Social Protection and Disability in Brazil

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List of Acronyms

AACD	*Associação de Assistência à Criança Deficiente* (Association for Children with Disabilities)
AAEMD	*AHIMSA Associação Educacional para Múltipla* Deficiência (AHISMA Educational Association for Multiple Disabilities)
AEPS	*Anuário Estatístico da Previdência Social* (Statistical Yearbook of Social Security)
APADA	*Associação de Pais e Amigos de Deficientes Auditivos* (Association of Parents and Friends of Persons with Hearing Impairments)
APAE	*Associação de Pais e Amigos dos Excepcionais* (Association of Parents and Friends of Persons with Intellectual Disabilities)
BPC	*Benefício de Prestação Continuada* (Continuous Cash Benefit)
BRL	Brazilian Real
CLT	*Consolidação das Leis do Trabalho* (Consolidation of Labour Laws)
CRAS	*Centros de Referência de Assistência Social* (Social Assistance Reference Centres)
CREAS	*Centro de Referência Especializado de Assistência Social* (Social Assistance Specialised Reference Centres)
CRPD	(United Nations) Convention on the Rights of People with Disabilities
DPO	Disabled People's Organisation
FGTS	*Fundo de Garantia por Tempo de Serviço* (Length of Service Guarantee Fund)
KII	Key Informant Interview
IBGE	Instituto Brasileiro de Geografia e Estatística (Brazilian Institute of Geography and Statistics)
ICD	International Classification of Diseases
ICF	International Classification of Functioning, Disability and Health
INSS	*Instituto Nacional do Seguro Social* (National Social Security Institute)
IPC-IG	International Policy Centre for Inclusive Growth
IPEA	*Instituto de Pesquisa Econômica Aplicada* (Institute for Applied Economic Research)
LARAMARA	*Associação Brasileira de Assistência à Pessoa com Deficiência Visual* (Brazilian Association of Assistance to People with Visual Impairments)
LOAS	*Lei Orgânica da Assistência Social* (Organic Law on Social Assistance)
MDS	*Ministério do Desenvolvimento Social e Combate à Fome* (Ministry of Social Development and Fight against Hunger)

MDSA	*Ministério do Desenvolvimento Social e Agrário* (Ministry of Social and Agrarian Development)
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PAIF	*Serviço de Proteção e Atendimento Integral à Família* (Protective Services and Integral Care to Family)
PNAD	*Pesquisa Nacional por Amostra de Domicílios* (National Household Sample Survey)
PNAS	*Política Nacional de Assistência Social* (National Social Assistance Policy)
RGPS	*Regime Geral de Previdência Social* (General Social Security Scheme)
RIADIS	*Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus Familia* (The Latin American Network of Non-Governmental Organisations of Persons with Disabilities and their Families)
SEAS	*Secretaria de Estado de Assistência Social* (Social Assistance State Secretariat)
SNAS	*Secretaria Nacional de Assistência Social* (National Secretariat of Social Assistance)
SUAS	*Sistema Único de Assistência Social* (Unified Social Assistance)
SUS	*Sistema Único de Saúde* (Unified Health System)
UN DESA	United Nations Department of Economic and Social Affairs

1 Introduction

This report comprises one component of the DFID-financed study: "Leaving no-one behind: how social protection can help people with disabilities move out of extreme poverty." It is one of seven country case studies to identify good practice in enabling the inclusion of persons with disability in social protection systems and programmes. The research aims to address the gaps in knowledge in the design and delivery of social protection for persons with disabilities and find examples of good practice that can be used to improve policies and programmes so that social protection in developing countries can become more disability sensitive. The project was undertaken by Lorraine Wapling and Rasmus Schjoedt for Development Pathways. Sarina Kidd led on the design and finalisation of the report.

This country report presents findings from both a literature review and a short field study carried out in Brazil. The field study was conducted between the 19th-28th September 2016, during which the researchers undertook 20 key informant interviews with researchers, government officials, and representatives from Non-Government Organisations (NGOs) and Disabled People's Organisations (DPOs) in Brasilia and Sao Paulo. It should be noted that the researchers visited two of the wealthiest parts of the country – Sao Paulo and Brasilia – and the situation in these areas is not representative of the situation in Brazil as a whole. This selection of locations was based on the purpose of the case studies, which was to identify and describe cases of best practice.

The researchers would like to stress that as the research was carried out in 2016, the report is reflective of Brazil's social protection systems and programmes at that time. Since 2016, Brazil has experienced a number of political changes and it is likely that aspects of the report are now outdated or have changed.

The report begins in Section 2 with an introduction to the economic and social context of Brazil. A detailed description of the national population of persons with disabilities is presented in Section 3, while Section 4 unpacks key challenges faced by persons with disabilities. Section 5 looks at the governance of social protection and support for persons with disabilities, followed by Section 6 which describes the legislative and policy framework of social protection and disability in Brazil. Section 7 provides an overview of the social protection system in Brazil, followed by Section 8 which describes the disability assessment mechanisms for the *Benefício de Prestação Continuada* (BPC) and the social insurance benefits (*Previdência Social*). Sections 9 and 10 analyse coverage, barriers to access and adequacy of the main social protection programmes. Section 11 examines the evidence around impact of the main schemes, followed by Section 12 which describes linkages between social protection programmes and other social services. Finally, Section

13 concludes with some perspectives on the main lessons learned and gaps identified in relation to social protection for persons with disabilities in Brazil.

The team would like to thank all those who gave their time to be interviewed and who supported the set-up of meetings and discussions.

2 Contextual analysis

Brazil is a middle-income country with a growing population that is spread unequally across its 27 federative units. At the time that the report was written, the country's most recent census from 2010 gave a population figure of almost 191 million persons. However, according to the latest population projection data from the United Nations Department of Economic and Social Affairs (UN DESA), this would have risen to 208 million in 2015. Although the population continues to increase, this growth has slowed down in recent years: by 2050, UN DESA predicts that Brazil will have a population of about 240 million.

The most salient feature of Brazil's demographic change is its rapidly ageing population: between 2015 and 2050, the proportion of the population above 55 years of age is set to grow from 17 to 35.8 per cent.[1] This has important implications for the country's social security system since it will inevitably lead to a significant increase in the number of recipients of programmes for older persons.

After years of healthy economic growth, the Brazilian economy stagnated in 2014. According to the Organisation for Economic Cooperation and Development (OECD), at the time of the research, Brazil was in a deep recession. Furthermore, high political uncertainty and ongoing corruption allegations had undermined consumer and business confidence, leading to continuous contraction in economic demand. As the economy shrunk, unemployment was set to rise further.[2]

Brazil is characterised by high levels of inequality and social exclusion, and in 2016, its Gini coefficient stood at 53.7.[3] Inequality in Brazil often correlates with ethnicity: black and indigenous populations are generally poorer and more excluded from services and political participation. Furthermore, there are extreme differences across regions, with the Southern part of the country (which was visited for this report) much wealthier than the North East.

Given Brazil's high levels of inequality, a large proportion of its population is living in poverty. Table 1 shows that in 2014, 15.6 million people in Brazil (7.6 per cent of the population) lived on $3.10 or less a day.

[1] UN DESA (2016).
[2] OECD (2016).
[3] World Bank estimate: http://data.worldbank.org/indicator/SI.POV.GINI?locations=BR

Table 1: Poverty rates in Brazil

	2012	2013	2014
People living below $1.90 (2011 PPP)	9.3 million (4.6% of the population)	9.9 million (4.9% of the population)	7.5 (3.7% of the population)
Poverty gap at $1.90 a day (2011 PPP)	2.5%	2.8%	1.7%
People living below $3.10 (2011 PPP)	18.8 million (9.3% of the population)	18.5 million (9.1% of the population)	15.6 (7.6% of the population)
Poverty gap at $3.10 a day (2011 PPP)	4.1%	4.3%	3.1%

Source: World Bank Poverty and Equity Database

High unemployment rates contribute to the country's poverty rates. According to the 2015 household survey, *Pesquisa Nacional por Amostra de Domicílios* (National Household Sample Survey) (PNAD), the national average unemployment rate stood at 6.5 per cent in the fourth quarter of 2014, down from 6.8 per cent during the previous quarter. Unemployment rates were higher in the North-eastern Region (at 8.3 per cent), as well as for women (9.8 per cent) in comparison to men (7.2 per cent). Furthermore, there was a high rate of unemployment among people aged 18-39 – notably, this age group made up around 70 per cent of total unemployed workers. The numbers likely mask high levels of underemployment.

At the time of the research, the labour force participation rate was around 60 per cent, and the declining trend in labour force participation since mid-2012 was a cause for concern. A pessimistic explanation suggests that this was largely prompted by discouraged youths exiting or not participating in the labour market due to high long-term unemployment among the younger populations, along with a shortage of job opportunities, especially in the formal sector.[4] Indeed, about 45 per cent of the Brazilian labour market was in the informal sector.[5]

[4] CEIC Brazil Data Talk (2015).
[5] Key Informant Interview (KII), IPC/IPEA.

3 Description of the national population of persons with disabilities

Although data exist on disability prevalence in Brazil, there have been considerable challenges in obtaining accurate figures. The latest census from 2010 includes data on disability – which was based on a Washington Group Short Set of Questions component – but as numerous respondents explained, the data are flawed in a number of ways.[6]

A key issue with the census is how the data were collected. Despite the inclusion of the Washington Group questions, respondents did not consider the data to be reliable, mainly because enumerators did not receive sufficient training on how to ask these specific questions.[7]

Another concern with the census data is that there are differing totals depending on the data used. Whilst the census identified 45.6 million people living with disabilities (around 24 per cent of the population at the time of the census), the impairment breakdown figures add up to 61.3 million (around 32 per cent of the population). It is possible that people with multiple impairments created these significant differences in totals since there was no separate option for identifying multiple impairments. However, the data itself do not make this clear.

Furthermore, the disability prevalence rate of 45.6 million is much larger than would be expected when compared to international estimates of the usual proportion of persons with disabilities in a population. The Ministry of Social and Agrarian Development has attempted to analyse the data and has produced an estimate closer to 20 million. One reason for this discrepancy is that the classification of categories in the 2010 census was very broad and included a wide range of abilities. Visual, hearing and physical impairments were classified according to three levels of difficulty: 'some difficulty', 'significant difficulty' and 'cannot do at all.' Prevalence rates appear to include all three levels of difficulty, which is why it is relatively high (and why it is frequently questioned). As Table 2 shows, if the category of 'some difficulty' is excluded, then the prevalence rates are more in line with international estimates.

[6] KIIs, Ministry of Social and Agrarian Development; IPC/IPEA; A. Dias.
[7] KII, A. Dias.

Table 2: Figures from the 2010 census on disability prevalence in Brazil

Impairment	Number of people – using all levels of difficulty	Number of people –using 'cannot do at all' & 'significant difficulty'
Visual	35.7 million	6.5 million
Hearing	9.7 million	2.1 million
Motor	13.2 million	4.4 million
Cognitive	2.6 million	2.6 million
Total	45.6 million (24% population) (61.3 million)	15.7 million (8% population)

Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

In comparison, cognitive impairments are underrepresented in the census, as these types of impairment were not classified in the same way as visual, hearing and physical impairments. As Table 2 demonstrates, instead of classifying cognitive impairments according to 'some difficulty', 'significant difficulty' and 'cannot do at all', cognitive impairments were instead presented as a single figure. A further reason for this underrepresentation could be that people were reluctant to report these types of disability due to the stigma that is attached to them.

Unlike cognitive impairments, visual impairments seem to be overrepresented in the data. During interviews, respondents suggested that this was due to a combination of an ageing population and a cultural tolerance of visual impairments that made people more likely to report these kinds of difficulties.[8] In fact, as Figure 1 demonstrates below, one of the main causes of the high overall disability prevalence rate is the number of people who reported that they had 'some difficulty' in seeing.

[8] KII, A. Dias.

Figure 1: Number of people with disabilities comparing stated severity rates of impairments

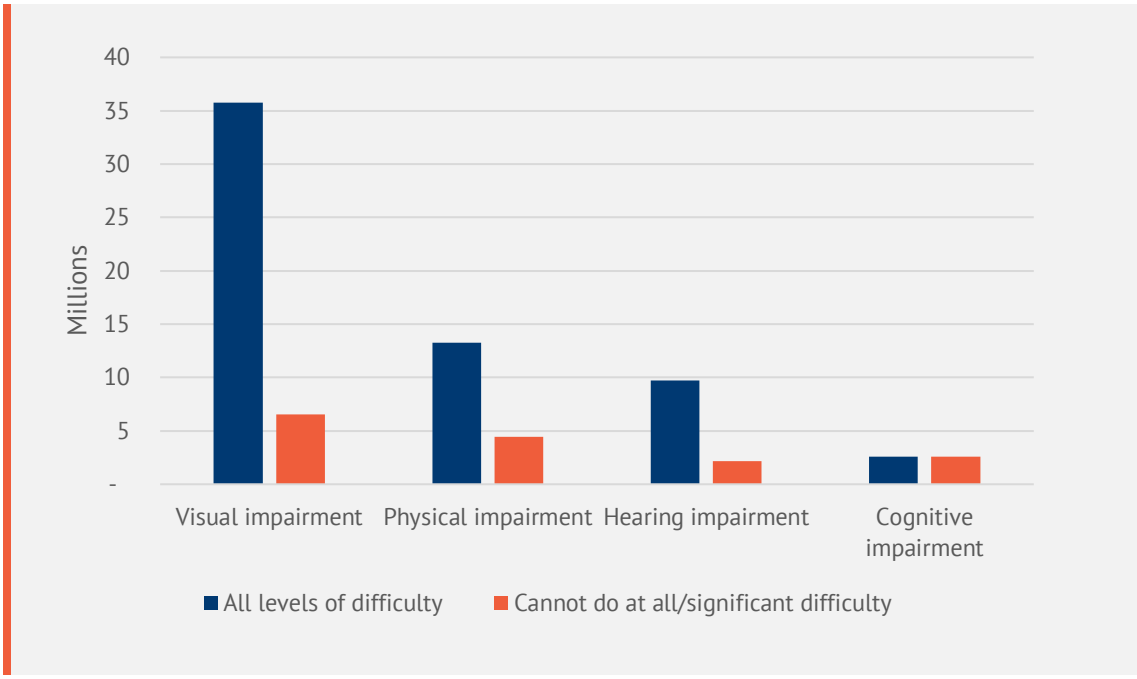


Table 3 shows that if the category of 'some difficulty seeing' is removed across all age groups, the overall prevalence rate decreases dramatically to 8.59 per cent. This is more in line with international figures.

Table 3: Number of people with disabilities and prevalence rates across age groups

	Total number of people with disabilities	Prevalence rate (%)	Total number of people with disabilities, excluding those with 'some difficulty' seeing	Prevalence rate (%)
0-14	3459402	7.53	1379050	3.00
15-64	32609023	24.94	10571898	8.09
65 and above	9537624	67.71	4443619	31.55
Total	45606049	23.91	16394567	8.59

Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

Finally, the data show that there are significantly more women with disabilities than men in Brazil (57 per cent of females versus 43 per cent of males). This is true across all age cohorts except for aged 0-14 years (4 per cent of males and females).

Box 1: Data sources on social protection and disability in Brazil

There are various data sources on social protection and disability available in Brazil.

One source is the 2010 census, which collected data based on the Washington Group Questions. However, as demonstrated above, the data are flawed in a number of ways.

Another source of data is the annual *Benefício de Prestação Continuada* (Continuous Cash Benefit) (BPC) Statistical Yearbook, which provides data on BPC recipients. However, at the time of the research, this was a recent publication, which, according to Brazilian researchers, still showed errors and numbers that did not add up.[9] The database on the website of the former Ministry of Social Security (which then formed part of the Ministry of Finance), at http://www.previdencia.gov.br, provides disaggregated data on social security recipients.

At the time of the research, an annual Household Survey (PNAD) was available up to 2015 and included disability data, but not social protection data. A national health survey from 2015 also included disability data, but the data on BPC recipients had not been released yet. A dataset with labour market statistics (RAIS) was available from the Ministry of Labour and included data on the number of persons with disabilities participating in the labour market. Finally, school surveys were available from the Ministry of Education with data on children with disabilities enrolled in education.

[9] KII, IPC/IPEA.

4 Challenges faced by persons with disabilities

Disability and poverty are closely linked in Brazil, with persons with disabilities facing significant stigma and discrimination. For example, they have lower rates of success at school and more limited access to economic activities, both of which are leading factors contributing to household poverty.

Persons with disabilities face a range of challenges across the lifecycle. Several of these specific challenges will now be discussed below.

