

ANED Country report on Social Protection and Article 28¹

Spain

Report prepared by:
Cristina Jenaro and Miguel A. Verdugo
INICO-University of Salamanca



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 support the development of the European Disability Strategy 2010-2020 and practical implementation of the United Nations Convention on the Rights of Disabled People in the EU.

This country report has been prepared as input for the synthesis report on Social Protection and Article 28 UNCRPD.



¹ Available at:

https://ec.europa.eu/employment_social/empl_portal/ede/ES_Country%20report%20on%20Social%20Protection%20and%20Article%2028%20-%20to%20EC.docx



Table of contents

| | |
|--|----|
| PART A: FACTUAL DATA..... | 3 |
| 1 Standard of living | 3 |
| 2 Overview of disability protection systems..... | 5 |
| 2.1 Services, devices and assistance | 5 |
| 2.1.1 Devices (including assistive technologies)..... | 5 |
| 2.1.2 Personal assistance | 9 |
| 2.1.3 Other forms of service/Assistance | 11 |
| 2.2 Income protection | 11 |
| 2.3 Disability-related expenses | 13 |
| 2.4 Housing costs | 13 |
| 2.5 Retirement benefits..... | 14 |
| 2.6 Other social protection measures | 14 |
| 2.7 Disability discrimination in social protection measures (including, in particular, social protection measures which are not disability specific) ... | 14 |
| 3 Case studies | 16 |
| 3.1 Case study 1 - childhood | 16 |
| 3.1.1 Services, devices and assistance (including personal assistance and specialist technical devices)..... | 16 |
| 3.1.2 Income protection | 20 |
| 3.1.3 Disability-related expenses | 20 |
| 3.1.4 Housing..... | 21 |
| 3.1.5 Poverty line | 21 |
| 3.1.6 Additional comments about the social protection of disabled children | 21 |
| 3.2 Case study 2 - adulthood (in work) | 22 |
| 3.2.1 Services, devices and assistance (including personal assistance and specialist technical devices)..... | 22 |
| 3.2.2 Income protection | 23 |
| 3.2.3 Disability-related expenses | 23 |
| 3.2.4 Housing..... | 23 |
| 3.2.5 Poverty Line | 23 |
| 3.2.6 Additional comments (working age adults)..... | 23 |
| 3.3 Working age adulthood (not in work) | 24 |
| 3.3.1 Services, devices and assistance (including personal assistance and specialist technical devices)..... | 24 |
| 3.3.2 Income protection | 24 |
| 3.3.3 Disability-related expenses | 25 |
| 3.3.4 Housing..... | 25 |
| 3.3.5 Poverty line | 25 |
| 3.3.6 Additional comments (adults not in work for disability-related reasons)..... | 25 |
| 3.4 Case study 4 – older age..... | 26 |
| 3.4.1 Services, devices and assistance (including personal assistance and specialist technical devices)..... | 26 |

| | | |
|---------------------------------------|---|----|
| 3.4.2 | Income protection | 26 |
| 3.4.3 | Disability-related expenses | 26 |
| 3.4.4 | Housing..... | 27 |
| 3.4.5 | Poverty line | 27 |
| 3.4.6 | Retirement | 27 |
| 3.4.7 | Additional comments (older people)..... | 27 |
| PART B: CRITIQUE AND EVALUATION | | 28 |
| 4 | Critique and evaluation of specific benefits/schemes..... | 28 |
| 4.1 | Services, devices and assistance | 28 |
| 4.2 | Income protection | 32 |
| 4.3 | Disability-related expenses | 33 |
| 4.4 | Housing costs | 33 |
| 4.5 | Retirement benefits..... | 34 |
| 4.6 | Disability discrimination and social protection measures (including, in particular, measures which are not disability specific) | 35 |
| 5 | Critique and evaluation of overall situation and cumulative effect - standard of living..... | 36 |
| PART C | | 38 |
| 6 | Key points | 38 |
| 6.1 | Examples of good practice | 38 |
| 6.2 | Concerns | 38 |
| 6.3 | Recommendations..... | 38 |



PART A: FACTUAL DATA

1 Standard of living

An analysis of the main types of household poverty risk² suggests that Spain has the highest risk of poverty rates in Europe, (regardless of or not people have disabilities), due to low work levels or low wages. However, the percentage of materially deprived people (with or without disabilities) is lower than in other EU countries. This may suggest the existence of a social system which prevents extreme poverty and material deprivation. These data are consistent with existing data on general risk factors for poverty (see Table 16 in European Semester 2014/5 ANED country fiche on disability - ES) where it is revealed that conditions for people with severe disabilities in Spain are relatively better than those on average of the EU.

From the international point of view, compared with other countries in the EU-28, the rate of poverty or social exclusion of people with disabilities in Spain in 2014 (31.3%, in contrast with 27.1% for people without disabilities) was slightly lower than the European average of 29.9 (EU-28). The risk of poverty and social exclusion is more common in males (31.9%) than females (30.6%). Considering age, the risk of poverty and exclusion is more likely for those aged 45 to 64 years (50.3%), in contrast to the lower probability of those aged 65 or more (18.4%).³

The rate of risk of poverty and exclusion of people with disabilities is somewhat higher than that of people without disabilities (11% higher), but these differences have tended to decline gradually in recent years (with the exception of 2011). It is significant that the rate of risk of poverty and exclusion of people with disabilities was lower in the years before the crisis, as was the corresponding rate for persons without disabilities.⁴

Since 2008 the At Risk of Poverty or Social Exclusion (Arope) rate for people with disabilities has stabilized or slightly reduced, which has allowed a reduction in the gap between people with and without disabilities. However, when interpreting these results we must take into account some elements that make up this indicator: firstly, all the indicators are measured from the household perspective, not individuals and, secondly, the the indicator for monetary poverty is calculated based on the median income of the entire population; thus, the reductions in the poverty rates of the latter can also be reduced without there necessarily being an improvement in the purchasing power of households. This is presumably what happened with the reduction of this indicator for the disabled, as the median is down and people with disabilities over 65 years (pensioners) previously considered at risk of exclusion and poverty now cannot be accounted for in this situation. Only 18.4% of those over 65

² Source: EUSILC UDB 2012 – version 2 of August 2014.

³ <http://www.odismet.es/es/datos/2condiciones-de-trabajo-y-trayectorias-profesionales/215tasa-de-riesgo-de-pobreza-o-exclusion-social-arope-de-la-poblacion-con-discapacidad/2-27/>.

⁴ <http://www.odismet.es/es/datos/2condiciones-de-trabajo-y-trayectorias-profesionales/215tasa-de-riesgo-de-pobreza-o-exclusion-social-arope-de-la-poblacion-con-discapacidad/2-27/>.



with disabilities are at risk of exclusion,⁵ which gives us an idea of the impact of social transfers - pensions in reducing poverty, although the rate is still 50% higher than in those without disabilities.

However, it is significant that if we look only at the disabled population of working age, we find that 40.3% of them are at risk of poverty and social exclusion; 45% more than in the rest of the population and 37.5% higher than average. That rate is particularly high, at 44.4% among those 16 to 29 years, representing 60% more than in the population without disabilities of the same age.⁶

According to the Spanish Survey of Living Conditions-2013, in 2013 the percentage of the Spanish population living at risk of poverty was 27.3% in the Arope index,⁷ and in the Spanish Survey of Living Conditions-2014, this percentage increased to 29.2%.⁸ In addition, in 2013, 20.4% of the Spanish population was living below the poverty line and in 2014 this percentage increased to 22.2%. In 2013, for those under 16 it stood at 26.7% and in 2014⁹ the percentage increased to 30.1%. Presumably, the situation of disabled people will experience a negative impact.

Several studies emphasize the association between disability and poverty in Spain (eg Brana & Anton, 2011,¹⁰ Huete, 2013,¹¹ Puig & Valls, 2013).¹²

⁵ <http://www.odismet.es/es/datos/2condiciones-de-trabajo-y-trayectorias-profesionales/215tasa-de-riesgo-de-pobreza-o-exclusion-social-arope-de-la-poblacion-con-discapacidad/2-27/>.

⁶ <http://www.odismet.es/es/datos/2condiciones-de-trabajo-y-trayectorias-profesionales/215tasa-de-riesgo-de-pobreza-o-exclusion-social-arope-de-la-poblacion-con-discapacidad/2-27/>.

⁷ <http://www.ine.es/prensa/np844.pdf>.

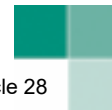
⁸ <http://www.ine.es/dynt3/inebase/es/index.htm?padre=1927&capsel=1926>.

⁹ Data published in May, 26th, 2015. No further data are available.

¹⁰ Braña, F. J., Antón, J. I. (2011). Pobreza, discapacidad y dependencia en España, Papeles de Economía Española, n. 129: 14-25. (available at: [http://www.janton.net/Files/Docs/FJB%20&%20JIA%20\(2011\)%20PEE.pdf](http://www.janton.net/Files/Docs/FJB%20&%20JIA%20(2011)%20PEE.pdf)).

¹¹ Pobreza y exclusión social de las mujeres con discapacidad en España: <http://www.once.es/new/plan-de-igualdad/documentos-de-interes/CERMI%20Pobreza%20y%20exclusion%20social%20de%20las%20mujeres%20con%20discapacidad%20en%20Espana.pdf>.

¹² Puig X. & Valls, F. (2013). Discapacidad y pobreza en España (2006-2011): evolución de la pobreza y gasto de los hogares en discapacidad (available at: <http://www3.uah.es/congresoreps2013/Paneles/panel4/sesion1/cinclusionosocial@urv.cat/TCDiscapacidadyPobrezaenviado.pdf>).



