their basic needs and/or perform daily life activities on a temporary or permanent basis.
- *Get Together Centre:*  
This is an establishment that provides support services for leisure and cultural activities organized by older persons in the community.
- *Day Care Centre:*  
This is a centre where different kinds of services are provided for older persons, thus enabling them to stay in their homes for as long as possible. Services provided may include meals, socialization / occupational therapy, hygienic care, laundry and organized holidays. In certain circumstances, home delivery of meals, home help and temporary accommodation are also provided.

<sup>3</sup> Information provided by Social Security Institute

- *Holiday Camp:*  
Services are provided to all age groups or for the entire family, including leisure activities.
- *Home Help:*  
This service provides temporary or permanent accommodation for older persons at major risk of losing their independence and/or autonomy.
- *Residential Care:*  
This is a group of apartments with common use services, for elderly people with autonomy and who can take care of their own apartment.
- *Support Programmes for Elderly:*  
This is an Integrated Support Programme (PAII) that provides telealarm services, home help and supervises Resource Centres for dependent people.

### **Social services for Adults with disabilities**

- *Foster Care:*  
This service provides temporary or permanent care provided by a selected family for adults with disabilities who cannot stay at home due to the absence of family members and/or inadequacy of social services.
- *Home Help:*  
Through Home Help, adults with disabilities receive individualized personal care at home for individuals and families who, due to illness, disability or other problems, cannot satisfy their basic needs and/or perform daily life activities on a temporary or permanent basis.
- *Occupational Support Centre:*  
These are centres to improve the personal competences and social integration of young people and adults with disabilities, aged over 16, through occupational activities.
- *Residential Care:*  
This is a care centre for young people and adults with disabilities, of both sexes, over 16 years old, who cannot live in their home on a temporary or permanent basis.

Adult persons with disabilities are also entitled to financial support for acquiring technical aids, including new technological gadgets to compensate for disabilities or to reduce their consequences in order to be able to perform daily activities and to participate in academic, professional and social life.

In 2006 it was created two national programs PARES and PAIES intended to invite solidarity and private entities to invest in social equipment. This investment in social equipment represents a strategic dimension of the development of Portugal. It was created to give financial support to the equipment most necessary in the field of social support to children, people with disabilities and elderly at national and local level.

With the purpose of improving social, economic, political and cultural participation of older persons, Portugal has increased its investment in social infrastructures enabling their integration.

The Social Services and Equipments Network Programme (PARES) was created and regulated by Administrative Rule nr. 426/2006 of May 2nd. This Programme promotes public investment in social infrastructures through financial resources obtained exclusively from the net results of social games and private investment in social infrastructures. This investment aims at increasing, developing and consolidating the existing capacity in social solutions, specifically for people with disabilities, by creating the conditions which promote their autonomy and improve the solutions for this population.

The PARES Programme sets out 3 main objectives:

- To pursue an effective planning of needs at a territorial level by selecting priority projects on the territory: With a lower coverage rate; More vulnerable to social exclusion.
- To encourage investment by seeking to establish previous partnerships between the Social Sector, Local Authorities and Entrepreneurial/Private Sector.
- To promote Private Sector initiative through an autonomous process supporting investment.

PARES Programme defines targets : 2.500 places for the people with disabilities will be created in the third sector. Until 2008, it was created about 1000 new places for people with disabilities.

The Support Programme for the Investment in Social Equipment – PAIES – was established and regulated by Administrative Rule nr. 869/2006 of August 29th. Similarly, to PARES, the PAIES programme stimulates private investment in social services. However, this Programme emphasizes the support to profit making initiative by granting incentives to investment, supporting the promoting entities and enabling more favourable conditions when applying for credit.

A **National Network of Continued and Integrated Care** was established by Decree-Law nº 101/2006, of 6 June, within the scope of the Ministry of Health and Ministry of Labour and Social Solidarity. The Network's objective is based on the provision of continued and integrated care to persons, independently of their age find themselves in a dependent situation.