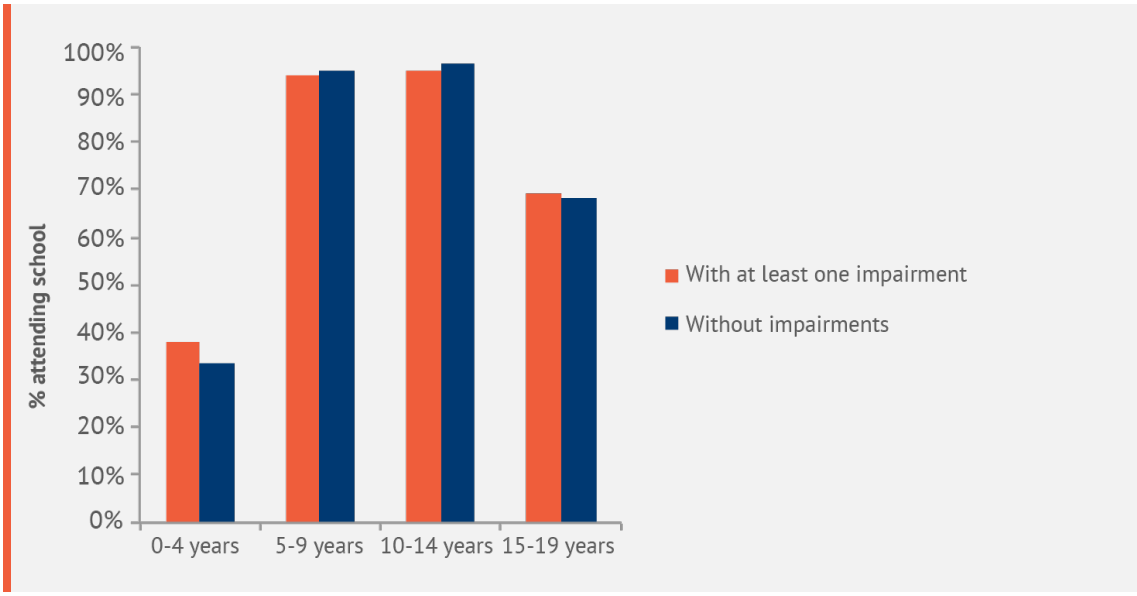
4.1 Children with disabilities

The abandonment of children with disabilities is a serious issue in Brazil. There is a relatively high number of female-headed households that are recipients of Brazil's main tax-financed disability benefit, the *Prestação Continuada de Assistência Social* (Continuous Cash Benefit) (BPC), and this can be linked to the high rate of fathers abandoning families which have a child with a disability as a member.[10] A separate issue concerns children with disabilities who, often due to a lack of support, have been institutionalised by their families. Human Rights Watch describes how many of these children never leave these institutions – even as adults - and suffer a lifetime of abuse and neglect.[11]

Overall, families with children with disabilities find it difficult to access support and information. However, this is not necessarily demonstrated in the data. For example, in absolute terms, there is not much difference between school or day care attendance between disabled and non-disabled children. As Figure 2 demonstrates, children with disabilities aged 0-4 years are slightly more likely to be in day care than their non-disabled peers. It should be noted, however, that the rates for pre-school attendance are low overall. In addition, the data do not indicate whether the children are in special or mainstream schools.

[10] KIIs, A. Dias; R. Atalla; A. Batista et al.
[11] Human Rights Watch (2018).

Figure 2: Absolute rate of school or day care attendance by impairment status and age



Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

Despite there not being much difference in school or day care attendance between disabled and non-disabled children, there are issues concerning the extent to which the education system is prepared for and capable of teaching children with a range of different impairments. Indeed, despite the government committing to provide inclusive education since 2008 (see the National Policy on Special Education), children with disabilities continue to face challenges in accessing appropriate high-quality education. Interviews at *Associação de Pais e Amigos de Deficiêntes* (APADA) – an organisation specialising in the provision of education and support to Deaf people – highlighted that although on paper the system supports bilingual education for Deaf children, in practice there are only 5 truly bilingual schools in the country. Children in most mainstream schools have to rely on the provision of sign language interpreters who vary in quality and are not trained to support the language development of Deaf children. As a result, most Deaf children leave formal education with poor language skills and low levels of literacy and numeracy.[12] Organisations like APADA have been set up to help deal with these educational deficits and provide language and literacy skills training, as well as coaching and mentoring for jobs.

Children and young people who are deafblind face particular challenges that the current system is not sufficiently prepared for. General awareness over the existence and specialist needs of people with multi-sensory impairments is extremely low, especially as it was only officially recognised as a condition in 2000. Many children are wrongly

[12] KII, M Brito.

diagnosed as having autism and hence fail to receive the appropriate language and communication support that they need. Although the National Plan for the Rights of Persons with Disabilities (2011-14) supports the establishment of special education resource centres –and once a diagnosis has been established, the State Education Secretariat is responsible for providing appropriate support – in reality, the children rarely receive accurate diagnoses. Furthermore, even if they do receive an accurate diagnosis, the type of communication support available to them in mainstream settings is very poor.[13]

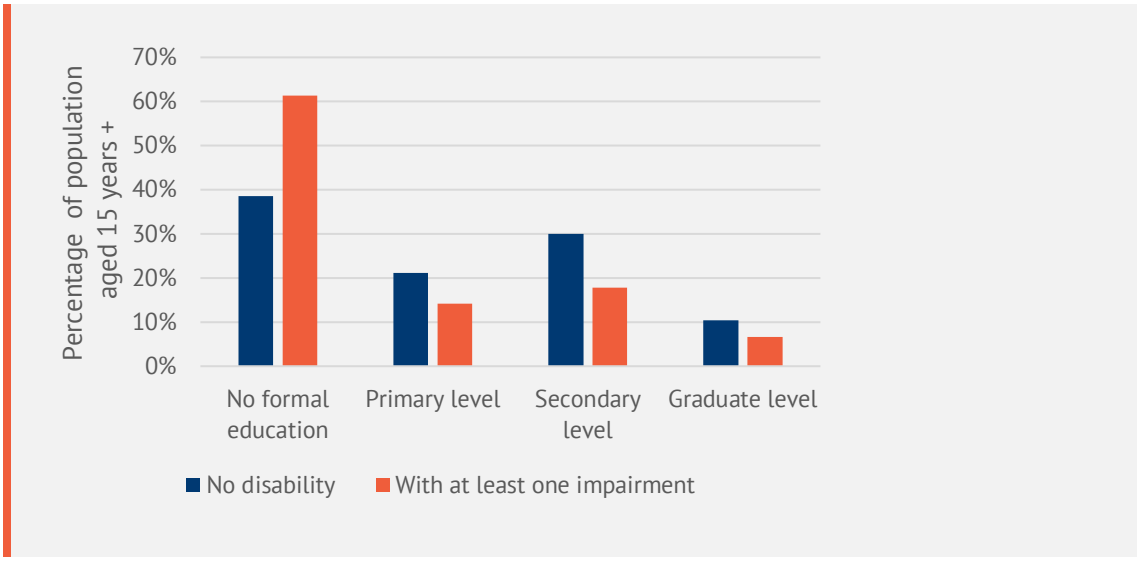
A further issue is that there is a lack of alignment between advocates for special education and those promoting inclusive education. Those involved with supporting children with very specific educational needs (such as those who are Deaf, deafblind and who have significant cognitive impairments) feel that special education facilities are needed because the quality of support that is available in the mainstream system is not sufficient. Those advocating for inclusive education believe, however, that specialist resource centres provide the expertise necessary for successful integration. It is likely that well-resourced urban centres, such as Sao Paulo and Brasilia, provide better levels of support since there is greater access to organisations that specialise in these areas. Many respondents expressed the opinion that the situation is likely much worse in other parts of the country (especially in the North East).

4.2 Working age persons with disabilities

The data highlight that persons with disabilities do not achieve parity with their non-disabled peers at any level of education. This puts them at a significant disadvantage in a competitive labour market. Indeed, as Figure 3 demonstrates below, 61 per cent of persons aged 15 years and above with at least one impairment have no formal education at all, in comparison with 38 per cent of their non-disabled peers. In terms of literacy rates, 82 per cent of people with at least one impairment are literate compared to 92 per cent of the population with no declared impairment.

[13] KII, S. Rodrigues.

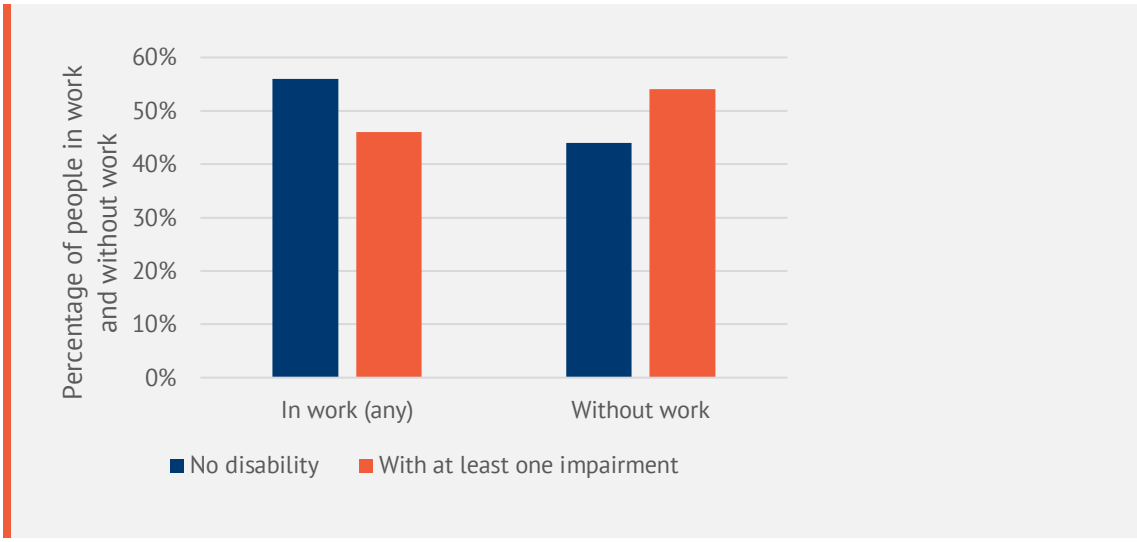
Figure 3: Highest levels of education attained for persons with and without a disability (aged 15 years +)



Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

This significantly impacts employment opportunities, and overall, persons with disabilities have more limited job prospects than persons without disabilities. As Figure 4 shows, 54 per cent of people with at least one declared impairment are outside of the labour market, in comparison to 44 per cent of persons with no disability.

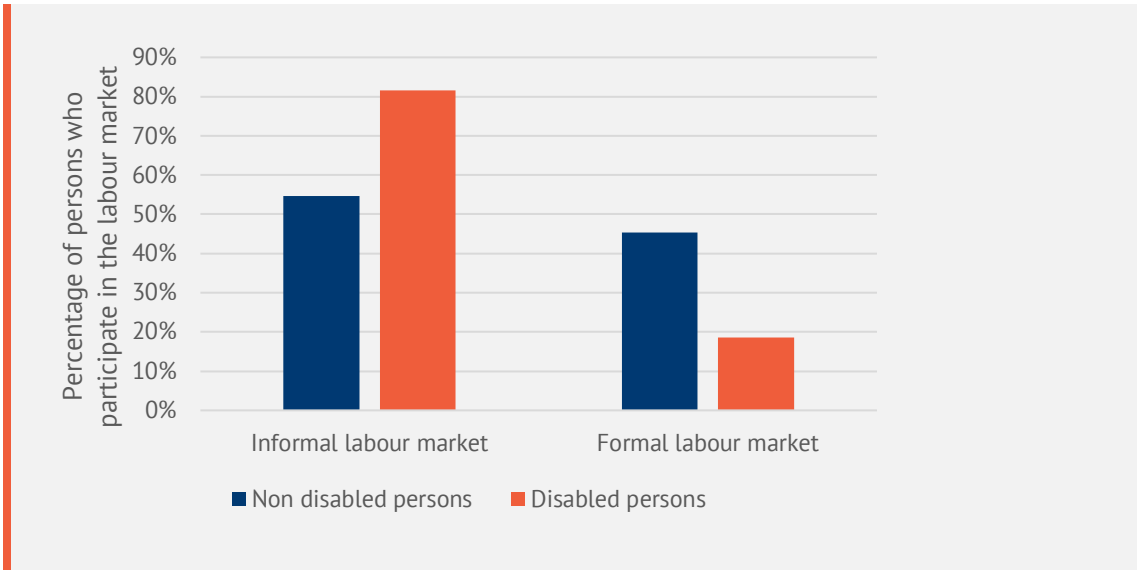
Figure 4: Job rates for persons with and without a disability



Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

In addition, although the 2010 census suggests that 20 million persons with disabilities in Brazil are economically active,[14] few are able to access the formal labour market. As Figure 5 demonstrates, 82 per cent work in the informal labour market, and 18 per cent work in the formal labour market. In comparison, 45 per cent of people with no declared impairment work in the informal sector.

Figure 5: Participation in the formal and informal labour market for people with and without a disability



Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

Further challenges facing working age persons with disabilities were raised during interviews with representatives of civil society organisations. For example, Deaf people assisted by APADA often report that they have more than two informal sector jobs in order to meet daily living costs. In addition, those in the formal labour market are often hired on minimum hours contracts at minimum wage levels. The types of jobs available for persons with disabilities are often limited as well. For example, common jobs for Deaf people include shelf stacking and counting cash once a bank has closed, as these jobs do not require direct ongoing communication with either the general public or employers.[15]

Day care centres and sheltered housing are available for persons with severe disabilities – most especially those with severe cognitive impairments – and these are provided through the Social Assistance Reference Centres (CRAS). Despite availability, the services often have limitations. For example, discussions with *AHIMSA Associação Educacional para*

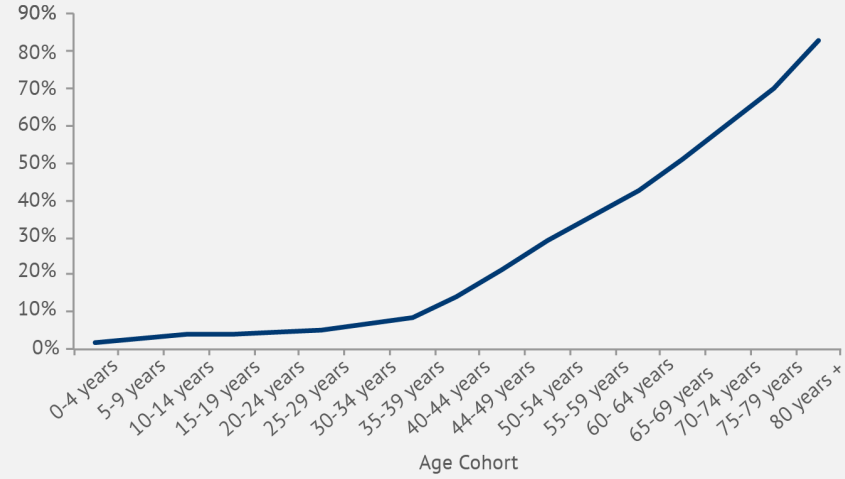
[14] Instituto Brasileiro de Geografia e Estatística (IBGE), 2010; KII, A. Dias.
[15] KII, M. Brito.

Múltipla Deficiência (AHISMA Educational Association for Multiple Disabilities) (AAEMD) revealed that although deafblind people should (and do) qualify for places at these centres, the staff are unable to provide for the complex needs of this client group. They will often turn them away or refer them to organisations such as AAEMD in Sao Paulo.[16]

4.3 Older persons with disabilities

The overall share of the world's population above 60 years of age is expanding at a rapid rate, from 8 per cent in 1950 to 12.3 per cent in 2015. This is projected to rise to more than 20 per cent by 2050.[17] Disability is most likely to occur among older persons, and data from Brazil suggests that the highest rates of disability are found amongst those aged 70 years and above (see Figure 6). 73 per cent of people aged 80 years or more report having a severe disability in the motor domain and 52 per cent report having a severe disability in the visual domain. As described above, Brazil has an increasing ageing population, and so a key challenge for the country will be to make appropriate provisions for the growing number of older persons living with a disabilities.

Figure 6: Proportion of severe disability in the population by age[18]



Source: Instituto Brasileiro de Geografia e Estatística (IBGE), 2010

[16] KII, S. Rodrigues.
[17] UN DESA (2015).
[18] Severe disability includes everyone with at least one domain coded as 'a lot of difficulty', or 'cannot do at all'.

Although disability is more likely to occur among older persons, a key challenge can be in recognising when older persons are disabled and when they are simply 'old'. Overall, there is a significant research gap on the combined impact that disability and old age have on peoples' levels of poverty, social exclusion and vulnerability. This is partly a result of older persons (and researchers) assuming that impairments and/or mental health conditions are simply a part of growing older.[19]

While there is little specific research on disability and older persons, studies of ageing and social isolation highlight the link between vulnerability and loss of social status with declining health and physical or sensory impairment. As people age and acquire impairments, their social exclusion increases. Furthermore, their reduced capacity to contribute towards sustaining the household can lead to a lower social status.[20]

In many respects, the economic situation of older persons in Brazil is less problematic than in other contexts because of the country's comprehensive old age pension programmes. Considering the World Bank's extreme poverty line of $1.90 (PPP) a day, in 2014, poverty among people aged 65 and over in Brazil was just 0.4 per cent. This contrasts with the extreme poverty rate of 7.2 per cent found amongst children aged 15 years or younger.[21]

4.4 Gender issues

There are some additional gender dimensions that have an impact on the challenges that persons with disabilities face. For example, women and girls with some form of impairment are at a high risk of abuse, and this is especially the case for those with cognitive impairments. [22] Furthermore, until the Brazilian Law of Inclusion (2015) was enacted, it was still routine for women with cognitive impairments to be sterilised without consent.[23]

Caring for persons with disabilities also has a significant gender dimension. In general, women face a double burden of needing to both earn money and provide care, but this burden is only exacerbated when family members also have a disability. It should also be noted that women with disabilities may also have a disproportionate care burden placed on them, as they may still be expected to look after other members of their family.

[19] See, for example: Burns and Oswald (2014).
[20] Tran et al. (2019).
[21] Paiva (2016).
[22] KII, A. Dias.
[23] KII, A. Dias.

5 Governance arrangements

Brazil's system of government is divided into three levels: Federal, State and Municipal, with a large degree of decentralisation to the Municipal level. The Municipal Governments are therefore key actors in the implementation of social protection programmes and in ensuring the effective inclusion of persons with disabilities in service delivery.

Brazil is undergoing a period of political instability, and governance arrangements have changed with each new government. Currently, the key Ministries in relation to social protection are: i) the Ministry of Citizenship, which houses the Special Secretariat for Social Development responsible for administering certain flagship poverty targeted programmes like *Bolsa Família*; and ii) the Ministry of Finance, which houses the Secretariat for Social Security (*Previdência Social*) responsible for social insurance and tax-financed social security programmes.

Box 2: Brazil's changes in governance

To illustrate the frequently shifting Ministerial titles and responsibilities in Brazil, the Special Secretariat for Social Development was previously a Ministry of its own (MDS) before being submerged under the Ministry of Citizenship under President Jair Bolsonaro in 2019. Formerly known as the Ministry of Social Development and the Fight Against Hunger under President Luiz Inácio Lula da Silva ("Lula"), the MDS then merged with the Ministry of Agrarian Development under President Michel Temer to form the Ministry of Social and Agrarian Development (MDSA).

In addition, the Secretariat for Social Security was a Ministry of its own but was submerged under the Ministry of Finance under President Jair Bolsonaro.