2 Overview of disability protection systems

2.1 Services, devices and assistance

2.1.1 Devices (including assistive technologies)

These devices are regulated under the Law 39/2006, of 14 December, on Promotion of Personal Autonomy and Care for Dependent Persons.¹³ Additional Laws have regulated the different benefits, services and assistive devices derived from that Law, and their implementation among the different Autonomous Communities, namely:

- (1) Royal Decree 291/2015 of 17 April, amending Royal Decree 1051/2013 of 27 December, by which the performance of the System for Autonomy and Care Unit, established by Law regulates 39/2006 of 14 December on the Promotion of Personal Autonomy and Care for dependent people;¹⁴
- (2) Order SSI / 420/2015, of 9 March, establishing the regulatory bases for the granting of subsidies for the elderly, disabled and people in situations of dependency established within the remit of the Institute for the Elderly and Social Services;¹⁵
- (3) Royal Decree 1051/2013 of 27 December, by which the services of the System for Autonomy and Care for people in situations of dependency are regulated;¹⁶
- (4) Royal Decree 1050/2013 of 27 December, which regulates the minimum level of protection established by Law 39/2006 of 14 December on the Promotion of Personal Autonomy and Care for dependent persons;¹⁷
- (5) Royal Decree 174/2011 of 11 February, which approves the scale of assessment of the situation of dependency established by the Law 39/2006 of 14 December;¹⁸

¹³ http://www.dependencia.imserso.es/InterPresent2/groups/imserso/documents/binario/im_000562.pdf and http://www.dependencia.imserso.es/InterPresent2/groups/imserso/documents/binario/leydependencia_ingles.pdf. See also: <http://sid.usal.es/idocs/F3/LYN13776/LEYDEPENDENCIA.pdf> and <http://sid.usal.es/idocs/F3/LYN13512/3-13512.pdf>.

¹⁴ Real Decreto 291/2015, de 17 de abril, por el que se modifica el Real Decreto 1051/2013, de 27 de diciembre, por el que se regulan las prestaciones del Sistema para la Autonomía y Atención a la Dependencia, establecidas en la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia <http://www.boe.es/boe/dias/2015/05/01/pdfs/BOE-A-2015-4786.pdf>.

¹⁵ Orden SSI/420/2015, de 9 de marzo, por la que se establecen las bases reguladoras para la concesión de subvenciones para personas mayores, personas con discapacidad y personas en situación de dependencia, dentro del ámbito de competencias del Instituto de Mayores y Servicios Sociales <http://www.boe.es/boe/dias/2015/03/13/pdfs/BOE-A-2015-2706.pdf>.

¹⁶ Real Decreto 1051/2013, de 27 de diciembre, por el que se regulan las prestaciones del Sistema para la Autonomía y Atención a la Dependencia, establecidas en la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia <http://www.boe.es/boe/dias/2013/12/31/pdfs/BOE-A-2013-13811.pdf>.

¹⁷ Real Decreto 1050/2013, de 27 de diciembre, por el que se regula el nivel mínimo de protección establecido en la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia. <http://www.boe.es/boe/dias/2013/12/31/pdfs/BOE-A-2013-13810.pdf>.

- (6) Resolution of 13 July 2012, on the Agreement of the Territorial Council of the System for Autonomy and Care;¹⁹
- (7) Resolution of 4 November 2009, on the Agreement of the Territorial Council of the System for Autonomy and Care for Dependency on common accreditation criteria for training and information of non-professional carers.²⁰

Table 1 summarizes main characteristics of the regulations:

| Name of benefit | Purpose | Means-testing | Social insurance | Eligibility |
|---|---|--|---|--|
| Royal Decree 291/2015 of 17 April, amending Royal Decree 1051/2013 of 27 December | Ampliar las prestaciones incluidas en el “servicio de promoción de la autonomía personal”, para las personas con grados II y III de dependencia, para incluir: (a) terapia ocupacional; (b) atención temprana; (c) recuperación de la autonomía funcional, etc. | As established by Royal Decree 1051/2013, the co-financing of recipients depends on the type and cost of the service or the economic benefit and their individual economic capacity. | As established by Royal Decree 1051/2013, no citizen is with out coverage by the system due to a lack of financial resources. | The intensity of services depends on the degree of dependence of the user (e.g. between eight and fifteen hours per month for functional autonomy rehabilitation service |
| Order SSI / 420/2015, of 9 March, | Distinguishes between (1) Individual grants for the | It takes into account the economic, personal, family | As established by Royal Decree | Reside in Ceuta or Melilla and meet the |

¹⁸ Real Decreto 174/2011, de 11 de febrero, por el que se aprueba el baremo de valoración de la situación de dependencia establecido por la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia. <http://www.boe.es/boe/dias/2011/02/18/pdfs/BOE-A-2011-3174.pdf>.

¹⁹ Resolución de 13 de julio de 2012, de la Secretaría de Estado de Servicios Sociales e Igualdad, por la que se publica el Acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia para la mejora del sistema para la autonomía y atención a la dependencia. <http://www.boe.es/boe/dias/2012/08/03/pdfs/BOE-A-2012-10468.pdf>.

²⁰ Resolución de 4 de noviembre de 2009, de la Secretaría General de Política Social y Consumo, por la que se publica el Acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia, sobre criterios comunes de acreditación en materia de formación e información de cuidadores no profesionales. <http://www.boe.es/boe/dias/2009/11/27/pdfs/BOE-A-2009-18959.pdf>.

| | | | | |
|----------------------------|--|--|---|--|
| | elderly, for the disabled and for people in situations of dependency, from Ceuta and Melilla; (2) grants to organizations and NGOs in Ceuta and Melilla serving seniors and people with disabilities | and social situation. It takes into account the degree of dependence for aid to this group. Also, it includes a scale with criteria for NGOs to obtain grants. | 1051/2013, no citizen is with out coverage by the system due to a lack of financial resources. | criteria to be an individual or NGO beneficiary. |
| Royal Decree 1051/2013 | regulates services and economic benefits according to the degree of dependence, and the criteria for determining the level of service protection | It regulates the benefits between regions and the cities of Ceuta and Melilla, controlling any incompatibilities of benefits, the reimbursement of benefits and the protection of returning Spanish migrants . | As established by Royal Decree 1051/2013, no citizen is with out coverage by the system due to a lack of financial resources. | The type of service depends on the degree of user dependence and their economic capacity |
| Royal Decree 1050/2013 | Sets the minimum level of protection (i.e. financing) that the general administration of the State must guarantee the Autonomous Communities | The funding received by each region depends on the number of beneficiaries, the degree of dependence and the number and type of services established | Money for the autonomous regions so that they can manage aid to the residents in that community | |
| Resolution of 13 July 2012 | It aims to reduce disparities in the application | It establishes that the implementation of the right to | | The levels within the degrees of dependency |

| | | | | |
|-----------------------|---|---|--|--|
| | of the rules of dependence in different regions | benefits of people evaluated at Grade I, Level 2, who were not recognized before January 1, 2012, will be made after July 1, 2015. The entitlement to benefits of persons evaluated at Grade I, will be performed after July 1, 2015. | | disappear. |
| Royal Decree 174/2011 | Approved the scale for the assessment of dependence | It takes into account the basic and instrumental skills of daily living, and health status. It is based on the ICF classification (WHO, 2001). It includes a specific scale for children under 3 years | | Identifies three degrees or levels: Level I (moderate dependence); Grade II (severe dependence), grade III (high dependency). Each grade has two levels in turn. |

Support for assistive equipment and adaptations is regulated at the level of the Autonomous Communities and there are significant differences between them. There are also financial limits for the different technical aids so disabled people must co-fund them. Financial limits for equipment and adaptations are determined by each Autonomous Community. Each Autonomous Community publishes yearly information on technical aids or adaptations in the home, giving the requirements and maximum amounts payable per type of product, for example; the amount for acquisition of a vehicle and for its adaptation, for the removal of barriers in vehicles, for home adaptations, and for acquisition of hearing aids, prescription glasses and technical aids. Some requirements for eligibility are having a certified disability, being under 65, and having income within certain limits. Law 39/2006 (Article 22) includes a personal alert system as a specific service for the promotion of personal autonomy and for attention and care.



2.1.2 Personal assistance


The protection system for people with disabilities is also regulated by Law 39/2006, of 14 December, on Promotion of Personal Autonomy and Care for Dependent Persons (see Table).

| Name of benefit | Purpose | Means-testing | Social insurance | Eligibility |
|---|--|--|--|--|
| Law 39/2006, of 14 December, of the Promotion of Personal Autonomy and Care for dependent people. | Establishes the benefits (Economic and services) for those entitled for people in situations of dependency | The co-payment depends on the economic capacity of the beneficiary | No citizen is left without services for not having economic resources. | The recognition of rights depends on the degree of dependence established. There are no age limits or other conditions |

This Act regulates “the basic conditions that shall guarantee equality in the exercise of the subjective citizen right to the promotion of personal autonomy and care for dependent persons, according to the terms laid down in legislation, by means of the creation of a System for Autonomy and Care for Dependency, with the collaboration and participation of all of the Public Administrations and the guarantee by the General State Administration of a minimum common content of rights for all citizens in any part of Spanish State territory”. Also, the Law 39/2006 states that “The System for Autonomy and Care for Dependency shall respond to a coordinated, cooperative initiative by the General State Administration and the Autonomous Communities, which shall contemplate measures in all areas affecting the dependent persons, with the participation of Local Entities where applicable.”

The Law provides a catalogue of services and some financial benefits. As for services, they are detailed in Article 15 of Law 39/2006 of 14 December. These services have priority and are provided in the autonomous communities through concerted centers and public or private services. The priority access to services is determined by the degree of dependence and, in equal degree, by the economic capacity of the applicant. People in situations of dependency who cannot access the services are entitled to a cash benefit linked to service. Also beneficiaries co-finance the cost of services according to their personal economic capacity. The Catalogue of Services includes the following:

- (1) Prevention services, which are intended to prevent the onset or aggravation of illnesses or disabilities.

- 
- (2) Telecare Services, which provide an immediate response to emergency situations, insecurity, loneliness and isolation and that favour the retention of users in their usual environment.
 - (3) Home help services: to meet the needs of daily life. They may include the following:
 - (a) Related to personal care, performing activities of daily living services;
 - (b) Services related to domestic care or home care needs: cleaning, washing, cooking or other help.
 - (4) Day and Night Centers, which, in turn, includes the following types of centers:
 - (a) Day Centers for the elderly;
 - (b) Day Centres for people under 65;
 - (c) Day Centres of specialized care; and
 - (d) Night Centres.
 - (5) Residential Care Service: that can be either permanent or temporary. There are different types:
 - (a) Residential Care for dependent population;
 - (b) Support Center for dependent persons with specific types of disabilities. The network of centers is formed by public or concerted centers at Autonomous, local, and state levels.