Continued and integrated care is based on a paradigm of full recovery and maintenance in order to permit the treatment of the acute phase of the disease or preventive intervention. For this effect, comprising:

- Rehabilitation, readaptation and social reintegration; - Provision and maintenance of comfort and quality of life, even in situations when they can't recover.

Continued and integrated care is provided by hospital and outpatient Units as well as by Hospital and domiciliary care teams.

The National Network of Continued and Integrated Care will be implemented progressively and during its first year through Pilot Experiences. Following this guideline, Joint order no. 17 516/2006 of 29 August enacted by the Ministries of Health, Labour and Social Solidarity, approved the realization of pilot experiences in 14 districts of the country, making available 1145 beds in these units and forming 178 teams.

Therefore, it is observed that in Portugal, long term care or integrated care has gained importance on the political agenda implying a transversal (cross-cutting) approach from the health sector and social services.

### **Housing**

The Portuguese Government approved the Decree-Law 163/2006, 8th August that establishes the technical norms of accessibility to all the public and collective equipments, public buildings and housing, this new law aims to be more effective than the previous one and reinforces the rules applicable to promote accessibility as well as the sanctions that apply to every one: public or private entity. It was also adopted the National Plan of Promotion of the Accessibility (NPPA) (Council of Ministers Resolution nº 9/2007, 17th de January) that constitutes an instrument of measures which aim is the improvement of the quality of life of all the citizens and, in special, the realization of the rights of citizenship of the persons with special needs.

With regard to the situations related to renting, of the Urban Rental Scheme, in cases of the transmission of rental contracts to descendants who have a handicap with a degree of greater than 66%, the conditioned rent regime<sup>4</sup> is not applied and these people continue to pay the same type and amount of rent.

People with a handicap degree of more than 60% receive a rent subsidy<sup>5</sup>. This subsidy is also payable to people whose spouse or the person who lives with them is disabled.

### **Social Services for Children and young persons with disabilities**

- *Interdisciplinary technical support:*  
Specialized support programmes for children and young persons with disabilities and their families in order to promote their development and social integration.
- *Early Technical Support:*  
Joint services, in the fields of education, health, solidarity and social security, to support children up to 6 years, with disabilities or in situations of high risk, and their families.
- *Socio-Educational Center:*  
Provides support for children and young persons with serious disabilities, until they are 16 years old. This centre operates as a semi boarding school, with several aims, namely pluridisciplinary assessment, early technical support, socio-educational and supplementary support.
- *Home Support:*  
For children and young persons with disabilities, from 6 to 16 years old, with special educational needs, attending socio-educational centres far away from their own homes or who need this type of support due to temporary family dysfunctions.
- *Residential Care:*  
For young persons and adults with disabilities, aged over 16, of both sexes, who are unable to continue to live in their usual environment and therefore need temporary or permanent accommodation.
- *Holiday Camp:*  
For children and young persons with disabilities during school holidays, work holidays or other holidays. Holiday camps can cover several activities, namely daily work camps, camping, etc.
- Children and young persons with disabilities are also entitled to financial support for acquiring technical aids, including new technological gadgets to compensate for disabilities or to reduce their consequences in order to be able to perform daily activities and to participate in academic, professional and social life.

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<sup>4</sup> the original rent/the first rent is fixed in accordance with the parts interested and can not exceed, by the month, 1/12 of the result of tax (actually, 8%) x actual valour of the place (price depends on the condition of the building and the date of the last adjustment).

<sup>5</sup> Law 46/85, 20.10, admitted the annual increase of rents according to coefficients approved by the Government. Also, it allowed an extraordinary adjustment of rents established before 1980, according to variable coefficients (depending on the condition of the building and the date of the last adjustment). A rent subsidy for tenants with a low income was created to compensate for the increase of rents. (12 DL 321-A/90, 61 RAU; Law 46/85, 20.10; Decree Law 68/86, 27.03 (modified by Law 21/86, 31/07 and Decree Law 329-B/2000, 22.12)

## **PART FOUR: SUMMARY INFORMATION**

### **4.1 Conclusions and recommendations (summary)**

There has been a significant improvement of the rehabilitation policy instruments: mainstream Plans about the Integration of people with disabilities and on accessibility, new Law on accessibility and the law that prohibits discrimination based on disability nevertheless there is still much to do mainly in the application of the legal framework.