Under the supervision of the Secretariat of Social Security, the semi-autonomous *Instituto Nacional do Seguro Social* (National Social Security Institute) (INSS) administers both tax-financed and contributory social protection programmes (including the BPC and the social insurance programmes). At the time of the research, the INSS had 1640 agencies across the country, which were responsible for handling registration and disability assessments for both the BPC and social insurance programmes.[24] The INSS was temporarily moved to the Ministry of Social and Agrarian Development during President Temer's tenure, which was where it was located at the time of this research. It is currently under the Ministry of Finance.

[24] KII, INSS.

5.1 Governance of the Continuous Cash Benefit (BPC)

At the time of the research, the *Secretaria Nacional de Assistência Social* (National Secretariat of Social Assistance) (SNAS) – located in the *Ministry of Social and Agrarian Development* (MDSA)– was responsible for the planning and overall regulation of the BPC, including defining eligibility criteria. While the Ministry was responsible for the general coordination of the BPC – as well as the definition of its internal regulations, monitoring and evaluation – the day to day administration was the responsibility of the INSS.

The management of the BPC is decentralised. In the federal states, the MDSA was represented by the *Secretaria de Estado de Assistência Social* (Social Assistance State Secretariat) (SEAS) and the INSS was represented by its supervisory units. In the municipalities, the organisation is similar; there are INSS managing offices and Municipal Social Assistance Secretariats or similar agencies. However, it should be noted that the INSS only had a presence in 1,500 municipalities.[25]

The INSS is responsible for assessment, administration, decisions of eligibility and grievance mechanisms. Training was a shared responsibility between the MDSA and INSS, and in general, because of the semi-autonomous status of the INSS, the relationship between the two institutions worked more like a partnership than a top-down relationship. Coordination between the different actors happened in two discussions groups – one for operations and one for the assessment process, with participation from MDSA and the INSS.[26]

5.2 Governance of disability issues

Since 2000, the National Secretariat for the Rights of People with Disabilities[27] has played a significant role in articulating policies on disability and ensuring the mainstreaming of the rights of persons with disabilities in cooperation with other ministries.[28] The Secretariat only implements a few of its own programmes, including funding centres for sign language interpretation and training guide dogs for visually impaired people. However, it has played a key role in formulating cross-cutting legislation, in particular the Brazilian Law of Inclusion, which is discussed further below. The Secretariat is also the main government actor responsible for the implementation of the CRPD.

[25] Medeiros et al. (2006).
[26] KII, MDSA.
[27] KII, National Secretariat for the Promotion of the Rights of Persons with Disabilities.
[28] KII, R, Atalla.

In addition, there are Secretariats for the Rights of People with Disabilities at the state and municipal levels, which have similar roles to the National Secretariat.[29]

5.3 Social movements and state-civil society interaction

Brazil has a well-established and often influential civil society. Some of the largest organisations and networks include the *Associação de Pais e Amigos dos Excepcionais* (Association of Parents and Friends of Persons with Intellectual Disabilities) (APAE), a very influential network consisting of a national federation, 23 state level federations and 2,143 member organisations across the country; the Brazilian Association for Blind People with 83 member organisations across the country, and the *Associação de Assistência à Criança Deficiente* (Association for Children with Disabilities) (AACD), which is one of the largest organisations supporting persons with physical disabilities.

After the end of Brazil's military dictatorship in 1985, the country's social movements gained a strong voice in policy making, and disability organisations were able to ensure that the rights of persons with disabilities were recognised in the 1988 Constitution. It should be noted, however, that although there is an advocacy coalition of persons with disabilities, according to one informant, the movement lacks grassroots participation, with leaders usually belonging to the elite of the country. This means that although Disabled People's Organisation (DPOs) often have valuable political connections and media access, there is little mass participation in the movement of persons with disabilities, and those who are younger are often excluded from the leadership.[30]

According to interviews with civil society organisations in Sao Paulo, there is generally space to interact with government actors on disability issues.[31] Furthermore, there are quite a few people from the social movements in government positions, although there is also a degree of politicisation, with people appointed based on party affiliation.[32] However, at the time of the research, several people mentioned that the social movements are not as strong as they were in the past, and that interacting with the new government had become difficult.[33]

Several key informants described both implicitly and explicitly that there was a split between the social movement of persons with disabilities (which is engaged in advocacy and includes persons with disabilities in their leadership) and Non-Governmental

[29] KII, National Secretariat for the Promotion of the Rights of Persons with Disabilities.
[30] KII, R Atalla.
[31] KII, Fundaciao Nowill.
[32] KII, L. Barbosa.
[33] KII, M. Gil; State Secretariat Sao Paulo.

Organisations (NGOs) (which deliver services for persons with disabilities on behalf of the government and prefer not to engage in politics). The NGOs are the most influential politically and receive more funding, including through the provision of services. On the contrary, many of the DPOs are largely based on volunteerism because of a lack of public funding.[34]

The services that are delivered by NGOs using government funding are extensive. The Municipal Government in Sao Paulo, for example, funds specialised centres run by NGOs. These provide support for children with disabilities, such as printing school textbooks and exam papers in Braille. The large NGO, AACD, which focuses on those with physical disabilities, runs several rehabilitation centres in Sao Paulo. The largest of these is funded through a partnership with the public health system and has 1500 staff, a diagnosis centre, a hospital, advanced rehabilitation facilities and a prosthetics/orthotics workshop. Eighty per cent of the centre's users are referred from and paid for by the public health insurance system, *Sistema Único de Saúde* (SUS).[35]

5.4 The judiciary

The judiciary plays a key role in ensuring access to social protection and other rights for persons with disabilities, and even though it can be a time-consuming process, informants reported that it is quite an effective and accessible system.[36]

The Public Defender takes individual cases, free of charge, against the INSS for people who have been rejected. At a more general level, the *Ministério Público* (Public Prosecutor) monitors if the law is being implemented as intended and can initiate collective civil lawsuits on behalf of persons with disabilities if the law is not implemented correctly. There have been successful lawsuits in the past, including on accessibility for persons with disabilities to public buildings, and guide dog access on the metro in Sao Paulo. Since the public defenders do not have enough capacity to handle the demand, University Law Centres also engage in *pro bono* work.[37]

[34] KIIs, Fundaciao Nowill; AACD; R. Atalla.; L. Barbosa.
[35] KII, AACD.
[36] KII, L. Musse.
[37] KII, L. Musse.

6 Legislation and policies

The Brazilian state has a relatively broad-ranging legal and policy framework that promotes and protects the rights of persons with disabilities and supports their economic and social development.[38]

Box 3: Overview of key legislation and policies

- 1988: Constitution of the Federal Republic of Brazil (*Constituição Brasileira de 1988)*
- 1993: Organic Law of Social Assistance (*Lei Orgânica da Assistência Social) (LOAS*)
- 2002: Zero Hunger (*Fome Zero*)
- 2004: National Policy of Social Assistance (*Política Nacional de Assistência Social) (PNAS*)
- 2011: Unified Social Assistance System (*Sistema Único de Assistência Social) (SUAS)*
- 2011: Brazil Without Poverty (*Brasil Sem Miséria*)
- 2011: Living Without Limits: A National Plan for the Rights of Persons with Disabilities (*Plano Nacional dos Direitos da Pessoa com Deficiência – Viver sem Limite*)
- 2015: Brazilian Law of Inclusion (*Lei Brasileira de Inclusão da Pessoa com Deficiência*)

6.1 Social protection

In terms of social protection, the Brazilian Federal Constitution of 1988 moved the country away from a charity approach (with fragmented programmes) towards a rights-based social protection system based on citizenship. The Constitution placed the responsibility for the provision of tax-financed social protection on the state,[39] and granted the right to protection in the three areas of health, social assistance and social insurance.[40] Specifically, Article 203 of the Constitution establishes that:

> "Social assistance shall be rendered to whomever may need it, regardless of contribution to social welfare and shall have as objectives:
>
> I – the protection of the family, maternity, childhood, adolescence and old age;
>
> II – the assistance to needy children and adolescents;
>
> III – the promotion of the integration into the labour market;
>
> IV – the habilitation and rehabilitation of the handicapped and their integration into community life;

[38] Committee on the Rights of Persons with Disabilities (2012); KII, L. Musse.
[39] Jaccoud et al. (2010); Barrientos et al. (2014).
[40] KII, L. Barbosa.

> V – the guarantee of a monthly benefit of one minimum wage to the handicapped and to the elderly who prove their incapability of providing for their own support or having it provided for by their families, as set forth by law."

In 1993, the *Lei Orgânica da Assistência Social* (Organic Law of Social Assistance) (LOAS) was implemented. Robles and Mirosevic (2013) explain that:

> "It aimed to protect families throughout their life cycle, advocating for their integration into the labour market and community life. Thus, social assistance is conceived as a citizen´s right and a duty for the State. Accordingly, this law established a minimum floor of social guarantees, among which the Continuous Benefit Programme (Benefício de Prestação Continuada, BPC) stands out."

In 2004, the *Política Nacional de Assistência Social* (National Policy of Social Assistance) (PNAS) established the Central Social Assistance System. The new policy came out of the main resolution of the National Conference on Social Assistance in December 2003 (National Secretariat of Social Assistance). The next significant development came in 2011 with the enactment of the *Sistema Único de Assistência Social* (Unified Social Assistance System) (SUAS). SUAS was meant to overcome a number of practical problems regarding implementation within the existing system, and it operationalises LOAS in a way that enables a more participatory and decentralised system.

6.2 The promotion of the rights of persons with disabilities

At the time of promulgation, Brazil's constitution provided relatively good protection for persons with disabilities.[41] However, the provisions are now considered outdated as the discourse and concepts of disability have changed significantly since 1988. For example, there is now a greater recognition that measures should focus more on inclusion rather than providing support based on the assumption that persons with disabilities are unable to work. As is discussed in more detail below, programmes such as the BPC continue, however, to link disability to an incapacity to work.

Brazil has ratified a range of other international conventions with relevance for social protection and disability and was one of the very first countries to sign the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) on 30th March 2007.[42]

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[41] KIIs, R Atalla; M. Gil.

[42] Brazil has signed and ratified: Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment; Optional Protocol of the Convention against Torture; Convention on the Elimination of All Forms of Discrimination against Women; International Convention on the Elimination of All Forms of Racial Discrimination; Convention for the Protection of All Persons from Enforced Disappearance; Convention on the

The country subsequently ratified the Convention in 2008. The CRPD was the first human rights treaty in Brazil to be ratified with a constitutional amendment, and since then, several significant measures have been taken to improve access and inclusion for persons with disabilities. For example, the National Plan for the Rights of Persons with Disabilities (2011-14), '*Living without Limits*', focused on four main themes: education, health, social inclusion and accessibility. However, it did not focus on employment or access to the labour market, which perhaps underscores the prevalent attitude at government level that persons with disabilities are dependent and non-productive.[43]

More recently, the Lei Brasileira de Inclusão da Pessoa com Deficiência 2015 (Brazilian Law of Inclusion[44] brought together the positive inclusive policies that existed in Brazil and helped to more clearly define disability (both temporary and permanent). In terms of social protection, the new law was significant as it created the *Auxílio-Inclusão* (Inclusion Benefit) to be paid to people with moderate to severe disabilities who enter the labour market. This benefit is discussed in more detail below. The law also includes provisions for the creation of a *Cadastro-Inclusão* (Inclusion Database) for the purpose of collecting, processing, organising, and disseminating geo-referenced information to enable the identification and characterisation of persons with disabilities, along with the barriers that hinder the enforcement of their rights. It should be noted that in 2015, the CRPD committee criticised the Brazilian Law of Inclusion for not being fully compliant with the CRPD (such as around issues of substituted and supported decision-making).[45] Furthermore, the committee was critical of the fact that many disability laws and policies continue to include a medical model of disability.[46]

Rights of the Child; Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography; Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. Brazil has ratified but not signed: International Covenant on Civil and Political Rights; Second Optional Protocol to the International Covenant on Civil and Political Rights aiming to the abolition of the death penalty; International Covenant on Economic, Social and Cultural Rights. For more information: http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx

[43] The researchers were informed that the next Plan would include a fifth theme focused on access to the labour market – KII, W. Santos.

[44] Lei Brasileira de Inclusão da Pessoa com Deficiência. SCD 4/2015.

[45] Committee on the Rights of Persons with Disabilities (2015); KIIs, A. Dias; R. Atalla.

[46] Committee on the Rights of Persons with Disabilities (2015); KIIs, A. Dias; R. Atalla.

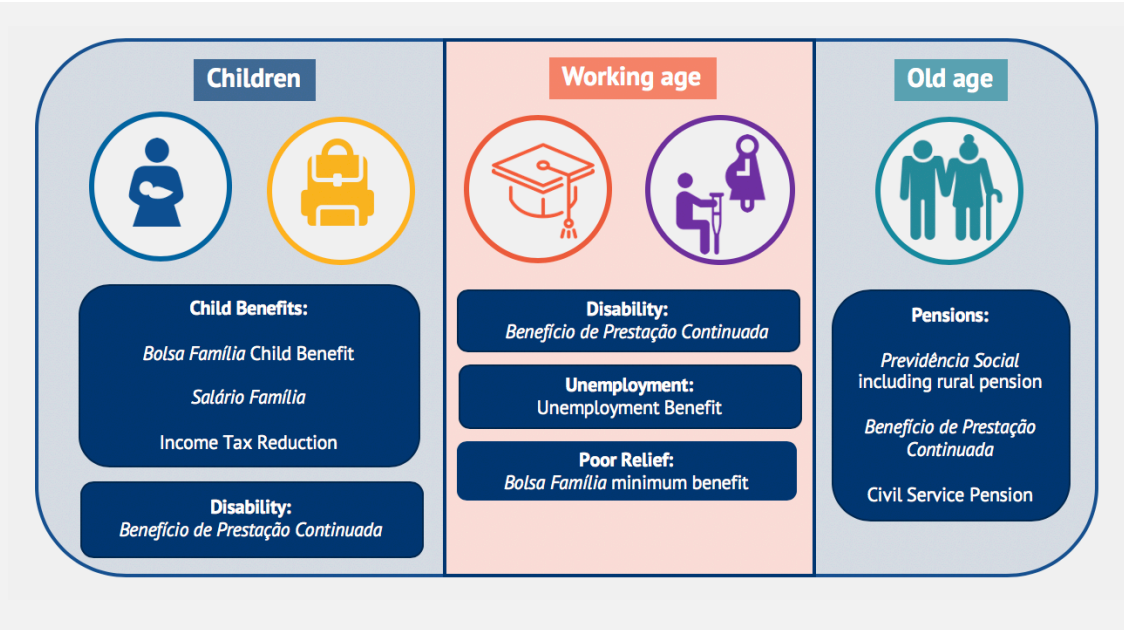
7 National social protection system

Brazil has made significant progress in expanding its national social protection system in recent decades. As discussed above, the 1988 constitution was a significant break from the past, moving away from a charity approach and numerous fragmented programmes towards establishing a rights-based social protection system that is based on citizenship.

Most importantly, recent decades have seen a shift in public expenditure from the traditional emphasis on contributory social insurance to more spending on tax-financed programmes. However, this process is not yet complete, as there is still vastly more expenditure going towards social insurance than to the tax-financed programmes. In 2013, the total budget of the public social insurance system represented 11.4 per cent of GDP (7.4 per cent for the General Regime for private sector workers and 4.0 per cent for the Special Regime for civil servants) while *Bolsa Família* and the BPC represented only 0.5 per cent and 0.7 per cent, respectively.[47]

Although Brazil is well-known for its *Bolsa Família* social assistance programme, in reality it has been developing an inclusive lifecycle social protection system for many decades. The country's main schemes are set out in Figure 7, mapped across the lifecycle.

Figure 7: Brazil's main social protection schemes, mapped across the lifecycle



[47] Paiva (2016).

Brazil's lifecycle approach to social protection ensures that a high proportion of the population are recipients of social protection schemes. As Table 4 shows, Brazil spends over 13% of GDP on its social protection programmes.

Table 4: Expenditure on social protection programmes in Brazil, 2013

Programme	Expenditure (% of GDP)
General Regime Social Insurance (private sector workers)	7.4%
Special Regime Social Insurance (civil servants)	4.0%
Unemployment insurance and 13th month salary	0.9%
BPC	0.7%
Bolsa Familia	0.5%
Total	**13.5%**

Source: Paiva (2016) based on data from Ministry of Planning and the Instituto Brasileiro de Geografia e Estatística (IBGE)

7.1 Contributory social insurance

Brazil's social security system is structured around three major schemes: the General Social Security Scheme (*Regime Geral de Previdência Social* or RGPS) for private sector workers, the Special Regime of Social Security (social insurance for civil servants) and the private insurance scheme, which is complementary. The social protection indicators based on the National Household Sample Survey (PNAD) 2009, show that 67 per cent of the population employed in the private sector between the ages of 16 and 59 are covered by social security.[48] This represents 56.58 million people, or, seven out of 10 workers. On the other hand, 27.81 million workers (i.e., a third of the employed population) have no social security coverage.[49]

It should be noted that although contributory benefits are financed by both employees and employers, the General and Special regime face deficits and therefore are also partly tax financed.[50]

[48] PNAD included a special supplement with questions on access to social protection programmes in 2004 and 2006. For other years, the researchers relied on an educated guess of who benefited from the various programmes, based on the income data combined with knowledge of the benefit levels of each programme. See, for example, Kassouf et al. (2011).
[49] ILO (2015).
[50] Paiva (2016).