As we pointed out before, the Law 39/2006 of 14 December includes a number of economic benefits, namely:

- (1) Economic benefit linked to the service: when access to a service is not possible. Financial benefit for care in the home and support for carers: it is exceptionally recognized when the beneficiary is being cared for by their spouse or by blood relatives, marriage or adoption, to the third degree. The conditions for being eligible for this benefit are determined by the resolution of 13 July 2012.
- (2) Financial benefit for personal assistance: This feature allows a personal assistance contract for a number of hours, to facilitate the beneficiary to have access to education and work, as well as a more autonomous life in the basic activities of daily living.

Since the implementation in 2007 of the Law on promoting personal autonomy and care for people in a situation of dependency, the financial income of disabled people has been an important political question. According to Article 2, Personal Assistance consists of a service provided by a personal assistant who performs the dependent person's everyday tasks, with the aim of encouraging his/her independent living and promoting and reinforcing his/her personal autonomy (Law 39/2006, p.45). Personal assistance services and assistive equipment and adaptations are supported and regulated by this law. Nevertheless, availability of support (types, resources) differs between the Autonomous Communities (there are 17 in Spain). Eligibility criteria are based on a medical approach (i.e. level of dependence). The scale used is focused on physical disabilities and aims to measure functional capabilities, instead of the assistance required for daily living. Support for personal assistance is financially

constrained and is only available for those disabled people classified as having major dependency, and less than 1% of disabled people classified as having major dependency are receiving personal assistance.

2.1.3 Other forms of service/Assistance

Tele care services; and centers, as explained before, are some examples of additional services regulated by the Law 39/2006, of 14 December, on Promotion of Personal Autonomy and Care for Dependent Persons.

2.2 Income protection

Law 13/1982 on the social integration of the disabled²¹ establishes social and economic benefits for persons with disabilities in the fields of social benefits, social security, education, work and housing. There are two types of pensions for disabled people in Spain: Contributory and Non-Contributory.²² The former relates to the pensioner's wages and number of years worked. By 2016, the amount of the contributory pension is 35,941.92 euros per year. The Non-Contributory pension is for disabled (or retired) people who have not worked; it ensures medical care and social services. The criteria for eligibility is: being over 18 and below 65 years old; being a Spanish resident or having lived in Spain for the last five years; having an average of disability over 65%; By 2016, the amount of the non-contributory pension is 5,150.60 euros per year. There is an income criterion so that those living in rented flat and lacking economic means are eligible for extra help of 525 euros per year. Other specific groups to consider with regard to additional improvements in the lowest pensions are: pensions of the Obligatory Old-Age and Disability Insurance, SOVI, which is being phased out; social welfare pensions for the sick and elderly; and those under the repealed Law on the Social Integration of the Disabled.

The special benefit system established by the Law on Social Integration of Persons with Disabilities (LISMI) developed by Royal Decree 383/84, establishes three types of economic benefits:

- (1) Allowance Minimum Income Guarantee (SGIM);
- (2) Allowance for third-party support (SATP);
- (3) Mobility allowance and compensation for transport costs (SMGT). The aforementioned special benefit system also establishes technical performance benefits, namely: (1) Health Care and Pharmaceutical Services (ASPF). These benefits are intended to protect disabled people who do not work and, consequently the conditions of Social Security does not apply to them.

Minimum Income Guarantee and third-party support allowances are suppressed under the twenty-fifth transitional provision of Royal Legislative Decree 8/2015,

²¹ Available at: <http://www.boe.es/boe/dias/1982/04/30/pdfs/A11106-11112.pdf>.

²² See Royal Decree 1170/2015 of 29 December on pensions and other public benefits for the year 2016 <https://www.boe.es/boe/dias/2015/12/30/pdfs/BOE-A-2015-14272.pdf>.

approving the Revised Text of the General Law on Social Security, but previous beneficiaries that retain the right. It is possible that there is a choice between being a holder of such subsidies or beneficiary of a non-contributory pension of disability, retirement or allowance for dependent child with disabilities, provided that they meet the conditions required for access to such pensions or allowances.

Law 48/2015 of 29 October, on the General State Budget for 2016 and Royal Decree 1170/2015 of 29 December on pension increases system of Social Security and other public benefits for the year 2016, do not include the revaluation of benefits for Minimum Income Guarantee and third-party support. However the mobility allowance and compensation for transport costs, has an increase of 0.25%. The amounts for 2016 are as follows:

- (1) Minimum income subsidy: € 149.86 / month;
- (2) Third person Help: € 58.45 / month;
- (3) Transportation costs: € 63.30 / month.

The management and recognition of the right to receive a social and economic benefit for people with disabilities, is by the Autonomous Communities that have transferred the functions and services of the Institute for the Elderly and Social Services (IMSERSO). In the autonomous cities of Ceuta and Melilla these are made directly by IMSERSO.

Additional recent Laws concerning protection of people with disabilities are:

- (1) Royal Legislative Decree 1/2013 of 29 November, approving the revised text of the General Law on rights of persons with disabilities and their social inclusion;²³
- (2) Royal Decree 383/1984, of 1 February by establishing and regulating the special system of social and economic benefits provided by Law 13/1982 of Social Integration of Persons with Disabilities;²⁴
- (3) Royal Legislative Decree 8/2015 of 30 October, approving the revised text of the General Law on Social Security;²⁵
- (4) Law 48/2015 of 29 October, on the General State Budget for 2016;²⁶

²³ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social. (BOE del 3 de diciembre) <http://www.boe.es/boe/dias/2013/12/03/pdfs/BOE-A-2013-12632.pdf>.

²⁴ Real Decreto 383/1984, de 1 de febrero, por el que se establece y regula el sistema especial de prestaciones sociales y económicas previsto en la Ley 13/1982, de Integración Social de las personas con discapacidad (BOE del 27 de febrero). <http://www.boe.es/boe/dias/1984/02/27/pdfs/A05297-05301.pdf>.

²⁵ Real Decreto Legislativo 8/2015, de 30 de octubre, por el que se aprueba el texto refundido de la Ley General de la Seguridad Social (BOE del 31 de octubre). <http://www.boe.es/boe/dias/2015/10/31/pdfs/BOE-A-2015-11724.pdf>.

²⁶ Ley 48/2015, de 29 de octubre, de Presupuestos Generales del Estado para el año 2016. <http://boe.es/boe/dias/2015/10/30/pdfs/BOE-A-2015-11644.pdf>.



- (5) Royal Decree 1170/2015 of 29 December on pension increases and other public benefits for the year 2016.²⁷

2.3 Disability-related expenses

Law 13/1982 on the social integration of the disabled establishes social and economic benefits for persons with disabilities in the fields of social benefits, social security, education, work and housing. Additional benefits for disabled people are Minimum Income Guarantee Subsidy, Personal Assistant Subsidy, Mobility and Transport Subsidy, and Pharmacy and Medical Care. As a consequence of the Laws 51/2003 and 39/2006, more services for disabled people and their families are available. It has had a significant impact on service delivery, using personal assistance budgets, direct payments, allowances to individuals or their care givers, respite care, living arrangements and work rehabilitation services.

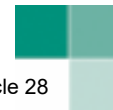
2.4 Housing costs

In Spain, segregated residential options continue to be the main option, and public administration organisations spend most resources on these, however there are choices for disabled people to live independently in their own homes and in the community, resulting from the passing of Law 39/2006, of 14 December on Promotion of Personal Autonomy and Care for Dependent Persons, and Law 51/2003 of 2 December 2003 on equal opportunities, non-discrimination, and universal accessibility for persons with disabilities.²⁸ Law 39/2006 regulates the basic conditions that should guarantee equality in the promotion of personal autonomy and care for dependent persons, by creating a System for Autonomy and Care for Dependency (SAAD). With SAAD, all elderly or disabled people who cannot fend for themselves will be attended to by the government, by ensuring access to public social services and economic performance more suited to their needs. People with mental health conditions may be deprived of their liberty and made to stay in an institution for which a legal decision is needed.

There are choices for disabled people to live independently in their own homes and in the community resulted from the passing of Law 39/2006 of 14 December, on Promotion of Personal Autonomy and Care for Dependent Persons and Law 51/2003 of 2 December 2003 on equal opportunities, non-discrimination, and universal accessibility for persons with disabilities. Both Acts have encouraged people with disabilities to live in their community. Each autonomous community has their own regulations concerning services and economic aids to help pay the cost of disability-related physical adaptations

²⁷ Real Decreto 1170/2015, de 29 de diciembre, sobre revalorización de las pensiones del sistema de la Seguridad Social y de otras prestaciones sociales públicas para el ejercicio 2016. <http://www.boe.es/boe/dias/2015/12/30/pdfs/BOE-A-2015-14272.pdf>.

²⁸ Law 51/2003, 2 December, of Equal Opportunities, Non-Discrimination and Universal Accessibility of People with Disability <http://sid.usal.es/idocs/F3/LYN5979/3-5979.pdf>.



2.5 Retirement benefits

Retirement income for persons with disabilities is managed in the same way as for other people: if they have been working they get the same money. Royal Decree 1851/2009 of 4 December established the earlier retirement of workers with disabilities equal to or above 45% from 65 to 58 years old.²⁹ In the past, there was the Obligatory Old-Age and Disability Insurance (SOVI)³⁰ but it is no longer available although there are people still receiving it.

2.6 Other social protection measures

The measures are implemented by each Autonomous Community. Although variations in quantity and experience criteria, low-income families can apply for a minimum income subsidy. Aid for acquisition of products and services, along with support for services, contribute to the social protection of this group. The economic capacity, age and severity of disability, and consequently, the degree of dependence, helps to determine that a person with disabilities may be entitled.

2.7 Disability discrimination in social protection measures (including, in particular, social protection measures which are not disability specific)

Royal Legislative Decree 1/2013 of 29 November, approving the revised text of the General Law on rights of persons with disabilities and their social inclusion, is a standard as last amended on 25 June 2015. This standard was issued under the provisions of the second final provision of Law 26/2011, of 1 August, for regulation related to the Convention on the Rights of Persons with Disabilities adaptation. The decree stipulates that the disabled are entitled to be treated as equals.³¹

Several Spanish Laws specifically prohibit disability discrimination. First,

- (1) Spanish law prohibits disability discrimination with regard to any aspect of life. The Spanish Constitution of 1978 states that: "Spaniards are equal before the law, there may be no discrimination on grounds of birth, race, sex, religion, opinion or any other condition or personal or social circumstance." (Article 14).