There are some improvements that should be put in practice such as :

- Simplifying the existing protection scheme by combining the number of benefits in order to improve the individual autonomy is a main challenge.
- Recognising the transversal nature of protecting persons with disabilities, which presupposes intervention by other political and social areas. Moreover, recognising that the problem of disabilities and incapacities must be viewed, not only from a passive perspective, by subsidising the situation, but particularly through an active perspective that socially (re)habilitates, integrates and dignifies.
- Reform of the Social Protection System according to the new concept of the ICF that values the capacities of each person with disabilities and promotes their empowerment and autonomy.
- Adoption of a new system based on the ICF to evaluate the capacities and specific limitations of people with disabilities.
- Need of a social approach based on the individual needs and in the elaboration of individual plans adjusted to them impairments.
- Improvement of the community and local support services as well as personal assistance of people with disabilities and their families.
- Balancing social protection pensions with work wages.

### **4.2 One example of best practice (brief details)**

Attending to the importance that community services play in the inclusion of people with disabilities the PAIPDI created Local Network of Information and Mediation Services for people with disabilities (SIM-PD) which provide at local level information and qualified support to people with disabilities or impairments. This network is located within local authorities with a view to responding to people with disabilities needs of information, orientation and follow-up services.

The target groups are people with disabilities and their families, professionals rehabilitation, education, health, etc), NGO's and services and/or any other citizen that may need information. At this moment, there are already 17 SIM-PD's all over the country.

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Rede de Centros Educativos de reinserção social

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**TABLE 1**  
**TABLE OF DISABILITY PROTECTION FOR FAMILY EXPENSES**

| SOCIAL SECURITY SYSTEM                                      | BENEFITS   | OBJECTIVES   | AWARD CONDITIONS  | AMOUNTS   | ACCUMULATION   |
|---|--|--|---|---|--|
| CITIZENSHIP SOCIAL PROTECTION SYSTEM<br>- FAMILY PROTECTION | <p>➤ Disability bonus</p> <p>Decree-Law 133-B/97, of May 30, with the draft given to it by Decree-Law 341/99, of August 25</p> | <p>To compensate for additional family expenses arising from situations in which the descendants of the beneficiaries, under 24 years of age and with a physical, organic, sensorial, motor or mental disability, require educational or therapeutic support, to which is added the Family Bonus for Children and Youths (covered by the contributory schemes).</p> <p>To compensate for expenses resulting from the direct application of specific measures of special education for children and youths, under 24 years of age, with disabilities, implying the need to attend private profit-oriented or co-operative establishments or specific education support by a specialised profit oriented entity outside the establishment.</p> | <p><u>General Conditions:</u><br/>Existence of recorded wages in the name of the beneficiary, within the 12 months prior to the 2<sup>nd</sup> month before that of the application submittal date or of the confirmation of the fact determining the award. Be maintained at the expense of the beneficiary and not perform any professional activity covered by the mandatory social protection scheme.</p> | <p>Fixed amount updated periodically<br/>Up to 14 years of age - €55.88<br/>From 14 to 18 - €80.94<br/>From 18 to 24 - €108.36</p> <p>Variable amount according to the monthly fee and the income of the family household and corresponds to the difference between the value of the said fee and the value of the family contribution.</p> | <p>Accumulated with the special education subsidy and the third-person care subsidy.</p> |
|   | <p>➤ Subsidy for attending a special establishment</p>   | <p>To compensate for higher family expenses according to the beneficiary's descendants, over 24 years of age, with a physical, organic, sensorial, motor or mental disability, who cannot be expected to normally earn a living through a job.</p> <p>CES (extraordinary solidarity complement) – awarded officially through an addition to the monthly lifetime subsidy</p>   |   |   |  |