7.1.1 The schemes[51]

The *Previdência Social* **General Regime** provides a range of benefits, including: an old age pension; maternity benefits; accident insurance; survivor's benefits; sickness benefits; and a disability pension for partial and full disability.[52]

Old age pension: The old age pension is granted to men over 65 years and to women over 60 years (although in rural areas, it is granted to men over 60 years and to women over 55 years). In addition, old age retirement is granted after at least 15 years of contributions.[53] The pension benefits amount to 70 per cent of the recipient's average monthly salary, increased by 1 per cent for every 12 months of service, up to a maximum of 100 per cent. However, the minimum monthly benefit is equivalent to the minimum wage (at the time of the research, this was BRL 880, equivalent to £226). In addition, a more generous pension equivalent to 100 per cent of the average salary is paid to those with longer periods of contributions (at least 35 years of contributions for men, and at least 30 years of contributions for women).[54]

The *Previdência Social Rural* (Rural Pension Scheme), is characterised as 'semi-contributory', as it was formerly contributory, but in practice functions as a non-contributory programme.[55] It is grounded in the 1988 Constitution and was established by Lei 8212/8213 in 1991, which created a special regime for rural waged and own account workers to access social insurance benefits. The programme provides women and men above pensionable age with a monthly pension at the level of the minimum wage if they can demonstrate that they have worked in mining, agriculture or fishing for at least 15 years. The *Previdência Social Rural* is heavily subsidised by the government through public

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[51] The description of the schemes is primarily based on the Brazil country profile in *Social Security Programs Throughout the World, Americas 2017* (ISSA/SSA (2018).

[52] A note about the data: Most of the data presented here is from the *Previdência Social* Department of the Ministry of Finance, published in Anuário Estatístico da *Previdência Social* (Statistical Yearbook of Social Security) (AEPS) 2015 (*Previdência Social* 2015). The Department provide information on the General Insurance System (RGPS). AEPS 2015 divides the benefits into two: *Previdenciário* and *Acidentário*. ***Previdenciários*** are pensions related to the time of contribution, and ***Acidentários*** are pensions that originated from accidents in work, not necessarily linked to the time of contribution. Both of the categories include disability and sickness benefits etc. The numbers presented in this section include both those of Previdenciário and Acidentário whenever a benefit is present in both categories. The data does not include the Social Insurance Scheme for Civil Servants and the private insurance schemes.

[53] Fewer years of contributions may be required for persons first insured before 1991.

[54] Shorter periods may be required for work in hazardous or arduous professions.

[55] Originally, the programme was financed from three sources: contributions paid by the first purchaser of rural goods; revenue from an earmarked contribution by urban workers in a cross-subsidization scheme; and state subsidies. The urban worker contribution was later abolished, and the general urban workers' contribution rate was increased proportionately. Now, rural pensions are heavily state subsidised. See Schwarzer (2002).

subsidies to the private sector social insurance fund. Table 5 shows the number of recipients of the old age pensions in 2015.[56]

Table 5: Number of recipients of *Previdência Social* old age pension (2015)

	Urban	Rural	Total
Contribution threshold	5,359,957	20,391	5,380,348
Age threshold	3,551,526	6,240,258	9,792,066
Total	8,911,483	6,260,649	15,172,414

Source: Previdência Social Statistical Yearbook 2015 (*Anuário Estatístico da Previdência Social*), table C.1, p. 277

Disability and sickness benefits: An employee is entitled to sickness or disability benefits after 12 months of contributing to the social security scheme (except in the case of accident or serious illness, which does not require a minimum contribution). Sickness or disability benefits can be for either work related or non-work related illness. If it is work related, the cost must be covered by the employer, and if it is non-work related, the cost will be split between the employer and the National Social Security Institute (INSS). The level of the benefit depends on whether the incapacity is temporary, long-term, or a permanent disability.

During a period of temporary incapacity (work- or non-work related), the recipient receives 100 per cent of their monthly salary for 15 days, paid by the employer. If the sickness/injury prevents the recipient from working for more than 15 days, the benefit amounts to 91 per cent of their average monthly salary.[57] Workers who are permanently disabled and no longer able to work are entitled to the disability pension. This amounts to 100 per cent of the recipient's monthly salary and increases by a further 25 per cent if the recipient requires a constant carer. The disability pension is granted on a permanent basis, although it is re-assessed every 2 years by law. Furthermore, it is cancelled if the recipient returns to work. As Table 6 shows, in 2015 almost 5 million people benefited from the *Previdência Social* disability and sickness benefits, with the vast majority of recipients located in urban areas.[58]

[56] Previdência Social (2015).
[57] Or, 100 per cent of the minimum wage for rural workers.
[58] Previdência Social (2015).

Table 6: Number of recipients of *Previdência Social* disability and sickness benefits (2015)

	Urban	Rural	Total
Disability Pension[59]	2,887,817	466,138	3,353,955
Sickness benefits[60]	1,415,426	197,321	1,612,657
Total	4,303,243	663,459	4,966,612

Source: Previdência Social Statistical Yearbook 2015, table C.1, p. 277

Survivor's benefits: Survivor's benefits provide a pension for dependants upon death of the insured. Persons with disabilities are considered to be dependants if they have a severe disability. In 2015, 7,545,905 people were recipients of the *Previdência Social Pensão por Morte* (Survivor's Benefit), including 5.2 million in urban areas and 2.3 million in rural areas.[61]

Maternity benefits: Pregnant women are eligible for maternity benefits from the eighth month of their pregnancy. They are entitled to 120 paid[62] days during their maternity leave. Women who adopt a child are also eligible to benefits of 120 paid days, although this is gradually reduced if the child is older than 12 months. In 2015, 54,700 women were paid maternity benefits, and the vast majority (48,236) were located in urban areas.[63]

Early retirement for persons with disabilities: Since 2013, persons with disabilities who have contributed to social insurance for at least 15 years have the right to retire 3, 6 or 10 years earlier (for those with low, medium or high levels of disability respectively). However, it was only in 2016 that this right was extended to also cover government officials.[64] At the time of the research, the researchers were unable to find data on how many people were benefiting from early retirement at that moment in time.

For all of the programmes listed above, the benefit levels depend on the contribution. However, there is a minimum transfer amount of one minimum wage and a maximum transfer amount. At the time of the research, the minimum wage amounted to BRL 880,

[59] Includes *Previdenciário Aposentadorias por Invalidez* and *Acidentário Aposentadoria por Invalidez*.
[60] Includes *Previdenciário Auxílios Doença* and *Acidentário Auxílios Doença*.
[61] Previdência Social (2015).
[62] An additional 60 days may be paid if employers opt into a special programme that allows them to deduct the additional maternity pay from their taxes.
[63] Previdência Social (2015).
[64] KII, R. Atalla.

equivalent to 35.29 per cent of GDP/capita, and the maximum benefit amount was of BRL 5,400 per month.[65] The average transfer amount across all benefits is BRL 1,200.[66]

In addition, the *Salário Família* programme pays a monthly benefit to around 9.4 million children of formal sector workers on low wages.[67] The benefit is paid to workers with children under the age of 14. However, it is available for parents of persons with disabilities regardless of the age of the person with the disability. People who are working must apply for the benefit directly with their employer. People who are receiving the old age pension, sickness benefits, disability pension or the *Previdência Social* Rural can also receive the benefit by applying with the INSS. At the time of the research, those whose monthly salaries were up to BRL 806 (£207) per month received BRL 41.37 (£11) per child per month, while those earning between BRL 806 and BRL 1,213 (£311) received BRL 29.16 (£7.5) per month.[68]

There is also a Deduction for Minor Dependants from Personal Income Tax. This is a tax deduction for dependent children and youth that is provided through the tax system to persons in formal employment. According to Soares and de Souza (2012), the "law also allows deduction for other 'incapable' individuals such as those with mental or physical deficiencies and elderly people with no other income sources." Although this is not a contributory programme per se, it is included in this section as it is only relevant for formal sector workers who pay income tax.

In addition, all school children in Brazil receive a free school meal as an entitlement.[69]

The **Special Regime** for Civil Servants, also administered by the public system, is contributory and covers workers in the public sector. System affiliation is mandatory. Employees working in public enterprises, as well as political agents, temporary workers and all those in positions of trust, are, however, excluded and are instead obliged to subscribe to the *Previdência Social*. There are 3.3 million recipients of the civil servants' pension.

The complementary insurance scheme, which is autonomous in relation to the general scheme, is privately administered and affiliation is voluntary.[70]

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[65] By 2017, these thresholds had risen to BRL 937 and BRL 5,531.31 per month, respectively.
[66] Information from the Ministry of Social Security (*Previdência Social*) – currently the Secretariat for Social Security
[67] Soares and de Souza (2012).
[68] By 2017, these values had risen to BRL 44.09 per month per child (earnings up to BRL 859.88) and BRL 31.07 (earnings from BRL 859.88 to BRL 1,292.43 per month, respectively.
[69] Kidd and Huda (2013).
[70] ILO (2015).

There is also a range of benefits available to formal sector workers who lose their job, in accordance with the *Consolidação das Leis do Trabalho* (CLT). These are not managed by the INSS, and include: a mandatory unemployment fund, the *Fundo de Garantia por Tempo de Serviço (*Length of Service Guarantee Fund) (FGTS); the right to one month's salary; the right to a 13th salary;[71] paid vacation; and unemployment benefits. Unemployment benefits are paid for a maximum of five months and at the time of the research, the benefit was a maximum of BRL 1,163.76 (£298) per month, depending on salary.[72]

Table 7 provides an overview of the most applicable contributory social protection programmes for persons with disabilities.

[71] Note that all INSS beneficiaries receive 13 payments a year.
[72] By 2017, this had risen to BRL 1,385.91.

Table 7: Contributory social protection programmes in Brazil[73]

Name of scheme	Eligibility criteria	Number of recipients (2015)	Benefit level	Cost, % of GDP	Administration (responsible ministries)
***Previdência Social* General Regime[74]**					
Old Age Pension	Old Age Pension Men over 65 years old and women over 60 years old (in rural areas includes men over 60 years and women over 55 years). Old age retirement is granted after at least 15 years of contributions. A more generous pension equivalent to 100 per cent of the average salary is paid to those with longer periods of contributions (at least 35 years of contributions for men, and at least 30 years of contributions for women). Rural Pension Scheme (*Previdência Social Rural*)	15,172,414[75]	70% of the recipient's average monthly salary; increases gradually every 12 months by 1% up to a maximum of 100%, although with a minimum monthly benefit equivalent to the minimum wage (BRL 880, £226) (2006). 100 per cent of the average salary is paid to those with longer periods of contributions (at least 35 years of contributions for men, and at least 30 years of contributions for women).	3.71%[76]	Secretariat for Social Security (*Previdência Social)* and INSS

[73] The description of the schemes is primarily based on the Brazil country profile in *Social Security Programs Throughout the World, Americas 2017* (ISSA/SSA) (2018). We have indicated when the data was taken from a difference source.
[74] Only the programmes most relevant to persons with disabilities are listed here. The total expenditure under the General Regime amounted to 7.4 per cent of GDP in 2013 (Paiva 2016).
[75] Previdência Social (2015), table C.1 page 277.
[76] Previdência Social (2015), table C.2 page 278. GDP based on IMF estimate for 2015.

	Women and men above pensionable age with a monthly pension at the level of the minimum wage if they can demonstrate that they have worked in mining, agriculture or fishing for at least 15 years.				
Disability Pension	The insured must be assessed with a permanent incapacity to work by the INSS and have at least 12 months of contributions. The contribution period is waived if the disability is the result of an accident or serious illness. Employment must cease. The disability pension is granted on a permanent basis, although it is re-assessed every 2 years by law. The benefit is cancelled if the recipient returns to work.	3,353,955[77]	Workers who are permanently disabled and no longer able to work are entitled to the disability pension. This amounts to 100 per cent of the recipient's monthly salary and increases by a further 25 per cent if the recipient requires a constant carer.	0.79%[78]	Secretariat for Social Security (*Previdência Social)* and INSS
Sickness Benefit	12 months of contributing to the social security scheme (except temporary sickness which does not require a minimum contribution).	1,612,657[79]	100 per cent of monthly salary for 15 days, paid by the employer. 91% of average monthly salary after 15 days.	0.38%[80]	Secretariat for Social Security (*Previdência Social)* and INSS

[77] Previdência Social (2015), table C.1 page 277. *Includes Previdenciário Aposentadorias por Invalidez* and *Acidentário Aposentadoria por Invalidez*.
[78] Previdência Social (2015), table C.2 page 278. GDP based on IMF estimate for 2015.
[79] Previdência Social (2015), table C.1 page 277. Includes *Previdenciário Auxílios Doença* and *Acidentário Auxílios Doença*.
[80] Previdência Social (2015), table C.2 page 278. GDP based on IMF estimate for 2015.

Survivor's Pension	The deceased was a pensioner or was insured at the time of death. Eligible survivors include the widow(er) or partner and children younger than age 21 (no limit if disabled). In the absence of the above (in order of priority), survivors include parents and siblings younger than 21 (no limit if disabled). The pension is split equally among eligible survivors. [81] Persons with disabilities are considered to be dependants in cases of severe disability.	7,545,905[82]	100% of the pension the deceased received or was eligible to receive is paid; 100% of the minimum wage for rural workers.[83]	1.64%[84]	Secretariat for Social Security (*Previdência Social)* and INSS
Salário Família	A monthly benefit for children of formal sector workers on low wages. Workers with children under the age of 14 (or parents of persons with disabilities regardless of the age of the person with the disability). People who are working must apply for the benefit directly with the employer. People who are receiving the old age pension, sickness benefits,	9,400,000 children[86]	Those with monthly salaries up to BRL 806 (£207) per month receive BRL 41.37 (£11) per child per month. Those earning between BRL 806 and BRL 1213 (£311) receive BRL 29.16 (£7.5) (As of 2016).[87]	N/A	Secretariat for Social Security (*Previdência Social)* and INSS

[81] Social Security Division and International Social Security Association (2012).
[82] Previdência Social (2015), table C.1 page 277.
[83] Social Security Division and International Social Security Association (2012).
[84] Previdência Social (2015), table C.2 page 278. GDP based on IMF estimate for 2015.
[86] Soares and de Souza (2012).
[87] Previdência Social. See: http://www.previdencia.gov.br/conteudoDinamico.php?id=25

	disability pension or the Previdencia Social Rural can apply with the INSS.[85]				
Other					
Deduction for Minor Dependents from Personal Income Tax		7,900,000 children and young people[88]	Maximum of BRL 43 per month per child	N/A	

[85] Soares and de Souza (2012).
[88] Soares and de Souza (2012).

7.2 Tax-financed programmes

As noted above, recent decades have seen Brazil increase its investment in non-contributory programmes. These programmes are particularly important for people working in the informal sector who do not have access to the contributory programmes. All of Brazil's tax-financed programmes are means-tested and directed at people living in poverty or extreme poverty. *Bolsa Família* has attracted the most attention, reaching 14 million households (although with very small benefits), but social pension schemes are also important, with pension coverage at 89.2 per cent for people aged 65 and over (including both contributory and non-contributory programmes).[89] *Previdência Social* Rural, which is administered together with contributory programmes but is heavily subsidised with state revenues, provides around 7.5 million transfers annually to informal workers in rural areas (which are largely old age pensions), while the BPC provides income transfers to 3.7 million older persons and persons with disabilities in extreme poverty.[90]

7.2.1 Bolsa Familia

*Bolsa Família i*s a household targeted conditional cash transfer.[91] Even though it is a household benefit, the programme promotes child welfare, with conditions focused on education and child health.[92] It should be noted that *Bolsa Família* is not an entitlement: each municipality has a fixed quota and once that quota is filled, families can be denied access to the programme.[93]

At the time of the research, *Bolsa Família* provided several different benefits:

- **Basic Benefit:** Extremely poor households (those with an income up to BRL 85 per person) receive the *Beneficio Básico*, or Basic Benefit, at BRL 85 (£22) per month, regardless of the composition of the household.

- **Variable Benefit:** Poor households (with a per capita monthly income between BRL 85.01 and BRL 170) can receive the *Beneficio Variável*, or Variable Benefit, provided that they have pregnant women or children aged 0-16 in the household. The value of the benefit is BRL 39 (£10) per month per eligible person, and each

[89] PNAD/IBGE (2014).
[90] Barrientos et al (2014).
[91] *Bolsa Família* uses the word 'Family', but the definition of who belongs to the family conforms better to what is normally understood as a household: "a nuclear unit, eventually expanded to include other individuals linked by kinship or affinity, that constitutes a domestic group living under the same roof and maintained by the contributions of its members."
[92] KII, IPC/IPEA.
[93] Kidd and Huda (2013).

family can receive a maximum of 5 benefits per month, for a maximum of BRL 195 (£50).

- **Youth Variable Benefit:** Families with an income up to BRL 170 and who have a member aged 16-17 years of age. The benefit is BRL 46 (£12) per month and each family can receive a maximum of two benefits.

- **Benefit for Overcoming Extreme Poverty:** Families with an income up to BRL 85 per person can receive an additional benefit, *Benefício para superação da extrema pobreza*. The benefit level depends on the per capita income of the family and the amount they already receive under *Bolsa Família*. The aim is for all *Bolsa Família* recipients to have an income that reaches the extreme poverty line.[94]

Families with a per capita income below the extreme poverty threshold of BRL 85 can accumulate the Basic, Variable and Young Variable benefits up to a maximum of BRL 372 per month. They can also receive the Overcoming Extreme Poverty benefit in addition to this.

Based on key informant interviews, there are reasons to believe that *Bolsa Família* does not provide appropriate support for persons with disabilities. First of all, the benefit level of *Bolsa Família* is much lower than for the BPC (which is discussed below). This is because although there is no requirement that families should have a working member, there is an expectation that the transfer should provide additional economic support on top of an income. In comparison, the BPC is designed to provide an income replacement benefit for people who cannot work. Second, since both *Bolsa Família* and the BPC are poverty targeted and benefits are taken into account when calculating eligibility, a household is only eligible to participate in *Bolsa Família* if, even after receiving the BPC, it has an extremely low level of income. This is only a possibility for very large households.

Despite these considerations, key informants from the Municipal Government of Brasilia attested that: "Many families receive both BPC and *Bolsa Família* – this is possible for families which have many children and have the BPC as their only income. These families are prioritised by all social services in Brazil."[95] It is also possible that some families are able to receive both the BPC and *Bolsa Família* because of the limited cross checking of income data between programmes.

[94] Caixa (n.d). Available at: http://www.caixa.gov.br/programas-sociais/bolsa-familia/Paginas/default.aspx
[95] KII, CRAS.