²⁹ 2 Real Decreto 1851/2009, de 4 de diciembre, por el que se desarrolla el artículo 161 bis de la Ley General de la Seguridad Social en cuanto a la anticipación de la jubilación de los trabajadores con discapacidad en grado igual o superior al 45 por ciento. <http://sid.usal.es/docs/F3/LYN15012/3-15012.pdf>.

³⁰ http://www.seg-social.es/Internet_1/Trabajadores/PrestacionesPension10935/PensionesdelSeguroO10970/index.htm.

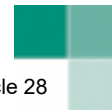
³¹ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social <https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>.



- (2) The Act 51/2003 on Equality, Non-Discrimination and Universal Accessibility (LIONDAU)³² of 2003 prohibits discrimination and establishes the obligation to ensure equal opportunities and universal access in areas such as goods and services provided to the public.
- (3) The General Law on the Rights of Persons with Disabilities and its social inclusion (1/2013)³³ states that “the government will promote the necessary measures to facilitate access for people with disabilities to services and health-related benefits equal to other citizens”. And that “People with disabilities have the right to protection of health, including the prevention of disease and the protection, promotion and recovery of health, without discrimination on grounds of disability or special attention to mental health and sexual and reproductive health” (Article 10).

³² English summary at: http://www.grupofundosa.es/sites/pregrupofundosa.e-presentaciones.net/files/Resumen%20explicativo%20LIONDAU_en.pdf. The full Spanish version is available at: <https://www.boe.es/buscar/act.php?id=BOE-A-2003-22066>.

³³ Available at: <https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>.



3 Case studies

3.1 Case study 1 - childhood

Eva is 10 years old. She lives at home with her parents and younger sister. One of her parents is working full-time on the median wage and the other is not in paid employment. They live in a rented house in the private sector. Eva has intellectual, physical and sensory impairments. She needs support and assistance to eat, dress and walk.

3.1.1 Services, devices and assistance (including personal assistance and specialist technical devices)

(a) Devices (including assistive technologies)

A prerequisite for grants, services or any kind of support is having recognition that the person has a disability equal to or greater than 33%. Otherwise, the person is not considered as having a disability. The assessment process is performed by professional teams of the respective regions, according to the scale approved by Royal Decree 1971/1999 of 23 December on the procedure for recognition, declaration and qualification of the degree of disability.³⁴

Once the status of disabled person is recognized, there are various benefits that the individual or people around him/her can be eligible for.³⁵ Each region (Autonomous Community) has established supports, benefits, and amounts. Although broadly similar, the amount and conditions to be a beneficiary may vary. These conditions may vary even among the regions of the Autonomous Communities. For example, Castille and Leon is composed by nine different regions/provinces. The response to cases raised in these pages will start from the consideration that the disabled person lives in Salamanca, in the autonomous community of Castile and Leon, since there are 17 autonomous communities and two autonomous cities with their respective rules.

Having said that, the person is entitled to receive disability benefits, regulated by the FAM / 892/2007 Order, 8 May, establishing the regulatory bases for the payment of individual aid in favor of disabled persons in Castile and Leon.³⁶ According to this legislation, because Eva is a 10 year old girl, she would not be entitled to the grant of early intervention (0 to 3 years and 4-6 years if they are not in school and do not receive attention in the Base Centers of the corresponding Province, that is, Salamanca in this case). On the other hand, she may be a beneficiary of individual aids for specialised dependency assistance (including assistance for hygiene,

³⁴ Available at: <https://www.boe.es/boe/dias/2000/01/26/pdfs/A03317-03410.pdf>.

³⁵ Guía de prestaciones para personas mayores, personas con discapacidad y personas en situación de dependencia: Recursos Estatales y Autonómicos. Available at: http://www.imserso.es/InterPresent2/groups/imserso/documents/binario/33012_gprestaciones.pdf.

³⁶ <http://bocyl.jcyl.es/boletines/2007/05/21/pdf/BOCYL-D-21052007-1.pdf>.

clothing, and mobility in the home, as well as support to promote mobility and relationship with the environment), provided that she has recognized a degree of disability equal to or greater than 75% and in need of a third-party support, or if she has requested in-home assistance or this assistance is insufficient. Third, she may be entitled to payments linked to mobility and communication (eg. adaptation of vehicles, building ramps, installation of railings, adapted furniture, hearing aids or other assistive technologies), provided she has certified a reduced mobility on the recognition of her degree of disability, and she has obtained a minimum of 7 points in the scale contained in Annex V of Decree 217/2001 of 30 August, Regulation approving Accessibility and Removal of Barriers.³⁷ The aids, for the purchase of different products of support, are granted to the user every five years, except in exceptional cases (eg. worsening of the condition).

By way of further example, the Resolution of October 2014,³⁸ establishes individual aids to promote the personal autonomy of people in situations of dependency in the Community of Castilla and Leon. The Resolution states individual aid for the purchase of products and support for the elimination of architectural barriers, provided that its cost exceeds € 300 in respect to the maximum amount as follows:

| Code | Concept | Maximum amount |
|------|---|----------------|
| 01 | Mobile crane transfer | € 1,200 |
| 02 | Device for saving stairs | € 1,800 |
| 03 | Articulated bed | € 1,000 |
| 04 | Decubitus mattress | € 350 |
| 05 | Ergonomic seat | € 600 |
| 06 | Shower seat | € 400 |
| 07 | Adaptations for the car | € 1,800 |
| 08 | Augmentative / alternative communication systems | € 1,000 |
| 09 | Adaptations in the bathroom | € 1,900 |
| 10 | Adaptations for accessibility and in other rooms of the house | € 1,300 |
| 11 | Personal location systems, environment control and alarm | € 800 |

In addition, beneficiaries can only apply for a grant and a unique concept, although the concepts codes between 7 and 11 may allocate aid for several of the measures or the acquisition of several of the products described for each concept. As for the requirements of beneficiaries, they shall comply with:

1. Be under 65 years old and have recognised situations of dependency in grade II (severe dependence) or III (high dependency). In the case of requesting

³⁷ <http://bocyl.jcyl.es/boletines/2001/09/04/pdf/BOCYL-D-04092001-1.pdf>.

³⁸ Available at: <http://www.normativadependencia.org/dependencia/normadep.nsf/vwnovedades/CE8E5E1C53D61599C1257D85002B49D3?OpenDocument>.

- assistance for the purchase of hearing aids and spare parts must be over 16 years.
2. Specify any of the eligible items listed in this call, as determined in the assessment made in the process of recognition of their dependency or, failing that, in prescriptive report by technical staff management corresponding Social Services.
 3. Be registered in one of the municipalities of the Community of Castilla y Leon. In the case of minors or legal incapacitation, this requirement will be required to whom exercise its custody.
 4. Reside in private homes.
 5. Not having received aid or public or private benefits of the same nature and purpose in the current year and in the three years prior to this call.
 6. the financial capacity of the family living unit should not exceed the limit of €15,250 in fiscal year 2013.

The aid application³⁹ and justification of expenditures⁴⁰ and other documents can be downloaded from the platform of the Castilla and Leon.

On the other hand, if she has a recognized limited mobility, she may receive (in this case her parents), the parking card for people with disabilities, which allows parking in car lots reserved for disabled people with reduced mobility.⁴¹

On the other hand, the person is entitled to receive *dependency benefits*, including economic benefits and services that are covered, in addition to state regulations, the regional regulations governing the *recognition of the situation of dependency and dependency benefits*, namely:

- Order FAM / 824/2007 of 30 April, establishing the procedure for recognition of the situation of dependence and entitlement to benefits under the System for Autonomy and Care for Dependency Orden FAM/824/2007, de 30 de abril, por la que se regula el procedimiento para el reconocimiento de la situación de dependencia y del derecho a las prestaciones del Sistema para la Autonomía y Atención a la Dependencia.⁴²
- Order FAM / 73/2012 of 15 February, amending Order FAM / 824/2007 laying down the procedure for recognition of the situation of dependency and

³⁹ Available at:

[http://www.normativadependencia.org/dependencia/normadep.nsf/48509a1984100917c12576bf0041fefa/ce8e5e1c53d61599c1257d85002b49d3/\\$FILE/Anexo%20I.pdf](http://www.normativadependencia.org/dependencia/normadep.nsf/48509a1984100917c12576bf0041fefa/ce8e5e1c53d61599c1257d85002b49d3/$FILE/Anexo%20I.pdf).

⁴⁰ [http://www.normativadependencia.org/dependencia/normadep.nsf/48509a1984100917c12576bf0041fefa/ce8e5e1c53d61599c1257d85002b49d3/\\$FILE/Anexo%20V.pdf](http://www.normativadependencia.org/dependencia/normadep.nsf/48509a1984100917c12576bf0041fefa/ce8e5e1c53d61599c1257d85002b49d3/$FILE/Anexo%20V.pdf).

⁴¹ Regulado por: Orden FAM/436/2004, de 17 de marzo, por la que se crea y regula el Registro de Tarjetas de Estacionamiento de Castilla y León: <http://bocyl.jcyl.es/boletines/2004/04/01/pdf/BOCYL-D-01042004-2.pdf> y por el Decreto 217/2001, de 30 de agosto, por el que se aprueba el Reglamento de Accesibilidad y Supresión de Barreras: <http://bocyl.jcyl.es/boletines/2001/09/04/pdf/BOCYL-D-04092001-1.pdf>.

⁴² <http://bocyl.jcyl.es/boletines/2007/05/18/pdf/BOCYL-D-18052007-1.pdf>.