|           |   |  |   |   |  |
|-----------|---|--|---|---|--|
| SUBSYSTEM | <p>Decree-Law 133-B/97, of May 30, with the draft given to it by Decree-Law 341/99, of August 25<br/>Regulatory Decree 14/81, of April 7</p> <p>➤ Monthly lifetime subsidy and extraordinary solidarity complement</p> <p>Decree-Law 133-B/97, of May 30, with the draft given to it by Decree-Law 341/99, of August 25</p> |  | <p><u>Special conditions:</u><br/>In cases of disabled descendants of beneficiaries and under 24 years of age who have a disability and who are in one of the following situations:<br/>-Attending or interned at a specialised rehabilitation establishment or are in the condition to attend or to be interned at the said establishment.<br/>- Need individual educational support and/or specific therapy.</p> <p><u>Special conditions:</u><br/>In cases of descendants of beneficiaries who have a disability, and are under 24 years of age, who are in one of the following</p> | <p>Fixed amount updated periodically<br/>€ 165.17</p> <p>(CES – extraordinary solidarity complement)<br/>Beneficiaries under 70 years of age – € 16.38<br/>Beneficiaries 70 years of age or older - € 32.75</p> | <p>Accumulates with the disability bonus.</p> <p>Accumulates only with the subsidy for third-person care</p> |
|-----------|---|--|---|---|--|

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|--|--|--|--|--|--|
|  |  |  | <p>situations:</p> <ul style="list-style-type: none"><li>- Attend special private education establishments, profit or non-profit or co-operative, supervised by the Ministry of Education and that imply a monthly fee.</li><li>- Have individual education support by a specialised entity;</li><li>- Need to attend a private regular education establishment, after attending the special education;</li><li>- attend a normal day nursery or kindergarten as a specific and necessary means of overcoming the handicap and to achieve social integration more quickly.</li></ul> |  |  |
|--|--|--|--|--|--|

**TABLE 1 (cont.)**  
**DISABILITY PROTECTION FOR FAMILY EXPENSES**

| SOCIAL SECURITY SYSTEM  | BENEFITS   | OBJECTIVES   | AWARD CONDITIONS  | AMOUNTS  | ACCUMULATION   |
|---|--|--|---|--|--|
| CITIZENSHIP SOCIAL PROTECTION SYSTEM<br>-SOLIDARITY SUBSYSTEM | <p>➤ Disability bonus</p> <p>Decree-Law 133-C/97, of May 30, with the draft given to it by Decree-Law 341/99, of August 25</p> <p>➤ Subsidy for attending a special establishment</p> <p>Decree-Law 133-C/97, of May 30, with the draft given to it by Decree-Law 341/99, of August 25</p> | <p>To compensate for additional family expenses for minors under 24 years of age and with a physical, organic, sensorial, motor or mental disability requiring educational or therapeutic support, which is added to the Family Bonus for Children and Youths (through the non-contributory schemes).</p> <p>To compensate for expenses resulting from the direct application of specific measures of special education for children and youths, under 24 years of age, with disabilities, implying the need to attend private profit-oriented or co-operative establishments or specific education support by a specialised profit-oriented entity outside the establishment.</p> | <p><u>General resources condition:</u><br/> Monthly gross income equal to or less than 40% of the IAS (social support index rate), provided the income of the respective household is not greater than 1.5 of that index rate.<br/> (not applicable to the Subsidy for attending a special establishment)</p> | <p>Fixed amount updated periodically<br/> Up to 14 years of age - €55.88<br/> From 14 to 18 - €80.94<br/> From 18 to 24 - €108.36</p> <p>Variable amount according to the monthly fee and the income of the family household and corresponds to the difference between the value of the said fee and the value of the family</p> | <p>Accumulated with the special education subsidy and the third-person care subsidy.</p> <p>Accumulates with the disability bonus.</p> |

|  |  |  |   |               |  |
|--|--|--|---|---------------|--|
|  |  |  | <p><u>Special resources condition</u><br/>         (accumulative requirements):<br/>         Household income equal to or less than 30% of the IAS<br/>         Situation or risk or serious social dysfunction, determined by lost or decreased income or abnormal increase in expenses, in particular due to illness, accident, unemployment and invalidity or rehabilitation</p> <p><u>Special conditions:</u><br/>         Identical to those of the welfare system<br/> <u>Special conditions:</u><br/>         Identical to those of the welfare system</p> | contribution. |  |
|--|--|--|---|---------------|--|