7.2.2 Benefício de Prestação Continuada (BPC)

The *Benefício de Prestação Continuada* (BPC), which is directly translated as 'The Continuous Benefit', is the main tax-financed disability benefit in Brazil. It was established by the 1988 Constitution, which explicitly recognised the right of older persons and persons with disabilities to a minimum guaranteed income.[96] This was consolidated in the 1993 *Lei Orgânica da Assistência Social* (LOAS) which defined the role of public agencies in the delivery of social assistance programmes under a *Sistema Único de Assistência Social* (SUAS). However, implementation of the programme only began in 1996. In practice, the BPC was an extension of the *Renda Mensal Vitalícia*, a social assistance pension introduced in the 1970's.

At the time of the research, the overall management of the BPC was the responsibility of the National Social Assistance Secretariat (SNAS), which was under the Ministry of Social and Agrarian Development (MDSA). The Ministry was responsible for the implementation, coordination, regulation, financing, monitoring and evaluation of the benefit, while the actual operation of the programme was in the hands of the INSS (which also managed the *Previdência Social*).[97] The INSS was responsible for receiving applications; awarding, halting and suspending the BPC; performing medical and social appraisals; conducting benefit reviews; making the BPC rules available for inspection; promoting operator training; updating the registry; performing calculations, generating credits and overseeing payments.

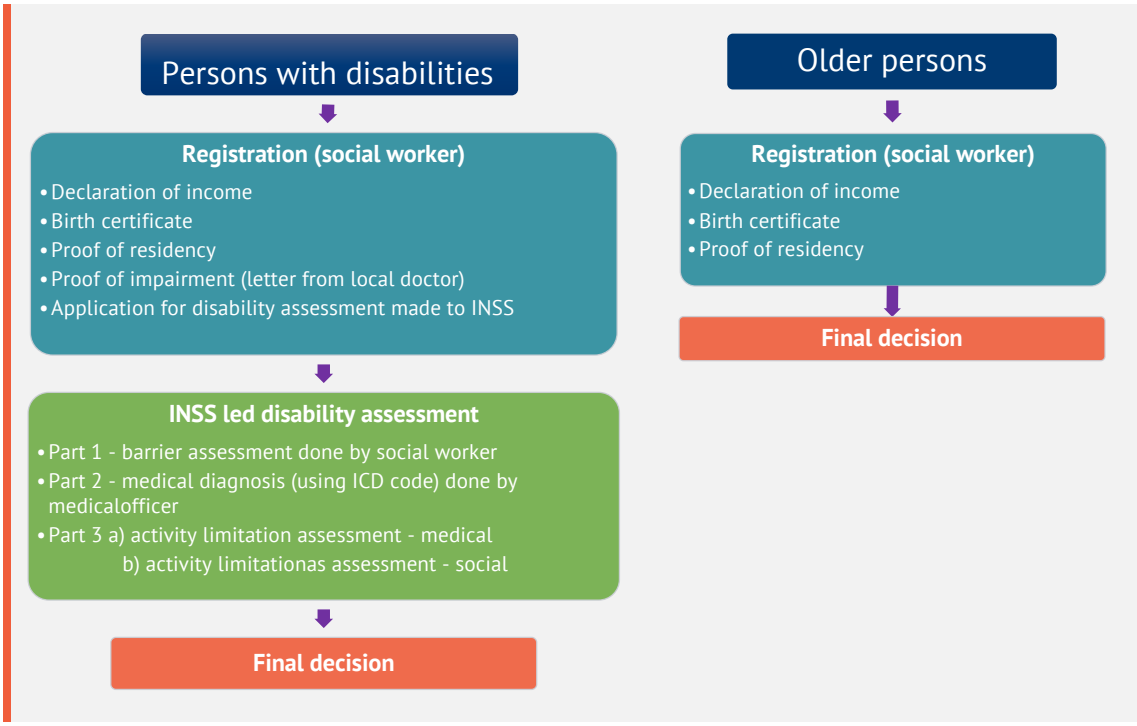
The BPC ensures the monthly transfer of one minimum wage for people aged 65 and over, and for persons of any age with disabilities who can prove that they cannot support themselves or be supported by their families. The objective of the programme is to provide income security to those who are not able to earn sufficient income because of disability or old age. The BPC thereby represents a conventional approach to social assistance, based on the provision of means-tested support to those unable to work. This is also evident from the benefit level, which is set at one minimum wage, indicating the intention to compensate for a lack of work ability.[98]

[96] World without Poverty (2015).
[97] World without Poverty (2015).
[98] Barrientos et al (2014).

At the time of the research, the eligibility age for the BPC had gradually reduced from 70 years to 67, and then to 65. The relatively high initial eligibility age was a result of opposition from trade unions, employers and the social insurance bureaucracy, who feared that social assistance would weaken incentives to contribute to social insurance. In reality, this has not been the case.[99]

As demonstrated by Figure 8, the registration process for persons with disabilities (working adults and children) consists of three main stages. In comparison, the process for older persons consists of two stages.

Figure 8: Outline process for BPC applications



To be eligible for the BPC, potential recipients must prove that their monthly family income is less than 25 per cent of the *per capita* minimum wage. Even though the BPC is an individual benefit, access depends on family income level (with family consisting of spouse or cohabiting partner of 5+ years; parents / step-parents; unmarried siblings; dependent children, who are cohabiting at the time of the application).[100] Although the BPC does not test for work capacity as such, the extremely low income threshold ensures that people cannot earn an (official) income from work and still be entitled to the

[99] Barrientos et al (2014).
[100] World without Poverty (2015).

programme. The underlying assumption is therefore that disability means incapacity to work.

The registration is completed on presentation of all relevant documents and, in the case of elderly applicants, their claim is confirmed (or rejected), without further assessment. Persons with disabilities are first subjected to the means test, and if they pass, they are booked in for an appointment for the disability assessment (see section 8 below). The means-test for the BPC is based only on formal sector income and is verified through the database that registers formal employment. Overall, most BPC applications (including for older persons) are rejected on an income threshold basis, following initial registration.[101]

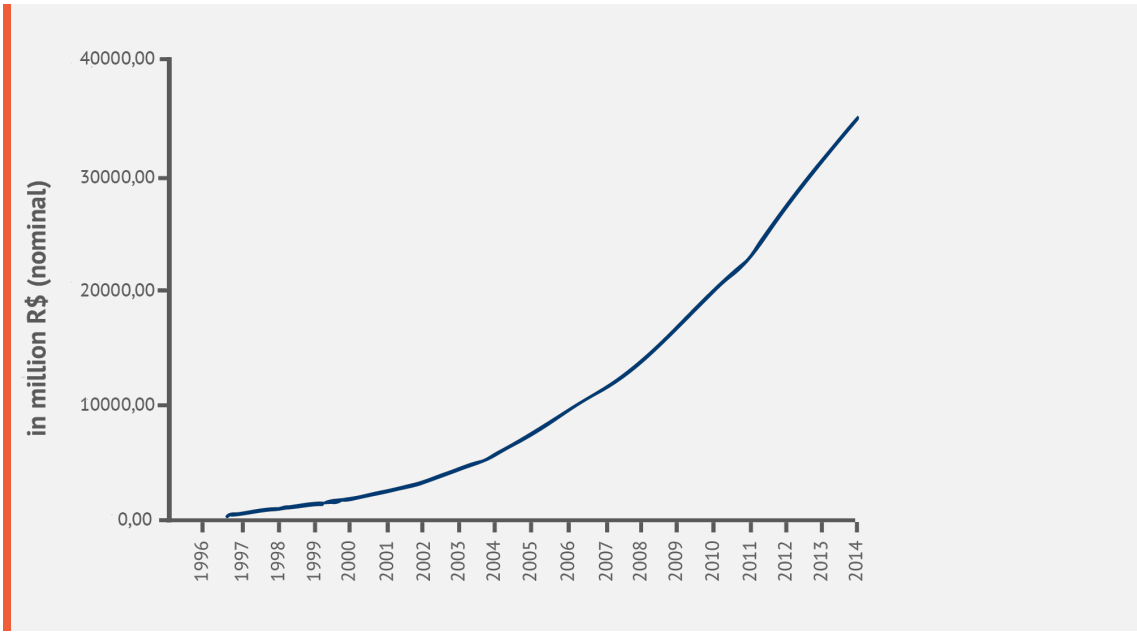
Box 4: The role of Social Assistance Reference Centres (CRAS) during the application process

> Social Assistance Reference Centres (CRAS) (see a more detailed description in section 12) play an important role in providing guidance to potential recipients and monitoring existing recipients. Often the CRAS will be the first entry point for people who wish to apply for the BPC. At the centre, applicants can receive information about the eligibility criteria and help with filling out the application form. However, it is not mandatory to go through the CRAS to submit an application. Applications are submitted by scheduling an interview at the local INSS Social Security Agency (APS), where the application form is completed and the declaration of family members' income, proof of residence, personal identification and family documents are submitted.

BPC coverage has increased over the years, from 346,219 recipients in 1996 to 4.28 million recipients in 2015 (with a disaggregated 2015 figure of 2.35 million persons with disabilities and over 1.93 million older persons, many of whom also have disabilities).[102] In terms of total expenditure, the BPC is the largest tax-financed social protection programme in Brazil – larger even than *Bolsa Família* – and, as Figure 9 shows, spending has increased rapidly since the inception of the programme.

[101] KII, INSS, Brasilia.
[102] Ministério do Desenvolvimento Social e Combate à Fome (2016).

Figure 9: Total expenditure on the BPC (million BRL, 1996-2014)



Source: Costa et al. (2016).

Brazil does not have a dedicated Carer's Allowance for carers of persons with severe disabilities. However, the BPC for children could be interpreted as partly fulfilling the same purpose.[103]

7.3 Auxílio-Inclusão (Inclusion Benefit)

This new in-work disability benefit was introduced through the 2015 Brazilian Law of Inclusion and at the time of the research, was still being regulated. The Inclusion Benefit is an important initiative since it diverges from the concept of disability employed by the BPC and the 1988 Constitution, in which the implicit assumption is that disability means incapacity to work. Instead, the Inclusion Benefit recognises that persons with disabilities are able and willing to work but need support to cover the additional cost of disability. The benefit will be available to those receiving the BPC (or who have received it at one point during the past 5 years) who then enter the formal sector and start to contribute to the social insurance system (RGPS). According to the draft of the relevant statute that was available at the time of the research, the benefit level would constitute 100 per cent of the minimum wage for a severe disability and 50 per cent for a moderate disability. The severity of the disability would be defined through a disability assessment at the INSS. A recipient cannot receive both the BPC and the Inclusion Benefit at the same time.

[103] KII, IPC/IPEA.

Therefore, if a person loses their job, they will also lose the Inclusion Benefit. However, in that case they can instead apply for the BPC.[104]

Box 5: The political economy of Brazil's tax-financed programmes

Since 2016, Brazil has been in a deep political crisis. The President, Dilma Rousseff, was impeached by Congress, a development that led to protests around the country. The political crisis came on the back of the most serious economic crisis in decades. Brazil's GDP was predicted to shrink by more than four per cent in 2016, and at the time of the research, the Government deficit was around 10 per cent of GDP. Since the study was conducted, Brazil has undergone further political upheavals, with Jair Bolsonaro winning the presidential election in 2018. His party – which promotes social conservatism and pro-market policies – has begun to reform the welfare system, most notably the pension system. The information contained within this box pertains to the political situation at the time of the research, and as such, is likely to have changed.

At the time of the research, the combination of an economic crisis and a centre-right government meant that the social protection programmes that until recently would have been seen as politically safe were likely to experience cutbacks in the near future. Government revenue had decreased in the last 2-3 years, and key informants expected that the government would have a more conservative view of social rights, with one informant stating that the government aimed to reduce the number of BPC recipients by 80 per cent.[105]

During the study, there was a perception by some informants that social protection expenditure was unsustainable as the number of recipients had risen rapidly in recent years. This was especially the case for the BPC, and there was a consensus, even among the supporters of the BPC, that something has to be done, as the expenditure was becoming unmanageable. However, Medeiros et al (2006) note that even with a large increase in recipients, the total cost of the BPC would still be small compared to the Federal Government's non-social expenditure. In addition, social insurance expenditure (which was directed at the wealthier sectors of the population) was still more than ten times the expenditure of tax-financed programmes. It is worth noting that as the BPC and *Bolsa Família* are targeted at 'the poor', they target only a limited number of recipients and are therefore less likely to be as popular as broader programmes. As Fiszbein and Schady (2009) note: "Transfer schemes narrowly targeted at the poor would tend to have limited support because a small share of the population benefit, whereas the costs are dispersed across all tax-payers." Nevertheless, at the time of the research, there was not much controversy surrounding the BPC in the public debate, in comparison to *Bolsa Família*. This is because the target group for the BPC was widely seen as belonging to the 'deserving' poor– that is, they were 'deserving' because they were unable to work because of disability or old age.[106]

The Brazilian Constitution provides extensive rights with regard to social protection, which limits how much programmes that have their legal basis in the Constitution can be scaled back. The Constitution specifies that the benefit level of the BPC is one minimum wage, which means that expenditure cannot be

[104] Câmara dos Deputados (2016) Lei No. 13.146, de 6 de Julho de 2015. Available at: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/Lei/L13146.htm.
[105] KIIs, National Secretariat for the Rights of Persons with Disabilities; A. Dias; R. Atalla.
[106] KII, L. Barbosa.

curtailed by reducing the benefit level. Nevertheless, there are other parameters that can be modified, including the definition of family, the level of the income threshold, and the definitions of both old age and disability.[107] At the time of the research, there were signs that the government intended to use these levers to limit access to the BPC. In a Decree issued in July 2016, the government presented a number of initiatives to tighten access.

The new Decree required all BPC recipients to register in the Single Registry (*Cadastro Único)*, which is the database used for targeting *Bolsa Família* and a range of other programmes. This would both enable the government to better cross-check income data and take into account income from informal labour, instead of relying only on formal sector income.[108] It would also serve to expand the definition of family, as the *Cadastro Único* operates within a broader definition of family than the BPC, which only counts close family members. As the income threshold for the BPC is defined in terms of *per capita* income of family members, widening the definition of family indirectly serves to lower the income threshold.

[107] KII, IPC/IPEA.
[108] KII, AACD.

The following table covers the tax-financed social protection programmes in Brazil:

Table 8: Tax-financed social protection programmes in Brazil[109]

Name of scheme	Type	Eligibility criteria	Number of recipients	Benefit level	Cost (% of GDP)	Administration (responsible ministries)
Bolsa Família	Conditional Cash Transfer, means-tested.	Basic Benefit: Households with income up to BRL 85 per person. Variable Benefit: Households with a per capita monthly income between BRL 85.01 and BRL 170 with a pregnant women or children aged 0-16 in the household. Youth Variable Benefit: Households with an income up to BRL 170 and who have a member of 16 years old. Benefit for Overcoming Extreme Poverty: Households with an income up to BRL 85 per person	14,000,000	Basic Benefit: BRL 85 (per household) Variable Benefit: BRL 39 (per eligible person). Maximum BRL 195. Youth Variable Benefit: BRL 46 per eligible person (maximum BRL 92). Benefit for Overcoming Extreme Poverty: Depends on the per capita income of the family and the amount they already receive under *Bolsa Família*. Families with a per capita income below the extreme poverty	0.5%	Special Secretariat for Social Development (Ministry of Citizenship)* and municipalities *Formerly the Ministry of Social and Agrarian Development (MDSA)*

[109] This data was correct at the time of the research.

				threshold of BRL 85 can accumulate the Basic, Variable and Young Variable benefits up to a maximum of BRL 372 per month. And they can receive the Overcoming Extreme Poverty benefit in addition to this.		
Benefício de Prestação Continuada (BPC)	Disability and old age pension, means-tested.	With disability or aged over 65 in households with per capita income of 25% of minimum wage	4,274,943 (2,349,905 people with disabilities, 1,925,038 older people)[110]	BRL 880 (35.29% of GDP/capita)	0.75%	Special Secretariat for Social Development (Ministry of Citizenship)*, INSS, and municipalities *Formerly the Ministry of Social and Agrarian Development (MDSA)
Auxílio-Inclusão (Inclusion Benefit)	In-work disability benefit	With disability and in formal employment	Yet to be implemented	Severe disability: BRL 880 (35.29% of GDP/capita) Moderate disability: BRL 440 (17.65% of GDP/capita)	N/A	INSS

[110] Ministério do Desenvolvimento Social e Combate à Fome (2016).

8 Disability assessment mechanisms

At the time of the research, Brazil had two comprehensive disability assessment tools in use: the BPC disability assessment mechanism and the Brazilian Functionality Index, which was developed for the country's social insurance programmes. In many ways, the two mechanisms are examples of best practice in terms of disability assessment, as they are based on the social model of disability. However, they also entail a resource-heavy and time-consuming assessment process.

Box 6: What is the difference between the social model and medical model of disability?

Kidd et al (2019) explain that there are number of different models of disability, including the following:

> *"The medical (or biomedical) model of disability* considers "disability a problem of the individual that is directly caused by a disease, an injury, or some other health condition and requires medical care in the form of treatment and rehabilitation."[111] This model is widely criticised on various grounds, including for not considering the important roles of environmental and social barriers.[112]
>
> *The social model of disability* developed as a reaction to the individualistic approaches of the charitable and medical models.[113] It is human rights driven and socially constructed.[114] It sees disability as created by the social environment, which excludes people with impairments from full participation in society as a result of attitudinal, environmental and institutional barriers.[115] It places emphasis on society adapting to include people with disabilities by changing attitudes, practices and policies to remove barriers to participation, but also acknowledges the role of medical professionals.[116] The social model has been criticised for ignoring the personal impact of disability and for its emphasis on individual empowerment, which may be contrary to more collective social customs and practices in many developing countries."[117]

[111] Mitra, S. (2006).
[112] Mitra, S. (2006); Rimmerman, A. (2013).
[113] Al Ju'beh, K. (2015), Rimmerman, A. (2013).
[114] Woodburn, H. (2013).
[115] Mitra, S. (2006).
[116] DFID (2000); Al Ju'beh, K. (2015).
[117] Al Ju'beh, K. (2015); Rimmerman, A. (2013).