- entitlement to benefits of the System for Autonomy and Care to Dependence Orden FAM/73/2012, de 15 febrero, modifica la Orden FAM/824/2007 por la que se regula el procedimiento para el reconocimiento de la situación de dependencia y el derecho a las prestaciones del Sistema para la Autonomía y atención a la Dependencia.⁴³
- Resolution of 9 June 2011, on the Management of Social Services, for which the content of the services to promote personal autonomy is determined Resolución de 9 de junio de 2011, de la Gerencia de Servicios Sociales, por la que se determina el contenido de los servicios de promoción de la autonomía personal.⁴⁴
 - Order FAM / 766/2010, of 1 June, establishing the criteria for calculating the economic capacity of a disabled user, in order to determine the benefits and the cost of those services for such user, according to the System for Personal Autonomy and Dependency Care in the Community of Castile and Leon, Orden FAM/766/2010, de 1 de junio, por la que se modifica la Orden FAM/2044/2007, de 19 de diciembre, por la que se regula provisionalmente los criterios para el cálculo de la capacidad económica, coeficiente reductor para prestaciones económicas, aportación del usuario en el coste de los servicios y régimen de las prestaciones económicas del Sistema para la Autonomía Personal y la Atención a la Dependencia en la Comunidad de Castilla y León, para adecuarla a la nueva regulación del comienzo de los efectos del reconocimiento de estas prestaciones.⁴⁵
 - Resolution of April 2010 from the Manager of Social Services of Castilla y Leon, for which the application model for assessing the situation of dependency and access to benefits is approved Resolución de abril de 2010 de la Gerente de Servicios Sociales de Castilla y León, por la que se aprueba el modelo de solicitud para la valoración de la situación de dependencia y acceso a las prestaciones.⁴⁶

(b) Personal assistance

Depending on the degree of disability and therefore the degree of dependency, the person can be a beneficiary of assistance from a third person (Personal Assistant Subsidy),⁴⁷ or a personal assistant as established in the Law for Promotion of Personal Autonomy She can probably have a degree of dependence III, considered as a person with great dependence. Therefore, according to the regional regulations governing dependency benefits,⁴⁸ the intensity of service to promote personal

⁴³ <http://bocyl.jcyl.es/boletines/2012/02/17/pdf/BOCYL-D-17022012-1.pdf>.

⁴⁴ <http://bocyl.jcyl.es/boletines/2011/06/23/pdf/BOCYL-D-23062011-14.pdf>.

⁴⁵ <http://bocyl.jcyl.es/boletines/2010/06/04/pdf/BOCYL-D-04062010-3.pdf>.

⁴⁶ <http://bocyl.jcyl.es/boletines/2010/04/29/pdf/BOCYL-D-29042010-16.pdf>.

⁴⁷ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social <https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>

⁴⁸ ORDEN FAM/644/2012, de 30 de julio, por la que se regulan las prestaciones del Sistema para la Autonomía y Atención a la Dependencia en Castilla y León, el cálculo de la capacidad económica



autonomy for grades II and III of dependency is 15 hours per month in the form of promotion, maintenance and recovery of functional autonomy. For other forms of benefits, the intensity is at least 36 hours per month for grade III. When personal economic capacity of the beneficiary is equal or less than the annual amount of the current non-contributory pension in the fiscal year of reference, 100% of the cost of the service is paid.

(c) Other forms of service/Assistance

She may receive, depending on her economic and social circumstances, as well as on her degree of disability, etc., support for family caregivers. Thus, the decree states that "Persons with disabilities and their families are entitled to social services, family support, and prevention of deficiencies and disabilities, to promote personal autonomy, information and counseling, home care, residences, support in their environment, residential, cultural, sports, leisure occupation and leisure".⁴⁹

3.1.2 Income protection

The protection is determined, if eligible for a grant of guaranteed minimum income, for the lack of financial resources of the family. Alternatively, they can choose to receive a non-contributory social security pension or an allowance for dependent children. The amount of such subsidies is set annually by the Law on State Budget.⁵⁰
⁵¹ It is possible that this family exceeds the requirements for being eligible.

3.1.3 Disability-related expenses

The Act provides, depending on the degree of dependence, the age of the person with disability and economic situation, a series of subsidies to promote mobility and to compensate for transport costs. Access to health care and pharmaceutical benefits is also possible. Similarly, they can be eligible for financial aids for obtaining product support related to her physical, sensory or intellectual disabilities.

y las medidas de apoyo a las personas cuidadoras no profesionales

<http://bocyl.jcyl.es/boletines/2012/07/31/pdf/BOCYL-D-31072012-1.pdf>.

⁴⁹ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social

<https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>.

⁵⁰ <http://boe.es/boe/dias/2015/10/30/pdfs/BOE-A-2015-11644.pdf>.

⁵¹ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social

<https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>.



3.1.4 Housing

Spanish law requires accessibility of buildings and environments, in particular, the removal of barriers. Eva can receive aids for the removal of barriers in the home.⁵² In social housing projects at least 4% suitable for the use of disabled housing has to be built. Housing rent, may be awarded to persons with disabilities, households with a disabled person or non-profit organizations in the disability field, provided that the latter is intended for those entities promoting the social inclusion of people with disabilities and independent living, assisted living and, shared housing, supportive housing projects or independent living for people with disabilities.⁵³

In addition, the aforementioned decree states that "housing rehabilitation is considered, for the purposes of obtaining grants and loans, the reforms that people with disabilities or family or living units with a member with disabilities that have to be made in their usual and permanent home for this to be accessible".

3.1.5 Poverty line

Probably they are entitled to receive the subsidies and grants previously mentioned, because they are a low-income household.

3.1.6 Additional comments about the social protection of disabled children

Article 48 of Chapter VII, on right to social protection, of Royal Legislative Decree 1/2013 of 29 November, approving the revised text of the General Law on rights of persons with disabilities and their social inclusion, states:⁵⁴

"Persons with disabilities and their families are entitled to services and social benefits that serve to guarantee their adequacy and sustainability needs, aimed at developing their personality and their inclusion in the community, increasing their quality of life and social welfare" (art. 48.1).

Also it states that

"The provision of social services respect the maximum retention of people with disabilities in their family environment and in its immediate neighborhood, taking into account specific barriers for those who dwell in rural areas" (art. 48.2).

⁵² Available at:

<http://www.normativadependencia.org/dependencia/normadep.nsf/vwnovedades/CE8E5E1C53D61599C1257D85002B49D3?Opendocument>.

⁵³ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social <https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>.

⁵⁴ Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social <https://www.boe.es/buscar/pdf/2013/BOE-A-2013-12632-consolidado.pdf>.



Article 50 on the content of the right to social protection. It states:

1. Persons with disabilities and their families are entitled to social services, family support, prevention of deficiencies and disabilities enhancement, promotion of personal autonomy, information and counseling, home care, residential services (i.e. institutions), supportive in their environment, residential (i.e. institutions), cultural, sports, leisure occupation and leisure.
2. In addition to the measures specifically provided for in this law, the regional legislation may provide services and benefits for people with disabilities and their families who are in need and who lack the necessary resources to cope to the same.

Article 51 lists the types of services. In the case of Eva, because she is a ten year old girl, it is possible to highlight the following (art. 51):

- Family support service, which will target information and guidance to families, emotional support, training and training to respond to stimulation, maturation and physical, psychological and intellectual development of children with disabilities;
- Counseling and information on benefits and services available, and the conditions of access to them;
- Home care services, which aim providing personal and domestic care, as well as enabling or promoting rehabilitation;
- Cultural, sports entertainment and leisure services, to be developed, wherever possible, in accordance with the principle of universal accessibility in facilities and with the ordinary means at the service of citizens.

The social protection of children with disabilities, especially as relative to the early stimulation, should be expanded in quantity and quality beyond six years. Education guidance services, in the process towards inclusion, should be encouraged and improved to achieve real inclusion, while ensuring progress and full development of the potential of children with disabilities.

3.2 Case study 2 - adulthood (in work)

Sam is 35 years old. He is married and lives with his spouse. They are both working and each of them earns half the median wage. They are buying their own home with a loan from the bank. Sam uses a wheelchair for mobility.

3.2.1 Services, devices and assistance (including personal assistance and specialist technical devices)

(a) Devices (including assistive technologies)

Sam has the right to social and economic benefits derived from the Law on Dependency. Because he was working, he is entitled to the aids included in the



Social Security system. For being a wheelchair user, the degree of disability will be among the 65% or higher, making him eligible for additional benefits to Case 1.

(b) Personal assistance

By his presumed degree of disability, he is also entitled to a personal assistant to help with mobility and other basic and instrumental daily life activities. The help of a third person under the law, is also an option.

(c) Other forms of service/Assistance

The employer must ensure the accessibility of the workplace and job position. The lack of special accessibility measures is considered a very serious infringement on equality.

To facilitate parking, he can obtain a parking card for people with disabilities.

3.2.2 Income protection

Sam belongs (by age, salary, and for having disability) to a group at risk of experiencing poverty or at risk of exclusion.

3.2.3 Disability-related expenses

Pharmaceutical products, and costs of acquisition of a wheelchair or related accessories (cushions, etc.) can also be compensated with related aids.

3.2.4 Housing

He can benefit from home care established in the FAM / 1057/2007 ORDER of May 31, through which the scale for the assessment of applications for access to basic social aid to care at home in Castilla and Leon is regulated.⁵⁵

3.2.5 Poverty line

He may be part of the disabled group who are in highest risk of poverty and social exclusion.

3.2.6 Additional comments (working age adults)

We believe that the part-time work is insufficient to enable the general population and people with disabilities in particular, to move out of the group of people at risk of poverty and social exclusion. It is necessary to strengthen measures to foster more inclusive employment initiatives, beyond the special employment centers, promoting

⁵⁵ <http://bocyl.jcyl.es/boletines/2007/06/22/pdf/BOCYL-D-22062007-2.pdf>.



regular employment and flexibility cease and retrieve the status of disability pensioner.

3.3 Working age adulthood (not in work)

Betti is 45 years old and lives alone. She has severe depression and chronic fatigue syndrome. She left her job three months ago because of the time off she needed because of her health. She does not feel well enough to look for other work.

3.3.1 Services, devices and assistance (including personal assistance and specialist technical devices)

(a) Devices (including assistive technologies)

If Betti does not have a diagnosed disability (having an illness does not mean that the person has a proven 33% or greater disability) they are not entitled to benefits derived from the laws on disability or dependence. Having a specific condition does not guarantee per se that a person meet the requirements for being considered as a dependent individual. The individual should obtain certain level of dependency.⁵⁶

(b) Personal assistance

She is not eligible for the measures resulting from the laws previously discussed. Given that she is on sick leave, she is entitled to health services established by the Social Security.