**TABLE 2**  
**DISABILITY PROTECTION WITHIN THE SCOPE OF MATERNITY PROTECTION \***

| SOCIAL SECURITY SYSTEM | BENEFITS   | OBJECTIVES   | AWARD CONDITIONS   | AMOUNTS  | ACCUMULATION  |
|------------------------|--|--|--|--|---|
| WELFARE SYSTEM         | <p>➤ Subsidy for care to ill or disabled descendants who are minors</p> <p>Decree-Law 154/88, of April 29, with the current draft</p> <p>➤ Subsidy for care to severely disabled and chronically ill persons</p> <p>Decree-Law 154/88, of April 29, with the current draft</p> | <p>To compensate for lost work wages in situations of assistance to minor or disabled descendants.</p> <p>To compensate for lost work wages in situations of assistance to severely disabled and chronically ill descendants</p> | <p>Guarantee period of 6 calendar months, continuous or intercalated, with recorded wages, on the date of the fact that determined the protection.</p> <p>Incapacity or unavailability to work when assistance cannot be delayed and is crucial due to illness or accident of a descendant, adopted or not, or a step son/daughter under 10 years of age or without an age limit when disabled, who resides with the beneficiary and is part of the household.</p> | <p>The amount is variable and corresponds to 65% of the beneficiary's reference wage.</p> <p>The amount is variable and corresponds to 65% of the reference wage of the beneficiary with a maximum limit one times the value of the IAS (social support index rate).</p> | <p>As a rule, these benefits cannot be accumulated with other benefits compensating for lost work wages.</p> <p>As a rule, these benefits cannot be accumulated with other benefits compensating for lost work wages.</p> |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  | <p>Guarantee period of 6 calendar months, continuous or intercalated, with recorded wages, on the date of the fact that determined the protection.</p> <p>Incapacity or unavailability to work in order to attend to a descendant, adopted or not, or a disabled stepchild with a severe disability or chronic illness 12 years of age or under, who resides with the beneficiary and is part of the family household.</p> |  |  |
|--|--|--|--|--|--|

REMARKS: \* The protection granted in this situation replaces work wages and the entitlement is awarded to beneficiaries covered by the general scheme of employees.



**TABLE 3**  
**PROTECTION FOR INCAPACITY TO WORK \***

| SOCIAL SECURITY SYSTEM | BENEFITS   | OBJECTIVES   | AWARD CONDITIONS   | AMOUNTS  | ACCUMULATION   |
|------------------------|--|--|--|--|--|
| WELFARE SYSTEM         | <ul style="list-style-type: none"> <li>➤ Invalidity pension (relative and absolute)</li> </ul> <p>Decree-Law 187/2007, of May 10</p> | To compensate for lost work wages due to an incapacitating situation from a non-professional cause determining a permanent physical, sensorial or mental incapacity to work. | Permanent incapacity to work recognised by the Permanent Incapacity Confirmation Committee. Compliance with the 3-year guarantee period for relative invalidity pension and 5 years for absolute invalidity pension. | Calculated based on the beneficiary's contribution career. | Accumulation of the relative invalidity pension with work wages is subject to certain limits, according to the profession on which that income is based. Absolute invalidity pension cannot be accumulated with work wages. Invalidity pension may be accumulated with pensions of other national and foreign mandatory schemes and with pensions from optional schemes. |