8.1 The BPC disability assessment mechanism

The BPC assessment mechanism has been modified several times since the scheme was established in 1993. At the time of the research, the assessment methodology dated from 2015 and was the third version to be based on the International Classification of Functioning, Disability and Health (ICF), which put health and disability assessments more in alignment with social model definitions.[118] Before this, an International Classification of Diseases (ICD) approach was used, which did not account for functional limitations.

In order to qualify for the BPC, applicants are required to undergo a physical examination to prove impairment. Although applicants are initially required to present medical evidence from their own doctors, the goal of the BPC evaluation is to establish the existence of long-term disabilities that restrict individuals from carrying out their daily tasks or participating in society on an equal basis with others.[119] The evaluation is in two stages: one stage is conducted by social workers and the other stage by INSS medical experts. Appointments for the assessments are scheduled by the INSS.

The disability assessment process takes place at the applicant's local INSS office, of which there are 1,640 offices across Brazil.[120] At the time of the research, waiting times for appointment were around 3 months and it was clear that the system was struggling to cope with the numbers of claimants. This was mostly due to the high number of current recipients who were required to reconfirm their impairment status.

Once an appointment has been secured, applicants visit the INSS office to first meet with a social worker. All respondents commented that if a person is too disabled to come in person to the office, then the interviews are conducted in the home. All transport costs are reimbursed (including, if needed, the cost of an accompanying adult). This is regardless of whether the claim is successful or not.[121] Sign language interpreters are not normally provided by the INSS, but family members are allowed to speak on the Deaf person's behalf.

[118] World without Poverty (2015).
[119] Ministério do Desenvolvimento Social e Combate à Fome (2015).
[120] KII, INSS.
[121] KII, R Guerreiro et al.

The disability assessment is broken down into four parts:

- Part 1: social assessment of barriers experienced by the applicant (conducted by a social worker).
- Part 2: medical diagnosis (code assigned using the International Classification of Diseases).
- Part 3a: functional assessment questions identifying the extent to which the person's impairment impacts their ability to carry out basic daily living activities. This is carried out by a medical officer and includes activities such as being able to wash independently.
    - Answers are graded as: 0 – 'no difficulty' (0-4 per cent); 1 – 'slight difficulty' (5-24 per cent); 2 – 'moderate difficulty' (25-49 per cent); 3 – 'severe difficulty' (50-95 per cent); and 4 – 'full difficulty' (96-100 per cent).
- Part 3b: functional assessment questions identifying the extent to which the person's impairment impacts their ability to participate in everyday activities. The questions are normally asked by the social worker and include activities such as being able to take part in sports or other social activities. The answers are graded in the same way as Part 3A.

Each question is given a score of 0-4 (no problem / barrier – complete problem / barrier) and at the end of each section the average (mode) score is recorded.

Part 2 is the most important section in terms of determining the outcome: if a person scores 4 for any condition listed in that section then they automatically qualify, regardless of the results of the other sections. If they score 3 in this section, but 4 in the first section which covers barriers, then they will also qualify. Medical officers will also total up several minor impairment/illness scores to create a level 4 result for Part 2 if they believe that the person is sufficiently limited by their conditions.[122]

Children are assessed in the same way, but the form is modified to take into account age-appropriate child development milestones. The staff who perform the assessment for children are not required to be specialists in child development/paediatrics and can sometimes experience difficulties. The INSS permits assessors to contact outside professionals in cases where they are unsure about a diagnosis or developmental progress.[123]

[122] KII, INSS.
[123] KII, R Guerreiro et al.

Although the INSS office tries to complete the assessment process as quickly as possible, in most cases multiple visits are needed because the social worker and INSS medical officers do not coordinate their schedules. In exceptional circumstances, interviews can be scheduled for the same day but in general, applicants can pay up to three visits to the INSS office in order to complete the assessment process.[124]

All data are entered into a computer. Neither the social worker nor the medical officer is aware of how the other assessor rated the applicant, and they do not receive feedback as to whether the application was successful or not. Once the data entry is complete, the final decision is made by INSS centrally, based on the scoring outcomes. The applicant is given a pass or fail mark; the benefit is not graduated in any way.[125]

Generally, in cases where the impairment is severe and recognisable under the International Classification of Diseases, the applicant will qualify.[126] However, in cases where the medical diagnosis is less clear cut, or where the applicant has multiple minor impairments or illnesses, the results are more dependent on how the assessors rated the applicant's ability to function both socially and economically.

Overall, the assessment process for BPC applicants with disabilities takes between 6-12 months, and the applicants are notified of the results by letter. Payments begin from the time the benefit is awarded. Recipients are required to undergo reassessment every two years, including renewing any medical diagnoses, even if the condition is not expected to change.[127]

If an applicant is rejected, their letter explains the process for making an appeal. A lack of primary care level medical assessment documentation is a major reason for rejection or delay in applications at the very start of the process.[128] No INSS appointment can be made until the applicant produces a referral letter from their own healthcare provider. All applicants are given the right to appeal at any stage during the process. Although the State will cover the costs of an appeal process, it is nevertheless a lengthy and demanding undertaking. Appeals are first heard by a committee consisting of representatives of INSS and MDSA and if the appeal is rejected, there is the possibility of appealing to the court to overturn the decision. Many appeals are the result of a rejection at the disability assessment stage, in which the INSS medical officer gives a different

[124] KII, R Guerreiro et al.
[125] KII, R Guerreiro et al.
[126] KII, INSS.
[127] KII, A Norte.
[128] KII, A Norte.

diagnosis of the applicant's condition compared to the local doctor. Many of these types of appeals are granted in favour of the applicant.[129]

8.2 The Brazilian Functionality Index

At the time of the research, the *Índice de Funcionalidade Brasileiro* (Brazilian Functionality Index) had recently been developed for use in Brazil's contributory social insurance schemes. Originally developed by the Federal University of Rio Janeiro, Institute of Work and Society, and used by the INSS disability pension scheme, it had recently undergone a comprehensive validation process by the University of Brasilia in order to align the methodology with the Brazilian Law of Inclusion.[130] The law stipulates that the disability assessment process should involve more than one type of professional (i.e. a medical officer and another professional such as a social worker or psychologist). The Functionality Index was tested in 11 cities across Brazil using evidence from medical officers, social workers and the applicants themselves. The validation process found that there was a high level of correlation between the scores given by medical officers and social workers, but there was less correlation with persons with disabilities' own self-assessments.

Overall, the validation process highlighted the importance of having two distinct professionals as part of the assessment process. Medical officers continued to find it difficult to conceptualise disability from a social model perspective, with some professional bodies remaining resistant to this development.[131] As a result, whilst medical officers gave good accounts of impairments, they struggled with rating the impact these impairments had on daily functioning. In contrast, social workers were more able to identify barriers and the impacts of impairments, but they were not so able to describe the medical aspects of impairments (such as incontinence).[132]

[129] KIIs, R Guerreiro et al; L Barbosa.
[130] KIIs, L Barbosa; M Perez.
[131] KIIs, L Barbosa; M Perez.
[132] For the complete validation report, see Merchan-Hamann et al (2016).

9 Access of people with disabilities to social protection schemes

It is difficult to determine the extent to which persons with disabilities are able to access social protection programmes in Brazil, as neither the INSS nor the MDSA feel that the census data provides an accurate enough picture of the total number of persons with disabilities in the country (as noted in section 3).[133] In this section, we therefore try to estimate, based on certain assumptions, the number of people in the target group of each programme in order to obtain a rough idea about coverage levels. Despite Brazil having several large social protection programmes, it is clear that there are still significant gaps in the support provided to persons with disabilities.

9.1 Children

As is shown below, there are large gaps in coverage to support children with disabilities, both in mainstream schemes and in compensating for the additional costs of disability.

9.1.1 Mainstream child or family benefit

Brazil has three different mainstream child or family benefits: *Bolsa Família* (the Variable Benefit and Youth Variable Benefit), *Salário Família,* and the Deduction for Minor Dependents from Personal Income Tax. According to calculations by Soares and de Souza (2012), coverage levels are as follows:[134]

- *Bolsa Família* Variable Benefit: 22.24 million children
- *Salário Família*: 9.41 million children
- Deduction for Minor Dependents from Personal Income Tax: 7.87 million children

There is considerable overlap in recipients. According to Soares and de Souza (2012), about 5 million children receive more than one benefit, with 80 per cent of the overlap being between *Bolsa Família* and the *Salário Família*. About 16.58 million children receive nothing at all.

We do not have specific data on coverage levels for children with disabilities. It is possible that some of the 16.58 million children without coverage under the three mainstream programmes are covered by the BPC, if they have a disability. However,

[133] KIIs, M Perez; INSS.
[134] Note that it is not straightforward to assess the distribution of the three benefits – see Soares and de Souza (2012) and Souza and Soares (2011) for details.

because of the lack of cross-referencing of recipient data across programmes, we do not know if this is the case. Despite this, as is described below, the number of children benefitting from the BPC is much too low to make up for the gap.

Soares and de Souza (2012) have found that the children who are left without support mostly belong to Brazil's lower middle-income group. This is because *Bolsa Família*, despite its high targeting errors, mostly benefits families living on lower incomes, while the other two programmes benefit higher income families instead.

9.1.2 Compensation for the additional cost of disability

There is no dedicated programme in Brazil that has the objective of covering the additional cost of raising a child with a disability. This is especially true for the BPC, which is generally considered an income replacement programme. However, since income replacement is not relevant for children, the BPC for children can instead be considered compensation for the additional cost of disability, or even a form of carer's allowance.

In 2015, the BPC included 508,610 children with disabilities (0-18 years old).[135] Based on the 2010 census, we estimate that there are approximately 1.8 million children with disabilities in Brazil.[136] This means that more than 70 per cent of children with disabilities are not receiving the BPC, chiefly because it is targeted at families with very low incomes. It is not known how many of these children are benefitting from other child benefits, but in any case, these benefits are not meant to compensate for the additional cost of disability.

9.1.3 Carer's Allowance:

There is no carer's allowance in Brazil for carers of children with disabilities.

9.2 Working Age

9.2.1 Income replacement for persons with reduced work capacity

Income replacement for working age people with disabilities is provided: a) for formal sector workers through the *Previdência Social* disability pension b) for people living in families with very low incomes through the BPC.

[135] Ministério do Desenvolvimento Social e Combate à Fome Fome (2016).
[136] This number is calculated by adding the number of people with at least one impairment in the different age groups up to 18 years and then subtracting the number of people who reported 'some difficulty' in seeing, in accordance with the discussion above about prevalence rates. Source: Census 2010, Table 1.3.1.

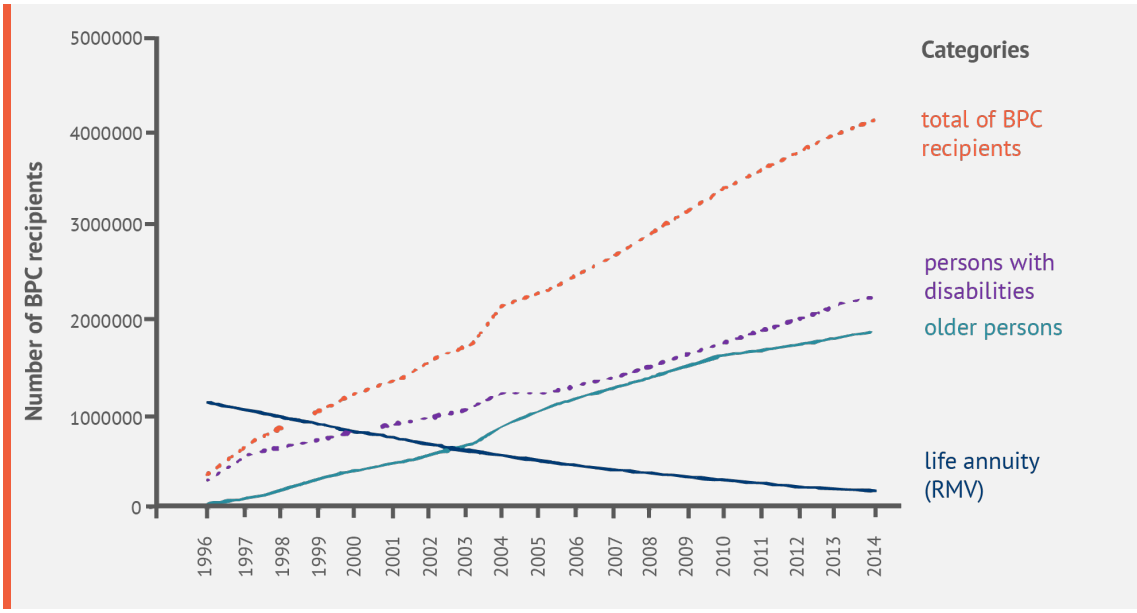
Those left without support are people who have likely been rejected by the BPC means-test, but at the same time are not part of the contributory *Previdência Social* system.

The BPC

In 2015, the BPC provided coverage for over 2.35 million persons with disabilities (1.228 million men and 1.095 million women). Of these, 1,618,892 were aged between 19 and 64 years of age.[137] Using the disability prevalence rate based on the 2010 census – but excluding the category of 'some difficulty in seeing' – approximately only 16 per cent of working age people with disabilities receive the BPC.

Figure 10 shows that since 1996, there has been an increase in the total number of recipients for the BPC.

Figure 10: Composition of BPC recipients over time (total number of recipients 1996-2014)



Source: Costa et al. 2016

Despite this increase, demand remains limited compared to the potential target group of older persons and persons with disabilities. Table 9 shows the number of people who have applied for the BPC as a percentage of the total number of persons with disabilities

[137] Ministério do Desenvolvimento Social e Combate à Fome (2016). With the following distribution across age groups: 19-24: 223,932; 25-30: 209,036; 31-40: 366,337; 41-50: 366,225; 51-64: 453,362.

below the age of 65. Between 2004-14, an average of 0.25 per cent of potential recipients under 65 ever applied for the benefit.[138] The calculations are based on a disability prevalence rate of 6.15 per cent for the age group below 65 (and includes children), and it is based on those who reported 'great difficulty' in the 2010 Census.[139] In comparison, older persons were much more likely, on average, to apply. As is discussed further below, the Elderly Statute of 2003 makes it easier for older couples to receive two BPC benefits. This could be one of the reasons for the higher application rate among older persons.

Table 9: Access to the BPC

Year	Number of applications as a percentage of total number of people with disabilities below the age of 65	Number of applications as a percentage of total number of people 65 and older
2004	0.23	3.69
2005	0.23	2.08
2006	0.24	1.93
2007	0.24	1.90
2008	0.28	2.08
2009	0.23	2.02
2010	0.28	1.73
2011	0.26	1.60
2012	0.25	1.62
2013	0.26	1.65
2014	0.26	1.51
Average 2004-2014	**0.25**	**2.00**

Source: Costa et al. (2016)

Nevertheless, the discrepancy in application rates reflects the barriers that persons with disabilities face with regard to making an application. Barriers might include a lack of awareness and/or difficulties in reaching the INSS centres. As the INSS only has offices in 1,500 of Brazil's 5,570 municipalities, many people have to travel long distances in order to be assessed. The barriers are especially pronounced in rural areas, which has been confirmed by MDS statistics showing uptake levels in rural and urban areas.[140] However, it is also possible that the very low income threshold means that only those living in extreme poverty will consider applying.

[138] Costa et al. (2016). The calculations are based on a disability prevalence rate of 6.15 per cent for the age group below 65 (so including children), based on those that reported 'great difficulty' in the 2010 Census.
[139] Costa et al. (2016).
[140] Ministério do Desenvolvimento Social e Combate à Fome (2016).

Box 7: Information campaigns and uptake of social protection programmes

Medeiros et al. (2006) suggest that the general low uptake of the BPC might be due to limited publicity about the programme. The success of *Bolsa Família*, as a highly publicised flagship programme of the first Worker's Party government, was tied to the political success of that government, and a large information campaign was carried out to ensure that recipient numbers were met. In contrast, no government can claim ownership over the BPC, as it is a constitutional right. Consequently, similar large-scale information campaigns have never been carried out to increase awareness of the BPC, as there is little to be gained politically from increasing coverage of the programme.

Not only are older persons more likely to apply for the BPC, but they are also more likely to have their applications approved. Table 10 shows that between 2004-14, 74 per cent of older persons who applied for the BPC were approved, in comparison to 37 per cent of persons with disabilities.[141]

Table 10: Approval rates of applications for the BPC 2004-14

Year	Number of people with disabilities applying for the BPC	Approval rate (%)	Number of older people applying for the BPC	Approval rate (%)
2004	403,978	35	404,640	78
2005	394,734	34	234,459	79
2006	423,845	31	224,522	77
2007	418,688	35	223,998	81
2008	498,119	36	257,165	77
2009	411,810	41	258,197	76
2010	501,600	42	229,692	74
2011	473,770	39	219,857	71
2012	455,672	38	230,814	66
2013	487,530	38	245,287	69
2014	486,627	38	234,415	68
Total	**4,956,373**	**37**	**2,763,046**	**74**

Source: Costa et al. (2016)

Both older persons and persons with disabilities are subject to the means-test (which is 25 per cent of the minimum wage, per month, per capita in the family). Therefore, the higher approval rate for older persons must be explained either by persons with disabilities being rejected because of the disability assessment, or because older persons

[141] For an international comparison, data from OECD show that there are very large differences in the extent to which countries reject applicants for disability benefits. For example, in Denmark less than 10 per cent of applications are rejected, whereas it is 65 per cent in the United States OECD (2010).

have lower per capita family incomes and are therefore more likely to comply with the means test. Some informants felt that it would be better to assess income using an expenditure measure or to raise the threshold (which was very low) to help account for the additional costs of disability.[142] This is because the cost of living for persons with disabilities is higher than for those without, and so a higher income does not necessarily mean that a person with a disability is able to have a better standard of living.[143]

Another issue with the discrepancy in approval rates is that old age is easier to document than disability. In total, Costa et al. (2016) estimate that a person with a disability has an 89 per cent probability of having their application rejected, compared to 11 per cent for older people. It is also worth noting that the move from a medical assessment model to a model including social aspects does not seem to have made it easier for persons with disabilities to access the BPC: between 2004 and 2014, there has not been much change in approval rates. On the other hand, the new, more time consuming and difficult assessment process which requires several visits to INSS centres also does not seem to have led to fewer people applying.