(c) Other forms of service/Assistance

The general system established by the Health and Social Services, which is public in Spain and available to any Spanish person, by not having a recognized disability.

3.3.2 Income protection

If this person is off work, she will be receiving a salary from Social Security. She should go to her general practitioner who will be responsible for assessing her condition and her situation in order to determine if she should or should not continue with her sick leave.

This person will be in a situation of temporary incapacity and require health care from social security. Temporary incapacity may be due to common or occupational diseases and accidents, whether or not working, while the healthcare worker receives Social Security and is unable to work (art. 1 OM 10/13/67). This situation of

⁵⁶ Real Decreto 174/2011, de 11 de febrero, por el que se aprueba el baremo de valoración de la situación de dependencia establecido por la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia.
<http://www.boe.es/boe/dias/2011/02/18/pdfs/BOE-A-2011-3174.pdf>.



work incapacity may last a maximum of 12 months, renewable for another 6. The National Institute on Social Security has sole jurisdiction to issue a new period of sick leave when it occurs within 6 months following the medical discharge for the same or similar pathology. After 18 months, the state of the disabled person must be examined within the following three months, in order to be classified as permanently disabled. However, if they need to continue medical treatment in view of a potential return to work, the time can be prolonged for a maximum of 24 months following the start of temporary disability (Law 40/2007 of December 4). This period is considered as an observation period long enough for the medical study of occupational disease when there is a need to postpone the final diagnosis (art. 133 SSL).

3.3.3 Disability-related expenses

The costs of treating the disease are covered by social security, like any other worker.

3.3.4 Housing

She does not have the right to specific support in this regard, since she is not considered a person with disabilities in a situation of dependency.

3.3.5 Poverty line

Depending on the work she has performed, she will receive more or less pension, and considering that she lives alone, we assume that probably she is out of the risk of poverty and social exclusion.

3.3.6 Additional comments (adults not in work for disability-related reasons)

Adults who are in a situation of temporary disability have the same rights as any other worker. In Spain there is health and social security coverage, so they are not at risk of poverty or social exclusion. The sensibility of society towards issues related to mental health is the main obstacle when dealing with diseases that do not always have clear physical or biological markers (eg. fibromyalgia⁵⁷ or similar). It may be the case that the person is given a medical discharge, although she did not feel well. In this case, they have 4 days to claim or complain about not agreeing with that, to the Medical Inspectorate for Social Security or corresponding body. Another problem that these people may face is being at risk of dismissal. While sick leave may not be invoked as cause for dismissal, being on sick leave does not extend the duration of a contract that can finish when its term ends, even if the person is on sick leave.

⁵⁷ <http://sid.usal.es/noticias/discapacidad/52307/1-1/cocemfe-apoya-la-recogida-de-firmas-para-la-proteccion-social-de-los-enfermos-de-fibromialgia.aspx>
<http://sid.usal.es/noticias/discapacidad/54034/1-1/pacientes-con-fibromialgia-entregaran-en-el-congreso-500000-firmas-de-apoyo-a-la-ilp-para-mejorar-su-proteccion-social.aspx>.



3.4 Case study 4 – older age

Jon is 75 years old. He lives alone. He is retired after working his whole career as a teacher. He owns his own apartment. Recently he became totally blind.

3.4.1 Services, devices and assistance (including personal assistance and specialist technical devices)

(a) Devices (including assistive technologies)

Being a retired worker, he is entitled to a contributory pension. Probably he is entitled to collect the maximum established. Given that the maximum pension in Spain is 2,567 euros and the minimum contributory pension is 636 euros per month for 2016 (see General State Budget for 2016),⁵⁸ this person may purchase as many supports as as necessary. Also, with Spain as the headquarters of the ONCE, this person may attend the various centers in different localities of the Autonomous Region, and access product support, training, etc. To qualify for these aids, he will have to apply for the assessment of disability and more specifically, of his dependence level.

(b) Personal assistance

If he wants to have a personal assistant he must pay a substantial amount of the costs, given his high purchasing power.

(c) Other forms of service/Assistance

He can apply for grants provided by law, after his dependence has been ascertained. If he has recognised legal blindness, he may also join ONCE, which will allow him access to several economic and social benefits from that organization.

3.4.2 Income protection

His contributory pension is high, so he will not be entitled to an additional payment.

3.4.3 Disability-related expenses

Depending on the accreditation of his condition and, specifically, possible membership of ONCE, he may be entitled to various economic and social benefits from ONCE.

⁵⁸ http://www.congreso.es/docu/pge2016/pge2016/PGE-ROM/doc/L_16_A_1.PDF.



3.4.4 Housing

Adapting and improving accessibility from home also depends on the accreditation status of disability and dependency, as in previous cases. The percentage of financial aid also depends on the purchasing power of the person.

3.4.5 Poverty line

He is not at risk of poverty and social exclusion.

3.4.6 Retirement

The retirement pension will be high (see the amounts described in Section 3.4.1).

3.4.7 Additional comments (older people)

Older people in Castilla and Leon, as in other regions, can benefit from Hydrotherapy and travel programs funded by the Management of Social Services. They can also participate in the program on shared accommodation, which is an initiative to respond to both the need for companionship and support of the elderly, and the accommodation needs of young university students during the academic year, favoring the permanence of elderly person in their environment. They can also access the Club 60 card, which allows access to discounts and other economic benefits in several commercial establishments. The elderly can also access day centers, senior centers, etc. There are numerous alternatives for these people. The main problem they face is getting older and requiring higher levels of support, which leads to them having to apply for a place in a nursing home. These residences are scarce and expensive. It is also necessary to expand the type and focus of these nursing homes for people with varied support needs, and cultural, educational levels, etc., In sum, those nursing homes should adapted to the characteristic of a population with increasing educational level for whom facilities with traditional occupational activities are obsolete.



PART B: CRITIQUE AND EVALUATION

4 Critique and evaluation of specific benefits/schemes

4.1 Services, devices and assistance

(a) Devices (including assistive technologies)

According to a recent study,⁵⁹ technical and / or personal assistance is crucial for reducing disabilities (i.e. disadvantages) by 25%. Evaluations of serious or overall severity are reduced from 21.8 to 16.3 million for individuals who have these supports, with a result of the disappearance of 3.5 million diagnosed cases (12% of total) (page 74). Hence the importance of analysing the amount of assistance and how it is rated by the recipients. First, 28.4% of those who say need them, do not receive or use assistive devices, which means that 554,000 people are neglected (of which 354,000 are women and 200,000 are men). The number of people who need but do not receive or use these technical aids is much greater for people of working age (39%) than those over 65 (23%). In all cases women receive less support than men (p.74).

(b) Personal assistance

Continuing with the previously mentioned study,⁶⁰ of those who feel they need personal care, 10.3% do not receive it, which affects nearly a quarter of a million people. Lack of personal care is higher in the working age (13%) than after retirement (9%), and women most miss the support of others. As for who should provide such care, just over a third (41% of men with disabilities, 36% of women) considered that it should be provided exclusively by social or health care-professionals (public or private). A similar proportion (27 % of men, 36% of women) consider that it should be relatives or non-professionals; the remaining 30% believe it could be one or the other (formal or informal care) (p.75).

In view of the improvements that these aids represent to those who receive them, it is easy to see how important it would be to expand human and technical, formal and informal supports to those who need them and do not receive them. Also, it can be concluded that women experience higher discrimination (p.76).

Of those receiving personal help, almost a third (32.1%) consider it "insufficient". This complaint is more common among women (33.4%) than among men (29.5%). With age, the above proportions remain constant. Of those receiving technical aids, (i.e.

⁵⁹ Colectivo Ioé (Carlos Pereda, Miguel Angel de Prada y Walter Actis) (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

⁶⁰ Colectivo Ioé (Carlos Pereda, Miguel Angel de Prada y Walter Actis) (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

assistive technologies or devices) in turn, 38.3% consider them "insufficient". For people of working age in this group of "dissatisfied" people reaches 40%, with a similar incidence in both sexes. From age 65, dissatisfaction is slightly higher among women (38.7%) than among men (35.3%) (p.76).

While personal assistance is usually associated with people with physical disabilities and substantial limitations on their mobility, other authors suggest the need to develop the figure of personal assistance for people with intellectual disabilities, which is consistent with the Convention on the Rights of the people with Disabilities (CRPS), and allows a better fit between the protection of the persons and respect for their rights and legal capacity (Article 12 CRPS).⁶¹

(c) Other forms of service/Assistance

This section will summarize the main conclusions of Pereda et al. (2012), who do an excellent analysis of the state of the art. In Spain, a quarter of a million people with disabilities, mainly women, say that they have needed at some point some social or health service but they have not received it. Among the many reasons given to explain this situation, are waiting lists (31%), not having money to pay for it (21%), not having the required service in their area (15%) and not meeting some of the requirements for obtaining them (9%) (p.79).⁶²

Following this,⁶³ the authors indicate that in Spain there are two types of measures to address disability: (1) individual measures, targeted to solve or mitigate the specific constraints of individuals who have a disability; and (2) preventive measures, intended to eliminate the social conditions of exclusion through general revenue balance policies, job sharing, health and quality education without discrimination for all persons, accessibility and removal of barriers, direct participation in the life of the community and political institutions, etc. The first measures are contained in the EDADE-2008, but not the second, which, however, are deemed necessary by the World Health Organization to understand and address the phenomena related to the working and disability (ITC-2001).

Among *individual measures*, aimed at compensate and assist activities of daily living that are affected "significantly" by disabilities. Aid may be technical (product, apparatus or equipment to overcome or alleviate limitations) or personal assistance, and are received, in fact, by 71% of people with disabilities: 12% receive only technical assistance (only possible for visual impairments, hearing and to drive); 31%

⁶¹ Ruf, J. & Tresserras, J. (2015). Nuevas medidas de protección legal de personas con discapacidad: la asistencia. *Revista Española de Discapacidad*, 3 (1): 193-209. Doi: <http://dx.doi.org/10.5569/2340-5104.03.01.11>.