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <p>CITIZENSHIP SOCIAL PROTECTION SYSTEM<br/>- FAMILY PROTECTION SUBSYSTEM</p> | <p>Dependence complement</p> <p>Decree-Law 265/99, of July 14<br/>Decree-Law 309-A/2000, of November 30</p>                     | <p>Protect invalidity, old age and survivor pensioners and social widow and orphanhood pensioners in a situation of dependence and who require third-person care.</p>   | <p>Pensioners of the social security schemes who are dependent (lack autonomy to perform indispensable acts for basic daily life activities).</p>   | <p>Correspond to a percentage of the value of the Social Pension and vary by brackets according to the dependence level.</p>   | <p>Accumulated with welfare system pensions and with solidarity subsystem pensions</p> |
| <p>CITIZENSHIP SOCIAL PROTECTION SYSTEM</p> <p>-SOLIDARITY SUBSYSTEM</p>      | <p>Social invalidity pension **</p> <p>Decree-Law 160/80, of May 27<br/>- Decree-Law 464/80, of October 13 (Social Pension)</p> | <p>Ensure protection to the economically needier persons who are eligible to protection guaranteed by the welfare system since they have never been covered by social protection schemes or, having been, did not fulfil the guarantee period to access invalidity protection under the welfare system.</p> | <p>When 18 years old or older.<br/>Permanent incapacity for all and any profession, confirmed by the Incapacity Confirmation System (SVI)<br/>Gross monthly income not greater than 30% of the IAS value (social support index rate), or 50% of this value for couples (resources condition).</p> | <p>General Scheme:<br/>1<sup>st</sup> level – 50% -<br/>2<sup>nd</sup> level – 90%<br/>Other regimes: -<br/>1<sup>st</sup> level – 45% -<br/>2<sup>nd</sup> level – 85%</p> <p>Periodically updated in reference to the IAS,<br/><br/>2007 - € 177.04 (44.5% of the IAS)</p> | <p>Cannot be accumulated with other benefits</p>                                       |

REMARKS: Although not specifically meant for disability protection, may cover this universe, particularly for the invalidity social pension.  
This benefit also includes the extraordinary solidarity complement (Decree-Law 208/2001, of July 27).

**TABLE 4**  
**DEPENDENCE PROTECTION**

| SOCIAL SECURITY SYSTEM  | BENEFITS   | OBJECTIVES  | AWARD CONDITIONS   | AMOUNTS  | ACCUMULATION  |
|---|--|---|--|--|---|
| CITIZENSHIP SOCIAL PROTECTION SYSTEM<br><br>- PROTECTION SUBSYSTEM FAMILY | <ul style="list-style-type: none"> <li>➤ Subsidy for third-person care</li> </ul> <p>Decree-Law 133-B/97, of May 30, with the draft given to it by Decree-Law 341/99, of August 25</p> | <p>Compensate for higher family expenses arising from descendants who are dependent on the beneficiary entitled to a family subsidy for children and youths, with a bonus for disability, or a monthly lifetime subsidy, who require permanent third-person care.</p> | <p>Descendants entitled to Family Bonus for Children and Youths, with a disability bonus or monthly lifetime subsidy who depend on and are in fact rendered third-person care of at least 6 hours per day to ensure their basic needs.</p> | <p>Fixed amount updated periodically.<br/>€ 82.58</p>  | <p>Accumulated with disability bonus and monthly lifetime subsidy.</p>                  |
|   | <ul style="list-style-type: none"> <li>➤ Dependence complement</li> </ul> <p>Decree-Law 265/99, of July 14<br/>Decree-Law 309-A/2000, of November 30</p>                               | <p>Protect invalidity, old age and survivor pensioners and social widow and orphanhood pensioners who are dependent and require third-person care.</p>  | <p>Pensioners of the social security system who are dependent (lack autonomy to perform indispensable acts for basic daily life activities).</p>   | <p>Corresponds to a percentage of the Social Pension amount and varies in brackets according to the dependence level.<br/>General Scheme:<br/>1<sup>st</sup> level – 50% - 2<sup>nd</sup> level – 90% Other regimes: - 1<sup>st</sup> level – 45% - 2<sup>nd</sup> level – 85%</p> | <p>Accumulated with welfare system pensions and with solidarity subsystem pensions.</p> |

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