Given the high rejection rates for persons with disabilities, it is not surprising that many then appeal the decisions to the judiciary. As Table 11 demonstrates, between 2004 and 2014, 315,603 persons with disabilities succeeded in having their initial rejection overturned by the court, meaning that 17 per cent of all approved applications were granted by the judiciary. In addition, the number of court cases has increased, reaching its highest level in 2014, with 24 per cent of all approved applications for persons with disabilities being granted by the courts (and 8.5 per cent for older persons). A more in-depth analysis would be required to determine whether these reversals of the initial INSS decision occurred because of the means-test or the disability test.

[142] By around three times according to data from Sao Paulo State Secretariat for the Rights of Persons with Disabilities. KIIs: A Norte; L. Battistella; S Rodrigues.
[143] By around three times according to data from Sao Paulo State Secretariat for the Rights of Persons with Disabilities. KIIs, L. Battistella; S Rodrigues.

Table 11: Applicants for the BPC granted by the judiciary 2004-14

Years	Approved applications granted for people with disabilities through the courts	% of approved applications granted by the judiciary	Approved applications granted for older people through the courts	% of approved applications granted by the judiciary
2004	9,497	6.71	2,302	0.73
2005	16,069	12.08	4,122	2.23
2006	19,423	14.68	4,766	2.74
2007	25,321	17.36	5,342	2.94
2008	28,545	15.90	5,870	2.95
2009	31,340	18.69	6,650	3.40
2010	31,530	15.14	7,547	4.46
2011	33,088	17.71	8,548	5.49
2012	35,208	20.13	9,831	6.41
2013	41,060	21.97	12,382	7.31
2014	44,525	24.13	13,694	8.53
Total	**315,603**	**17.14**	**81,054**	**4.00**

Source: Costa et al. (2016)

Previdência Social

Out of the 3,353,955 people receiving the *Previdência Social* General Regime disability pension in 2015, 1,947,292 people were aged 64 and under and 1,406,571 were aged 65 and above.[144] Using the number of working age people with disabilities from the 2010 census – but excluding the category of 'some difficulty' in seeing – there is a coverage rate of approximately 19 per cent for the disability pension. In addition, some working age persons with disabilities are likely to be covered by the sickness benefit.

The BPC and the *Previdência Social* together

Together, the BPC and the *Previdência Social* General Regime disability pension cover approximately 35 per cent of working age persons with disabilities. While many persons with disabilities are working and should therefore not receive income replacement benefits, and others might be receiving support from other types of benefits, it seems likely that there is a significant gap in income support for working age persons with disabilities. Those excluded are likely to include people who do not comply with the BPC means-test, but who are also not part of the formal labour market. As noted above, persons with disabilities are more likely to work in the informal labour market and are less likely to be part of a contributory system. It would be beneficial to carry out a more complete analysis of how many working age persons with disabilities are left without

[144] Previdência Social (2015) Tables 14.5, 14.15, 18.5 and 18.9. Note that the total of the two age groups together is slightly less than the total number of recipients, because of a small number of recipients with missing data on age.

income from either employment or social protection, but that is beyond the scope of this report.

9.2.2 Compensation for the additional cost of disability

The new Inclusion Benefit can be seen as a means of compensating people for the costs associated with their disability. At the time of the research, it was unclear how many people would benefit from the programme, as it was still being regulated. However, as it is only available to people who have received the BPC during the last five years, it already excludes the vast majority of persons with disabilities from receiving the benefit. In addition, a person can only receive the Inclusion Benefit if they manage to obtain a formal sector job and start contributing to the *Previdência Social*. So, while the Inclusion Benefit is a welcome addition, it will likely only benefit a small percentage of persons with disabilities.

The *Previdência Social* allows for a 25 per cent increase in the benefit value for recipients who require constant care. This increase can be seen as compensation for the cost of having a severe disability which requires assistance. However, as the number of recipients of the disability pension is relatively small, very few people benefit from this as well.

9.2.3 Carer's Allowance

The Deduction for Minor Dependents from Personal Income Tax could be considered a carer's allowance as it allows deductions for persons with disabilities. We do not have data on the number of recipients, but it is clear from Soares and de Souza (2012) that the tax deduction exclusively benefits the wealthiest sector of the population.

In addition, the disability pension – although not provided to carers – does provide recipients with 100 per cent of their salary, with a further 25 per cent if they recipient require constant care.

9.3 Old Age

9.3.1 Mainstream old age pension

Brazil has a complex old age pensions system which provides a high level of coverage. In 1992, 80.3 per cent of the population aged over 65 received a benefit from either the tax-financed or contributory pension systems, and in 2014, this had reached 89.2 per cent.

Programmes include the General Regime (*Previdência Social* benefits, including *Previdência Social* Rural), the Special Regime (Civil servant pensions) and the BPC.[145]

The increase in coverage has especially benefited women, and the difference in coverage between men and women is now much smaller than in the past. In 1992, 74 per cent of women over the age of 65 had access to a pension compared to 88.2 per cent of men, but this gap decreased over the years so that by 2014, 86.8 per cent of women accessed a pension, compared to 92.3 per cent of men. This is largely explained by the increased inclusion of women in Brazil's contributory (or semi-contributory) system: in 1992, 61.8 per cent of women and 69.3 per cent of men between the ages of 16 and 59 were covered by Brazil's contributory (and semi-contributory) schemes, and this gap continued to decrease until in 2014, 72.6 per cent of both men and women were covered by a scheme.[146]

Pension programmes provide important support for persons with disabilities, as there is a high disability prevalence rate among the older population. In Brazil, about one third of the population aged 65 and above has a disability (excluding those with 'some difficulty' in seeing). This amounts to a total of about 4.5 million people.

In 2015, the BPC covered 1,925,038 older persons, including 795,091 men and 1,123,812 women. The proportion of older persons as a percentage of total BPC recipients increased markedly following the Elderly Statute of 2003, as it reduced the two main barriers that older persons – many of whom have disabilities – face. This was achieved by:

a) reducing the age of eligibility from 70 to 65; and,

b) making it easier for older couples to receive two BPC benefits. This was achieved by exempting the first pension from the means-test to receive the second BPC benefit.[147]

9.3.2 Compensation for the cost of disability

There are no programmes available that provide compensation for the costs associated with disability for older persons in Brazil.

[145] Paiva (2016).
[146] Paiva (2016).
[147] Costa et al. (2016).

9.3.3 Carer's Allowance

The only benefit available for carers of older persons with disabilities is the Deduction for Minor Dependents from Personal Income Tax, which also allows deductions for persons with disabilities. Although data is not available on the number of recipients, as discussed above, this tax deduction exclusively benefits the wealthiest sector of the population.[148]

9.4 Summary

In general, across the different age groups, Brazil has major gaps in terms of:

- Exclusion from income replacement programmes for people with reduced work capacity, who have been rejected by the BPC means-test, but are not part of the *Previdência Social*;

- No general benefit to compensate for the costs of living with a disability. The two main candidates – the BPC for children and the new 'Inclusion Benefit' for adults – both exclude the vast majority of people in need of support. Generally speaking, benefits that aim to compensate for the costs of disability should not be related to a person's income or labour market status;

- No carer's allowance, which means that there is no support available for those who experience a loss of income as a result of caring for a person with a disability. The only support available is the Deduction for Minor Dependents from Personal Income Tax and the Disability Pension, but these have very limited coverage.

[148] Soares and de Souza (2012).

10 Adequacy of schemes

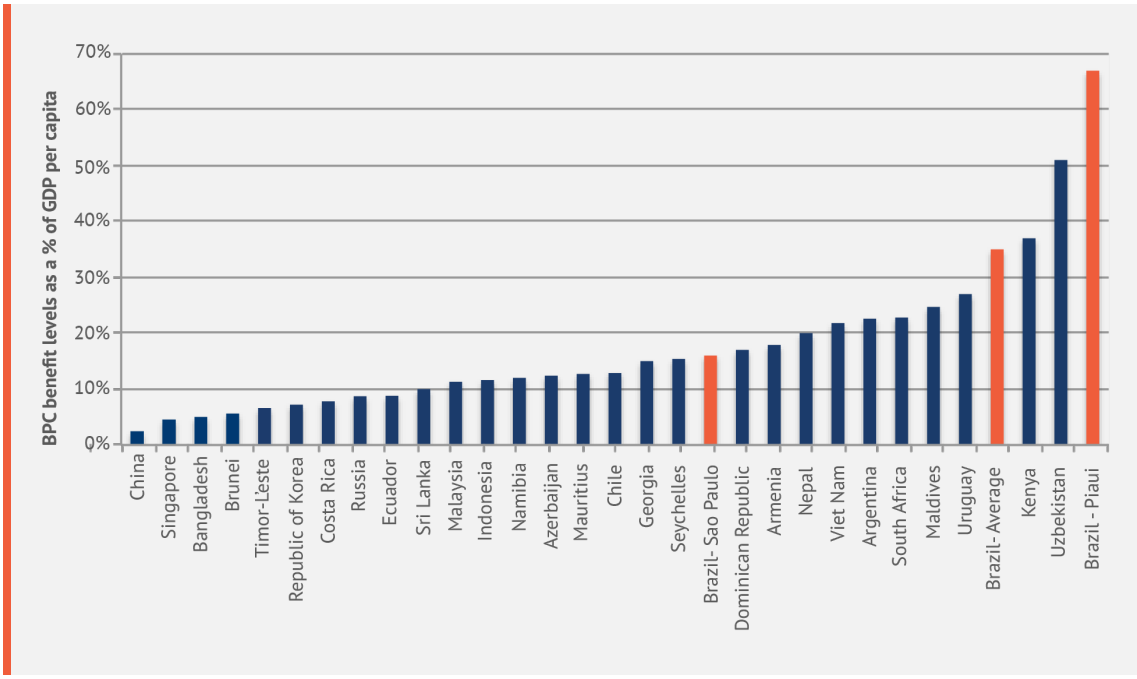
In order to evaluate the adequacy of a social protection benefit, it must be determined whether the transfer amount is enough to achieve the programme's stated objectives.

The BPC, the *Previdência Social* old age pension and disability pension, and the *Previdência Social* Rural should be seen as income replacement schemes. The benefit levels for the BPC and *Previdência Social* Rural are fixed by the Constitution at one minimum wage per month. In addition, the minimum wage is also the minimum benefit for most of the *Previdência Social* programmes. The amount means that many low income workers will receive a 100 per cent replacement rate.[149] These levels are very generous when compared to *Bolsa Família*.

As of October 2016, the benefit level of the BPC was BRL 880 (£226), which was equivalent to 35.29 per cent of GDP per capita. As Figure 11 demonstrates, this is a relatively high benefit level when compared to other social protection programmes in low- and middle-income countries. However, it should be noted that while the minimum wage, and therefore the BPC benefit level, is uniform across the country, living costs vary enormously, so someone living in Sao Paulo or Brasilia would not be able to maintain the same living standard as someone in the much poorer North East. In fact, at the time of the research, the BPC benefit level corresponded with approximately 16.09 per cent of GDP per capita in Sao Paulo (state), but 66.65 per cent in Piaui in the Northeast.[150] Therefore, when compared to other countries, the benefit level of the BPC ranges from being in the middle group of countries in Sao Paulo, to being the highest benefit level in Piaui.

[149] Paiva (2016).
[150] Source: The Economist (2014) Comparing Brazilian states with countries. Available at: http://www.economist.com/blogs/graphicdetail/2014/06/comparing-brazilian-states-countries. Based on data from Instituto Brasileiro de Geografía e Estatística (IBGE)

Figure 11: BPC benefit levels in an international comparison (as percentage of GDP per capita)



Source: Development Pathways

Another important consideration is whether recipients have access to other sources of income. The individual recipient of the BPC cannot legally accumulate other benefits, and they also cannot earn any (official) income. In principle, their family members can have other sources of income. However, because the BPC is targeted at families living in extreme poverty, this is not possible in practice, since almost any income at all would raise the family per capita income above the very low eligibility threshold of 25 per cent of the minimum wage per capita, except for very large families. Hence, the programme essentially reaches individuals in families that do not receive any other form of cash benefit. It is nearly impossible to receive two benefits in a family with more than one person with a disability. However, as described above, after some recent legislation changes, it is possible to receive two benefits in families with more than one older person.

As these schemes are income replacement schemes, they do not account for the additional costs that age and disability impose on families. As one informant explained: "A survey found that costs for a family with a disabled member is 30 per cent higher than for families without disability. All of the families are in need of support, the support should be based on disability not income."[151] Therefore, the BPC benefit level is fixed regardless

[151] KII, LARAMARA.

of age, impairment or geographic region despite the different costs accrued depending on context. Medeiros et al (2006) suggest that the BPC would benefit from using information on expenditure (consumption) to define the thresholds of extreme deprivation:

> "If a minimum consumption basket were defined in terms of food, housing or other essential items, and the deprivation level were observed against this basket, family idiosyncrasies, the effects of the extra costs of aging and disability and the costs of compensating for the lack of public services (or the positive effect of having them) would be better taken into account in the screening process."[152]

Given that the objectives of the BPC are to ensure that people who cannot provide for themselves can meet basic needs; to help them overcome social vulnerabilities and to ensure a degree of independence for older persons and persons with disabilities; and to integrate recipients into the life of the community and to guarantee social rights,[153] the BPC transfer amount is not sufficient to achieve these aims. A benefit level that aims to replace income, but which does not account for the additional costs of disability, is not sufficient to achieve the programme's aims.

Bolsa Família, in comparison, is not an income replacement programme. Although there is no requirement that families should have a working member, there is an expectation that the transfer should provide additional economic support on top of an income. Accordingly, the benefit level is also much lower and varies according to a family's income and its household composition.

[152] Medeiros et al. (2006).
[153] Sections I and III of art. 3 of the Federal Constitution – referenced in World without Poverty (2015).

11 Impact of social protection schemes on people with disabilities

There is no doubt that Brazil's social protection programmes have had an impact on persons with disabilities. However, as there is no data focusing specifically on persons with disabilities, this section will instead discuss the impact that the programmes have had on various groups of recipients, of which persons with disabilities are included.

In general, Brazil's social protection programmes have had a very positive impact on reducing inequality. As detailed in Barrientos et al (2014), Soares et al (2010) found that between 1999-2009, *Bolsa Família* accounted for 16 per cent of the 10 per cent reduction in the Gini coefficient, while the BPC accounted for a further 14 per cent. Combined, the two account for about one third of the reduction in household income inequality in that decade. Hoffmann (2013) confirms this finding for the 2001-2011 period. Another overview is provided by Cury et al (2016), who explain that according to the Institute for Applied Economic Research (IPEA) (2012), between 2001 to 2011, these two programmes reduced inequality by 17 per cent. Similarly, Barros et al. (2007) estimated that *Bolsa Família* and the BPC induced, respectively, around 11.8 and 11.1 per cent of the fall in income inequality between 2001 and 2005.

Using 2004 household survey data, Veras Soares et al (2006) found that the BPC and *Bolsa Família* together accounted for a 2 percentage point reduction in the income poverty headcount. However, the BPC has had a greater effect than *Bolsa Família*, because of its much larger transfers. Without the BPC, there would have been a 36 per cent increase in the number of families living in poverty and a 17 per cent increase in families living in extreme poverty. In addition, a qualitative study by Santos (2011) found that the BPC provided income security to recipients and enabled them to cover basic expenses such as food, healthcare and housing. It also protected recipients and their families from vulnerability arising from poverty, unemployment and underemployment in the informal sector, as well as helping recipients to increase their autonomy. Those interviewed stated that the benefit increased their social and financial independence in relation to their families.

However, it should be emphasised that the greatest impact on poverty and inequality has been the high coverage of Brazil's old age pensions. As detailed in Kidd and Huda (2013), Gasparini et al. (2007) estimated that old age pensions reduced poverty rates among older persons from 47.9 per cent to 3.9 per cent. Veras Soares et al. (2006) found that the Minimum Wage Pensions reduced poverty levels by 17 per cent, while Barbosa (2011) found that the *Previdência Social* brought a 37 per cent reduction in extreme poverty

among the rural population. In addition, Veras Soares et al. (2006) found that between 1995 and 2004, the Minimum Wage Pensions accounted for 20.5 per cent of the decrease in Brazil's Gini coefficient. Brazil's old age pensions are also considered more reliable than, for example, the BPC. According to one informant, unlike other pensions, the BPC is not considered to be a permanent benefit (and therefore regular income), and as a result, it has not made lenders more willing to allow recipients to access loans.[154]

Brazil's social protection programmes have also had an impact on labour market participation. Barrientos et al (2014) explain that de Carvalho Filho (2008a) found that receipt of the *Previdência Social* Rural "was associated with a large drop in participation and hours of work among newly qualified rural pensioners, around 8 per cent fall in participation and total hours of work by 22.5 compared to urban workers." Others, such as Delgado and Cardoso (2000), found that it encouraged livelihoods and productive investment. An impact evaluation by Kassouf et al (2011), based on household survey data from 2004-2006, examined the effect of receiving the BPC on labour force participation. Barrientos et al (2014) detail that the authors found that there was "a reduction in the labour force participation of direct beneficiaries of around 2-3 per cent, no significant effects on young co-residents aged 19-29, but small negative labour force participation effects on adult co-residents 30-49." This could potentially have been an effect of the means-test reducing the incentive of recipients and family members to engage in formal sector employment. Survey evidence shows that in general, Brazil's non-contributory pensioners share their benefits within the household, with 6.5 per cent also giving money to household members living elsewhere. Therefore, Brazil's pensions not only impact direct recipients but also the wider population (Barrientos et al 2003). It should be noted, however, that Santos (2011) found that mothers often leave the labour market to take care of their children with disabilities, and that little support is provided to caregivers.

Finally, Carvalho Filho (2008b) found that living with a pensioner can impact children's work and school attendance. Barrientos et al (2014) explain that *Previdência Social* Rural led to a "significant increase in school enrolments, especially among girls of around 20 per cent of the rate of enrolment gap. This is consistent with a drop in child labour."

[154] KII, A. Dias.