⁶² Colectivo Ioé (Pereda, C., de Prada, M.A, & Actis, W. (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

⁶³ Colectivo Ioé (Pereda, C., de Prada, M.A, & Actis, W. (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

only receive personal assistance; and 28% both types of aid. Together, these grants represent a major support to reduce the severity of disability at all ages, even though, for more than a third, such aid is insufficient (pp.195-196).

In turn, the 29% who do not receive aid or technical or personal, two-thirds say need them.⁶⁴ More than half a million people request technical aids, and nearly a quarter million request personal aids. It is noteworthy that most of these people are women. Especially ironic is that women remain the primary caregivers (75% of caregivers), but they are the least cared for when they need it (69% of neglected people). Personal aids or personal assistance aids are the most common; they are involved in around three million caregivers, mostly relatives of people with disabilities (96% when they live at home, and 65% when they do not). These people often face professional, economic and health problems, which they attribute to overload with caregiving activities for them-and for the rest of the family. These problems would find a way to solve, at least in part, if the whole of society more actively involve in promoting public-support, with personal assistance, with appropriate professional qualifications to their tasks.

A second kind of help for people with limitations is offered by health services, rehabilitation and social assistance. These are important services, given the high morbidity of the group: 80% have a chronic disease, which falls to 74% among people of working age. The most common in this case is arthritis / osteoarthritis and depression. More than half of the group had received a health service in the last 15 days, and almost a third hospital care in the past year. Specialised rehabilitation services, the two most used being counseling or mental health, had been taken up in the last 15 days for 108,000 people of working age, and medical-functional rehabilitation by 87,000 patients in the same age group. Telecare social services, home care and home support programmes were used more often by people over 65 years. Most of these services are covered by the health system and public social services, while around a third of rehabilitation services and social services used in working age were given by individuals, sometimes under the formula of co-payment. In a country like Spain, which is emerging as one of the oldest populations in the world according to the WHO,⁶⁵ it is important to maintain and strengthen all these services, which mainly affect older people with disabilities, by preventing measures to reduce the public deficit to negatively impact on them.

As already mentioned above, up to a quarter of a million people experience problems with access to health or social services when needed, due to problems with waiting lists (31%) or not having money to pay for it (21%), among other reasons. These complaints are raised mostly by women, as with the technical and personal support. In this regard, it is important to unblock the waiting lists that occur for persons seeking aid provided for under the Law on Dependency. This mainly happens for

⁶⁴ Colectivo Ioé (Pereda, C., de Prada, M.A, & Actis, W. (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

⁶⁵ http://sociedad.elpais.com/sociedad/2007/04/12/actualidad/1176328803_850215.html.



those who have been granted access, but who do not receive the services or benefits to which they are entitled.

A third type of personal assistance is the various pensions. About three-quarters of working age group have access to them, as they have become an alternative to work rather than a temporary situation while looking for employment. ICF-2001 describes lack of employment as a disability for a working age person, just like deafness or like being unable to do household chores; however, as the current policy, which is essential for those who cannot work, pensions seem to encourage the abandonment of work by those who could work if they had the right conditions. In this sense the pension policy should aim to meet the needs of those unable to work, redirecting other public funding to boost measures to support employment for those able to do so.

Finally, there are the measures to support integration in the regular school system for people with disabilities, and various monetary and fiscal supports mitigate the extra costs caused by disability or compensate those who serve these people. All these measures should be maintained and their reach expanded, as they are necessary to promote social inclusion of the group in terms of equality with the rest of the population (pp.196-198).

As regards the second type mentioned aid, ie. preventive, the authors stress the need to promote balanced policies in the distribution of wealth and income, since disabilities occur much more often in poor households, where there are worse conditions of life and work, and fewer resources for coping. It also aims to maintain and strengthen the universality of access to public health services, education and social services, measures to facilitate quality of care and the necessary support to people with functional limitations. The aim would be to avoid the high shortfall between people with disabilities in these areas (chronic diseases, school failure, etc.), as well as the lack of access for a quarter million people to necessary social services and rehabilitation.

A third approach focuses on the need to bridge the gap of three quarters of a million people who receive no technical or personal support that they need to cope with their limitations, and build on the System for Autonomy and Care Unit, reinforcing in particular professional services, while supported, with resources, services and advice specific-the work of informal care. On this last point, they refer to the need to promote gender equality in caregiving, currently taken on mainly by women (daughters, wives and mothers, in that order).

Moreover, they refer to the need to promote a balanced distribution of employment among all people capable of work, including most of those who suffer limitations, by facilitating adaptations of the workplace and the types of contracts that are accessible especially short-time work or part-time. It is also important to promote family and social emancipation of people with disabilities, so that they can exercise the same rights as the rest of society. Particularly, it is advisable to strengthen their

participation in community life and political society to become active, individually and collectively subjects of their life projects and society (pp.199-200).

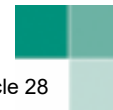
4.2 Income protection

According to Perez, Prada and Actis (2012)⁶⁶ the protection of this group is a clear need. Thus, the main form of "economic activity" of people with disabilities between 16 and 64 differs substantially from those of the general population. More than two thirds of disabled people of working age have resigned or been excluded from the most common and normalized form of economic integration: gainful employment. Most contributory pensions are received by men who have previously had a job; and most non-contributory are received by women who have not had a paid job, which is a further indication of the female disadvantage. It is possible to estimate that, in 2011, the unemployment rate for the group with functional limitations was between 35 and 46% (p.192).

Hernández & Millán (2015),⁶⁷ in their study "People with disabilities in Spain: job placement and economic crisis" analyze data from two statistical sources recently established: (i) Employment of Persons with Disabilities (EPD); and (ii) the salary of Persons with Disabilities (SPD). Both sources arise from the signing of a cooperation agreement between the Spanish Committee of Representatives of People with Disabilities (CERMI), the ONCE Foundation, the Institute for the Elderly and Social Services (IMSERSO) and the National Statistics Institute (INE). The agreement aims obtaining information on disability and labor market through the integration of administrative records from existing surveys. From their analysis is derived, on the one hand, the importance of formal education as an essential element to increase labor participation of people with disabilities. It is crucial, therefore, continue breaking the barriers of access to education. Furthermore, some measures to boost hiring people with disabilities as the Quota system or the need for companies to meet a minimum length in contracts with disabled workers in order to benefit from certain grants and subsidies, have shown their effectiveness. Other data emerging from this study are that in 2012, over 54% of the disabled population of working age received some kind of benefit. Of this group, 83% (45% of the total population) received services that were directly associated with incapacity, although the figures vary from 29% for people with intellectual disabilities to 52% for people with mental (i.e. mental health) disabilities.

⁶⁶ Colectivo Ioé (Pereda, C., de Prada, M.A., & Actis, W. (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

⁶⁷ Hernández, J. & Millán, J. M. (2015). Las personas con discapacidad en España: inserción laboral y crisis económica. *Revista Española de Discapacidad*, 3 (1): 29-56. Available at: http://www.cedd.net/redis/index.php/redis/article/view/132/pdf_28.



4.3 Disability-related expenses

The analysis of the Spanish welfare and universal coverage in some risk, vulnerability and adversity areas, has been considered as a relatively unfinished system concerning expenditure in social protection matters, such as in health, pensions and unemployment. In addition, some authors warn of a new trend, at least in Spain, towards privatization of risk and shift welfare costs to families and individuals. The result of this process is an incomplete and fragmented universal system at various levels of social protection in which people accumulate different social or physical deficits (in a broad sense) have to unfold to earn additional income to offset these deficits. Perhaps the clearest evidence is the Law of Promotion of Personal Autonomy and Care for people in situations of dependency. In Spain the increase in social spending has been key to reducing income inequalities and poverty risks (pp. 8-9).⁶⁸

Braña & Antón (2011),⁶⁹ quantify the costs of disability and its effects on poverty and conclude that these costs account for about 40% of household income in moderate disability and 70% in cases of severe disability. Furthermore, the authors found that the incidence, intensity and severity of poverty increased in parallel to the severity of disability: if a member lives with moderate disabilities at home, the poverty risk is doubled (29.6% to 59.3%), while in households with members with severe disabilities triples it (from 30.3% to 93%). A similar effect happens with the rates of extreme poverty in households with moderate disability. The percentage of households that fall into extreme poverty rises from 3.5% to 17.3%, while in households with severe disability rises from 2.8% to 56.4%.

4.4 Housing costs

The living conditions of households with disabled people are determined by two circumstances.⁷⁰ The first has to do with the biggest expense they must accommodate to achieve similar standards of quality of life as other households without disabled persons, a situation that favors a unifying effect of all households with disabled members. That is, those households have higher requirements (in terms of drugs, care and personal care, training of the person, proper procurement of goods and services, housing adaptation, etc.).

Disability (...) makes the access to resources more difficult, and also prevents the same resources are indicative of the same standard of living (pp.93-94).

⁶⁸ Belzunegui, A. y Borbonès, C. (2013). Presentación: protección social, discapacidad e inclusión social. *RIO: Revista Internacional de Organizaciones*, 11, 7-14. Available at: http://www.revista-rio.org/index.php/revista_rio/article/view/135/pdf.

⁶⁹ Braña, F. J., Antón, J. I. (2011). Pobreza, discapacidad y dependencia en España, *Papeles de Economía Española*, n. 129: 14-25. Available at: [http://www.janton.net/Files/Docs/FJB%20&%20JIA%20\(2011\)%20PEE.pdf](http://www.janton.net/Files/Docs/FJB%20&%20JIA%20(2011)%20PEE.pdf).

⁷⁰ Belzunegui, A., Puig, X. y Valls, F. (2013). El efecto de la estructura social sobre el gasto en atención a la discapacidad. *RIO: Revista Internacional de Organizaciones*, 11, 87-107. Available at: http://www.revista-rio.org/index.php/revista_rio/article/view/139/pdf.