12 Linkages with other social services

At the time of the research, Brazil was in the process of expanding its social services system. Following the expansion of the country's tax-financed social protection programmes, there has been a growing awareness among the government agencies delivering the programmes of the need to develop a system of social services around the cash transfers, to provide more support to vulnerable families. Chile's *'Chile Solidario'* programme highlighted to key actors in Brazil that cash transfers that stand alone can have limited effectiveness if they do not address multi-dimensional vulnerabilities and social exclusion.[155]

It should be noted that *Bolsa Família* has, from the beginning, recognised that some households are in need of additional support in order to be able to comply with the conditions of the programme.[156] In addition, there have been attempts to link the BPC with education and employment, though this has had mixed results.

12.1 Expansion of social services in Brazil

Social work existed in Brazil prior to 2004, but much of it was carried out by NGOs and churches. However, with the implementation of the 2004 *Política Nacional de Assistência Social* (National Policy of Social Assistance) (PNAS), Brazil started a large-scale expansion of social services and social work.[157] At the time of the research, the national government system had about 7-8000 Social Assistance Reference Centres (CRAS), and 2-3000 Social Assistance Specialised Reference Centres (CREAS) for families and individuals with complex problems.[158]

The CRAS is managed and mainly funded by Municipal Governments and is a key component of the municipalities' social services system. According to some key informants, its effectiveness depends to some extent on the commitment of the Social Assistance Secretariat in the Municipal Government.[159] It is staffed with professional social workers, psychologists, pedagogues and social educators,[160] and mainly provides counselling and awareness raising support for vulnerable families. It also functions as a one-stop shop for the provision of information about social protection benefits and other

[155] Medeiros et al. (2006).
[156] Barrientos (2014).
[157] KII, L. Barbosa.
[158] KII, IPC/IPEA.
[159] KII, IPC/IPEA.
[160] Social work is a 3-year university education in Brazil.

support that is available. The CRAS is also responsible for registering people in *the Cadastro Unico* and also operates its own electronic case management system.[161]

Under the *Sistema Único de Assistência Social* (Unified Social Assistance) (SUAS), *Proteção Social Básica* (Basic Social Protection) engages with vulnerable households and provides services aimed at poverty prevention through the CRAS. Meanwhile, families experiencing more complex social issues come under *Proteção Social Especial* (Special Social Protection), which is delivered through Social Assistance Specialised Reference Centres (CREAS).[162] Basic Social Protection covers all the available services, programmes, projects and social assistance benefits aimed at preventing situations of vulnerability through the development and strengthening of family and community ties. Its main service is CRAS's *Serviço de Proteção e Atendimento Integral à Família* (Protective Services and Integral Care to Family) (PAIF), which supports families through social work, including interventions in family life. The support also includes facilitating access to social assistance benefits and income transfers.

The CRAS does not provide specialised services for persons with disabilities, but it does give them priority in mainstream programmes and provides referrals to the BPC and other services that are relevant to persons with disabilities. According to CRAS staff interviewed, there are places reserved for persons with disabilities on the family programme, and the centres also have agreements for referrals to 17 NGOs that provide support to persons with disabilities. In addition, the centres also refer people to other institutions such as the justice, education and health systems.

In relation to the BPC, the CRAS provides information about eligibility criteria as well as guidance on filling out the necessary forms. At the time of the research, the application forms were then submitted to the INSS which was responsible for eligibility assessment, registration, payment etc.[163] The CRAS can also help people with a second assessment if their application is rejected, and if that is also rejected, it can refer people to a public prosecutor to take the case to the courts. In principle, the CRAS is supposed to actively search for potential BPC recipients and increase awareness of the programme. This has been limited, however, by lack of capacity. Nevertheless, the CRAS does identify barriers for persons with disabilities in accessing services – such as in education and health – and reports any issues to the State authorities.[164]

[161] KII, CRAS.
[162] Barrientos et al. (2014).
[163] KII, CRAS.
[164] KII, CRAS.

Box 8: The CRAS and school attendance monitoring

The CRAS staff visit families who are participating in the complementary BPC School programme to determine if the children are attending school (see discussion below). The CRAS completes monitoring forms which are then sent to the MDSA, but it is the responsibility of the Education Secretariat to follow up in case of any issues.

In the case of *Bolsa Família*, the schools monitor attendance and inform the CRAS if there are any issues. The family will then be invited to the CRAS for group support, and if they do not show up, the benefit will be suspended. Usually, families then visit the CRAS and are given the opportunity to receive the benefit again if they can provide acceptable reasons for why their children have not attended school.[165]

There is at least one CRAS in each Municipality, which means that the centres have a greater reach than the INSS. However, the CRAS system is still being established and despite its wide coverage, the system remains understaffed. Each CRAS should service a maximum of 5000 vulnerable families and should then expand capacity whenever a centre is at full capacity.[166] The centres work only on an appointment basis and do not yet have sufficient capacity to carry out the outreach work they are mandated to do. According to staff interviewed at a CRAS centre in the Municipality of São Sebastião, the main complaint received by the CRAS is that there are long waiting lists at both the CRAS and the INSS. In that location, there was a shortage of public servants and a lack of funds to hire new staff. Furthermore, staff had not been provided with disability awareness training, and although they had been offered sign language courses, they had not had the time to attend.[167]

At the time of the research, plans were underway to give the CRAS the mandate to register persons with disabilities for the BPC. Since the CRAS network has greater coverage than the INSS, this would make it easier for persons with disabilities to reach the application centre, which is important given the low uptake of the programme. However, according to the CRAS staff interviewed, this would require more staff, more training and more physical space in the centres.[168] In this regard, Brazil should be careful not to replicate the mistake of many other countries of overloading social workers with administrative tasks related to the implementation of cash transfer programmes. A better option might be for the INSS to expand and to possibly establish registration options in the CRAS.

[165] KII, CRAS.
[166] KII, Brasilia Municipal Government.
[167] KII, CRAS.
[168] KII, CRAS.

12.2 Linkages with education: BPC School Programme

One of the most interesting features of the BPC has been the introduction of the BPC School Programme, which monitors the participation of child recipients (aged 0-18 years) in the education system. The programme was set up in 2007 and involves the education, health and social welfare sectors. The monitoring programme helps to determine whether or not the child living with a disability is in school; whether there are any barriers to attendance or progression; whether the barriers can be removed or reduced; and the extent to which the programme is being implemented across states.

Most respondents reported that the BPC School Programme has been very effective. Interviews at the CRAS revealed the important role their staff play in identifying children with disabilities and monitoring their school attendance. Their team will assess the needs of the child and identify the additional support that the child requires to enable them to access school and learn in the classroom. Any recommendations in terms of support – from accessible transport to sign language interpreters – are passed to the Education Secretariat which is tasked with implementing the recommendations. Similarly, if the assessment suggests a programme of habilitation/rehabilitation or the provision of assistive technology, the child will be referred to an appropriate facility.[169]

12.3 Linkages with employment

A BPC Work Programme was established in 2012, which aims to help persons with disabilities – aged 16-45 – to access the labour market. The focus of the programme is to establish what the main barriers to employment are, and to work with the BPC recipient to help them access the labour market. In general, informants felt that little had been achieved so far.[170] Access to the labour market for persons with disabilities is very complex, with factors relating both to the person (such as the severity and nature of their impairment, their levels of education and technical skills, their geographic location etc.) and to the labour market (including attitudes, willingness to adapt, skills requirements etc.). The BPC Work programme is, therefore, an ambitious undertaking.[171]

A further issue is that since the transfer amount of the BPC is set to match the minimum wage, recipients are not incentivised to enter the formal labour market unless they can secure permanent employment that pays significantly above the minimum wage.

[169] KIIs: M Perez; S. de Deus; A Norte.
[170] KIIs: M Perez; A Norte.
[171] KIIs: M Brito; E Defendi; M Gil.

However, since persons with disabilities generally have a lower level of education, they are more likely to only be able to access low paying jobs.

At the time of the research, two key initiatives had been introduced that aimed to change this situation. First, recipients were able to put the BPC on hold if they obtained a job, and they could then resume their recipient status without needing to go through the assessment process again if they became unemployed.[172] The second initiative was the introduction of the in-work 'Inclusion Benefit', which has been discussed in more detail above. However, it was still too early to assess whether these initiatives had helped to increase the inclusion of persons with disabilities in the labour market.

Brazil has also implemented quota policies, and since 1989, the government has had a quota system in place for the employment of persons with disabilities in the civil service and public sector of between 2-5 per cent (depending on the number of employees). According to the Annual Social Information of the Ministry of Labour and Employment, 358,738 persons with disabilities were employed under this quota scheme as of September 2014,[173] although the 2010 census suggests that just over 20 million persons with disabilities are economically active.[174] In Sao Paulo, the State Secretariat for Persons with Disabilities reports that it is very active in promoting the quota system and encourages employers to hire persons with disabilities through an annual award system, which recognises the businesses that have done the most to promote inclusion.[175] Furthermore, CitiBank's programme to hire people with cognitive impairments has been cited as a best practice example.[176]

An employer can be taken to court and fined for not hiring the appropriate number of persons with disabilities. This is via a civil advisement order, which also covers accessibility of services, and it is a measure that companies take very seriously.[177] Despite this, quota policies have not been particularly effective, and companies can circumvent the rules by: hiring people who have very mild impairments (hence requiring no specific adaptations or investment); hiring persons with disabilities on minimum hours contracts at the minimum wage level with no prospects for promotion or additional training; and hiring persons with more severe disabilities but requiring that they stay at home rather than come into work.[178] Judges are not always fully aware of the full extent of disability

[172] See Article 21-A LOAS, as amended in 2011 by Law No.12.470/2011
[173] ABRACA, FCD Brasil, FBASD, Essas Mulheres, Instituto Baresi and RIADIS (2015).
[174] Instituto Brasileiro de Geografia e Estatística (IBGE), 2010; KII, A. Dias.
[175] KII, L. Battistella.
[176] KII, M Gil.
[177] KII, L. Musse.
[178] ABRACA, FCD Brasil, FBASD, Essas Mulheres, Instituto Baresi and RIADIS (2015); KII, M Gil.

rights, and have been found to rule in favour of companies because they felt that the accommodation requirements were not reasonable.[179] Moreover, there is a gender dimension to this issue, as 66 per cent of those hired under the quota system are men.[180]

[179] KIIs, L. Musse; E Defendi.
[180] KII, A. Dias.

13 Conclusion

Brazil was selected as a case study because of its relatively well-developed social protection system. As the report shows, it has a progressive view of disability and a strong legal framework for working on inclusion. Indeed, there are interesting lessons to be learned from Brazil about how to develop disability assessment mechanisms in line with the UN Convention on the Rights of Persons with Disabilities (CRPD), and how to link social protection programmes with inclusion in education.

Despite this, Brazil has a number of gaps. For example, in order to qualify for its main tax-financed disability benefit, the BPC, potential recipients must prove that their monthly family income is less than 25 per cent of the minimum wage *per capita*. This is extremely low and means that many families that are not living in extreme poverty do not have access to support.

Furthermore, while the 1988 Constitution was progressive for its time, it has retained the view that persons with disabilities cannot work, which is at odds with today's focus on inclusion. This is underscored by the low income threshold for the BPC means-test, which demonstrates that there is an implicit assumption that disability means incapacity to work, as persons with disabilities are unlikely to qualify for the programme if they have a job. In addition, because the BPC is means-tested and provides a high benefit level (set at one minimum wage), there is a disincentive for persons with disabilities to enter the labour market. The transfer is often commensurate with what they can earn on the labour market and provides a more stable income as there is no risk of losing a job.

However, measures have recently been taken to soften this by enabling those who enter the labour market to 'pause' the BPC, rather than lose it. This allows people to have a safety net in case they lose their job. Another initiative which was introduced by the 2015 Brazilian Law of Inclusion is an 'Inclusion Benefit' for persons with disabilities who are working. Contrary to the BPC, this new benefit, which at the time of the research had not yet become operational, recognises that persons with disabilities need support, not as compensation for lack of work capacity, but as compensation for the costs faced in accessing employment.

Brazil's disability assessment tools are advanced and in line with CRPD principles. However, the transition from a medical assessment to an assessment more in line with the social model of disability has not resulted in more people applying for the BPC, or indeed in more people having their applications approved. In addition, the new tools – which involve both social and medical assessments – make the process very cumbersome and time consuming. Furthermore, Brazil's assessment process may not be a feasible

example for low-income countries to follow, as it requires more qualified staff and resources than most low-income countries would be able to provide.

The 'BPC School' is an innovative programme that has been widely hailed as a success, and it is a model for other countries to learn from, in terms of linking social protection programmes with access to education for children with disabilities. However, given that approximately 70 per cent of children with disabilities do not receive the BPC, further support for accessing education is necessary for those who are not on the programme.

There has been less success in linking BPC recipients with the labour market, most likely because there are still many barriers to inclusion in this area, including an historic lack of equal access to education. In addition, as mentioned above, because the BPC is means-tested, there is a disincentive for BPC recipients to enter the labour market.

In summary, despite Brazil having several large social protection programmes, there are still significant gaps in the income support provided to persons with disabilities. The three mainstream child benefit programmes exclude about 16 million children, and in addition to this, about 70 per cent of children with disabilities do not receive compensation for the additional costs of living with a disability. This is chiefly because the BPC is targeted at families living on very low incomes.

The *Previdência Social* disability pension and sickness benefit provides important coverage for working age people, and together with the BPC, the programmes reach approximately 65 per cent of working age persons with disabilities. Those left without support belong to lower middle-income groups, as they are not eligible for the BPC means-test, and at the same time are not part of the contributory *Previdência Social* system.

Older persons with disabilities enjoy the best access to income support as a result of the different mainstream pension schemes that together provide a high level of coverage. However, there is no benefit to compensate them for the additional costs of living with a disability.

In general, across the different age groups, Brazil has major gaps in terms of:

- Exclusion from income replacement programmes for people with reduced work capacity, who have been rejected by the BPC means-test, but are not part of *the Previdência Social*;
- No general benefit to compensate for the costs of living with a disability. The two main candidates – the BPC for children and the new 'Inclusion Benefit' for adults – both exclude the vast majority of people in need of support. Generally speaking, benefits that aim to compensate for the costs of disability should not be related to people's income or labour market status;

- No carer's allowance, which means that there is no support available to people who experience a loss of income as a result of caring for a person with a disability. The only support available is the Deduction for Minor Dependents from Personal Income Tax, which also allows deduction for persons with disabilities. However, this programme benefits only the wealthiest part of the population.[181]

[181] Soares and de Souza (2012).

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Annex 1 List of people interviewed

Name	Date and place	Position and Organisation
Interview 1		
- Rafael Guerreiro Ana Mesquita Cleusa Luis-Henrique de Paiva	Sept. 19. 2016, Brasilia	Research Coordinator, IPC-IG/IPEA Researcher, IPEA Researcher, IPEA (and civil servant in the Ministry of Planning)
Interview 2		
Marco Antonio Gomes Perez	Sept. 19. 2016, Brasilia	Director of Health Policies and Occupational Safety Secretariat of Social Security Policies, Ministry of Labour and Social Security (now part of the Ministry of Finance)
Interview 3		
Livia Barbosa	Sept. 19. 2016, Brasilia	Professor, University of Brasilia
Interview 4		
Raquel de Fatima Antunes Martins Marcius Alves Crispim Allan Camello Silva	Sept. 20. 2016, Brasilia	National Secretariat of Social Assistance (SNAS), Ministry of Social and Agrarian Development
Interview 5		
Marcos Brito	Sept. 20. 2016, Brasilia	Teacher and Coordinator, APADA (NGO working with deaf people)
Interview 6		
Wederson Santos	Sept. 21. 2016, Brasilia	Disability Researcher, National Secretariat for the Promotion of the Rights of Persons with Disabilities.
Interview 7		
Denise Direito	Sept. 21. 2016, Brasilia	Specialist in Public Policy and Government Management General Coordinator of Support for Integration of Actions (CGAIA) Department of Cadastro Único/SENARC/MDS, Ministry of Social and Agrarian Development
Interview 8		
Sinara Silva de Deus	Sept. 21. 2016, São Sebastião	Coordinator, CRAS, São Sebastião
Interview 9		
Luciana Musse	Sept. 22. 2016, Brasilia	Law Researcher, UniCEUB
Interview 10		
Delma Pereira Borges Sissi Mara Andrade Alves	Sept. 22. 2016, Brasilia	Social Worker, Coordinator of the Basic Social Protection Psychologist, Specialist in Social Assistance – Director of the Support to Families

Annex 1 List of people interviewed

		CRAS Asa Norte, Secretariat of Social Assistance, Brasilia Municipal Government
Interview 11		
Marco Josierton	Sept. 22. 2016, Brasilia	BPC, INSS
Interview 12		
Edson Defendi	Sept. 23. 2016, Sao Paulo	Accessibility Advisor, Fundação Dorina Nowill
Interview 13		
Marta Gil	Sept. 23. 2016, Sao Paulo	Consultant on Disability Inclusion
Interview 14		
Adriana Dias	Sept. 23. 2016, Sao Paulo	Coordinator Instituto Baresi (Organisation for people with rare diseases)
Interview 15		
Shirley Rodrigues	Sept. 26. 2016, Sao Paulo	Coordinator Grupo Brasil/ AHISMA Educational Association for Multiple Disabilities
Interview 16		
Linamara Rizzo Battistella	Sept. 26. 2016, Sao Paulo	Secretary, State level Secretariat for the Rights of Persons with Disabilities), Government of Sao Paulo.
Interview 17		
Ana Lucia Kassouf	Sept. 27. 2016, Sao Paulo	Professor, University of Sao Paulo
Interview 18		
Regina Atalla	Sept. 27. 2016, Sao Paulo	Vice President, The Latin American Network of Non-Governmental Organisations of Persons with Disabilities and their Families (RIADIS)
Interview 19		
Tatiana Moyano	Sept. 28. 2016, Sao Paulo	Social Services Supervisor, Association for Children with Disabilities (AACD)
Interview 20		
Anderson Almeida Batista	Sept. 28. 2016, Sao Paulo	Social Worker, Brazilian Association of Assistance to People with Visual Impairments (LARAMARA)

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