A recent study (2013)⁷¹ examines the expenditures that Spanish households with disabled people made to address disability (estimations of the number of disabled people are based on from the information extracted from the Survey on Disabilities, Independence and Dependency of 2008). Data show that households with more resources invest greater amounts to meet disabilities, while the poorest households spend a significantly lower amount. Thus, with the same degree of limitation, households with higher incomes to 3,000 euros a month spend an average amount to address disability of between 120% and 170% higher than those households with an income below 1,000 euros a month. Less predictable is that, even between different levels of severity of disability, differences between households remain substantial. Thus, attention to disability has a certain level that all households with disabled members have to face, regardless of their economic position. Other needs are met depending on the purchasing power of households (p. 102). In short, the social dimension of disability is characterized by its elasticity. When disability is severe, differences between unequal social positions are lessened: all social groups have to invest in disability, no excuses, regardless of the purchasing power. The differences in spending between different groups of households are not statistically significant or, in any event, only in households where the reference person is in the upper echelons of the social hierarchy, where an amount significantly higher than the rest is spent on disability care. But when the disabled person can exercise daily activities without a serious limitation, differences between different social groups increased by the fact that, in these cases, the social dimension is a greater presence: the portion of expenses does not form part of the irreducible core of the disability that affects social differentiation (p. 103).

4.5 Retirement benefits

In the current system in Spain (Colectivo IOE, 2012),⁷² almost all contributory pensions are indefinite, since they rely on the static criteria "inability" to label people on a permanent basis, as suggested by their own official names: major disability, permanent total disability, permanent absolute disability. However, although a minor sector of the population actually has an insurmountable difficulty working, most could exercise an activity if they found facilities. However, the majority response has been to stop seeking employment.⁷³

⁷¹ Belzunegui, A., Puig, X. y Valls, F. (2013). El efecto de la estructura social sobre el gasto en atención a la discapacidad. *RIO: Revista Internacional de Organizaciones*, 11, 87-107. Available at: http://www.revista-rio.org/index.php/revista_rio/article/view/139/pdf.

⁷² Colectivo Ioé (Carlos Pereda, Miguel Angel de Prada y Walter Actis) (2012). *Discapacidades e inclusión social*. Barcelona: Obra Social" La Caixa". Available at: https://obrasocial.lacaixa.es/deployedfiles/obrasocial/Estaticos/pdf/Estudios_sociales/vol33_es.pdf.

⁷³ Belzunegui, A., Puig, X. y Valls, F. (2013). El efecto de la estructura social sobre el gasto en atención a la discapacidad. *RIO: Revista Internacional de Organizaciones*, 11, 87-107. Available at: http://www.revista-rio.org/index.php/revista_rio/article/view/139/pdf.



4.6 Disability discrimination and social protection measures (including, in particular, measures which are not disability specific)

As previously noted, people with disabilities find it more difficult to obtain employment and have less motivation to seek it; they are subject to pensions that adopt a static view of the inability. In other instances, they must rely on very low non-contributory pensions and other aid which, however, does not fully meet their needs. Measures for this group as well as other measures to respond to families with very low incomes, coupled with the fact that in Spain education, health and social services are public, prevents having even higher percentages of people with disabilities in a situation of extreme poverty and exclusion. Any measure that threatens the provision of these services is threatening not only the situation of this group but is also perpetuating, if not increasing, disability.

5 Critique and evaluation of overall situation and cumulative effect - standard of living

In 2010,^{74 75} full crisis reached Spain, producing important impacts in different ways. On the one hand, through cuts to the welfare state, which reduce budgets for social and political benefits. Also, and increasingly significant, defaults and delays in the payment of services (eg, in the help system for dependent people, day care centers, nursing homes, etc.), and the extreme difficulties of access to credit experienced by these entities. All this leads to greater vulnerability of the group of persons with disabilities and their families, who see their social rights threatened (p.265).⁷⁶

In all households (with or without disability) the dominant income source is work (in almost 73% of the homes of people with disabilities and 79% of households without people disabled). The proportion drops to 49.5% in households where there is a disabled person and 40% in those where there are two disabled person. Thus, contributory pensions are the dominant type of income in households with persons with disabilities; they are present in at least 75% of these households, compared with 30% of households without disabled and 39% on average, mainly reflecting the relative aging of these households. In fact, while the average age of the reference person is over 62 years in households with a disabled person, the average age is below 49 years in homes without people with disabilities and reaches a maximum value of 66.1 years in households where there are two people with disabilities, while the overall average age is 51.6 years (p.267).⁷⁷

Comparing the poverty of persons with disabilities with non-disabled population, the data are clear: the poverty rate of disabled people is almost double that of the rest of the population, slightly less than twice in the case of total poverty and almost exactly twice for severe poverty. It is not only disability that affects the determination of the risk of being in poverty, but a specific demographic structure of persons with disabilities, characterized by its aging and being feminine, both negative factors regarding poverty (p.267).⁷⁸ A number of news offer support to this situation:

⁷⁴ Gallego, V. M. (2013). El sector de la discapacidad: realidad, necesidades y retos futuros. *Índice: Revista de Estadística y Sociedad*, (57), 24-25. Available at: <http://www.revistaindice.com/numero57/p24.pdf>.

⁷⁵ Rodríguez Cabrero, G. (dir.), (2012). El sector de la discapacidad: realidad, necesidades y retos futuros. Madrid: CERMI, CINCA. Available at: <http://www.cermi.es/es-ES/Biblioteca/Lists/Publicaciones/Attachments/297/01-EL%20SECTOR%20DE%20LA%20DISCAPACIDAD%20N%C2%BA%2059.pdf>.

⁷⁶ Rodríguez Cabrero, G. (dir.), (2012). El sector de la discapacidad: realidad, necesidades y retos futuros. Madrid: CERMI, CINCA. Available at: <http://www.cermi.es/es-ES/Biblioteca/Lists/Publicaciones/Attachments/297/01-EL%20SECTOR%20DE%20LA%20DISCAPACIDAD%20N%C2%BA%2059.pdf>.

⁷⁷ Rodríguez Cabrero, G. (dir.), (2012). El sector de la discapacidad: realidad, necesidades y retos futuros. Madrid: CERMI, CINCA. Available at: <http://www.cermi.es/es-ES/Biblioteca/Lists/Publicaciones/Attachments/297/01-EL%20SECTOR%20DE%20LA%20DISCAPACIDAD%20N%C2%BA%2059.pdf>.

⁷⁸ Rodríguez Cabrero, G. (dir.), (2012). El sector de la discapacidad: realidad, necesidades y retos futuros. Madrid: CERMI, CINCA. Available at: <http://www.cermi.es/es->

- The Ceremi agrees with the Council of Europe that social protection in Spain is "very poor" (24/01/2012);⁷⁹
- Directors of social services are urging ensure basic social protection (10/07/2012);⁸⁰
- The Ceremi poses measures to improve access to social protection of workers with disabilities (25/09/2013);⁸¹
- The Ceremi denounces the deterioration of social protection of families with members with disabilities (31/03/2014);⁸²
- The Congress raises Ceremi strengthen the protection of persons with disabilities crime victims (16/09/2014);⁸³
- Foessa asking the government more money to improve the precarious employment and social protection (07.10.2015).⁸⁴

Even at an autonomous community level, critical voices are raised:

- Catalunya, the Government budgeted for social protection 1786.5 million, 10.4% less than in 2012 (11/05/2013).⁸⁵

[ES/Biblioteca/Lists/Publicaciones/Attachments/297/01-EL%20SECTOR%20DE%20LA%20DISCAPACIDAD%20N%C2%BA%2059.pdf](#)

⁷⁹ <http://sid.usal.es/noticias/discapacidad/42335/1-1/el-ceremi-coincide-con-el-consejo-de-europa-en-que-la-proteccion-social-en-espana-es-muy-deficiente.aspx>.

⁸⁰ <http://sid.usal.es/noticias/discapacidad/44759/1-1/directores-de-servicios-sociales-urgen-a-garantizar-proteccion-social-basica.aspx>.

⁸¹ <http://sid.usal.es/noticias/discapacidad/47824/1-1/el-ceremi-plantea-medidas-para-mejorar-el-acceso-a-la-proteccion-social-de-trabajadores-con-discapacidad.aspx>.

⁸² <http://sid.usal.es/noticias/discapacidad/49915/1-1/el-ceremi-denuncia-el-deterioro-de-la-proteccion-social-de-las-familias-con-miembros-con-discapacidad.aspx>.

⁸³ <http://sid.usal.es/noticias/discapacidad/50994/1-1/el-ceremi-plantea-al-congreso-reforzar-la-proteccion-de-las-personas-con-discapacidad-victimas-de-delitos.aspx>.

⁸⁴ <http://sid.usal.es/noticias/discapacidad/53439/1-1/foessa-reclama-al-gobierno-mas-recursos-economicos-para-mejorar-el-empleo-precario-y-la-proteccion-social.aspx>.

⁸⁵ <http://sid.usal.es/noticias/discapacidad/48381/1-1/cataluna-el-govern-presupuesta-17865-millones-para-proteccion-social-un-104-menos-que-en-2012.aspx>.



PART C

6 Key points

6.1 Examples of good practice

Good or desirable practices require combining measures of social, health and educational protection for those most vulnerable and at risk of exclusion (by gender, severity of disability, low educational level, alien status...), with active measures promoting inclusion at all levels and from childhood to older ages.

6.2 Concerns

The increase in inequality in Spain,⁸⁶ due to the crisis and the loss of protective measures, can contribute to increase the distance between the included and the excluded. Since, in turn, poverty generates disability, increased inequality can not only worsen the situation of people with a diagnosis of disability or dependence, but also it can compromise the future of younger generations and creating new situations of exclusion, vulnerability and even disability and dependence.

6.3 Recommendations

Social policies clearly committed to vulnerable groups, as demanded by the CERMI, are recommended. Plans, programs, laws, etc., should make visible risk situations of exclusion and implement measures with linked outcome indicators. These outcomes should materialise in improvements in quality of life and quality of services for people with disabilities and in dependency situation. The external evaluation of outcomes in programs, plans and laws should be implemented.

Public policies should not be developed, as somewhat at present, on a purely testimonial and nominal way, they have to act effectively changing the social structure, with appropriate measures to reduce inequalities in economic, education and employment. Those policies should promote sufficient support resources to allow all people with disabilities to access resources, technical aids and personal supports they require.

⁸⁶ <http://www.fuhem.es/ecosocial/articulos.aspx?v=9175&n=0>.