



Portugal Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

Under the Portuguese Constitution (article 71), the State must promote 'the treatment, rehabilitation and integration of disabled citizens and the provision of support to their families'. In accordance, the 'Disability Act'¹ specifies the domains that should be covered by such policy, including habilitation and rehabilitation, health, social security, education, employment support and vocational training, housing and transportation, and sports and leisure. Since 2015, the political coordination of disability policy rests with the Secretary of State for the Inclusion of Persons with Disabilities, integrated in the Ministry of Labour, Solidarity and Social Security² (MTSSS). Also under the MTSSS jurisdiction is the National Rehabilitation Institute³ (INR), the public institute responsible for planning, executing and coordinating policies directed at persons with disabilities.

The majority of social care and support services (SCSS) are either provided by public institutions or delivered by private organisations, with partial or full public funding. The Network of Social Services and Facilities⁴ (RSES), managed by the MTSSS, comprises the majority of day care, living support, and long-term residential and respite care services. Most of these services (71% of 6500 organisations) are delivered by non-profit organisations, especially Private Social Solidarity Institutions⁵ - IPSS (GEP, 2019a). In 2018, there were 11,500 social care and support facilities integrated in the RSES network, targeting four population groups: Children and youth (mainstream facilities); Children, youth and adults with disabilities; Elderly; Family and Community (not otherwise specified). Support to children, youth and adults with disabilities recorded the largest growth of all groups, doubling the amount of services and facilities between 1998-2018, to a total of around 1,000 SCSS in 2018 (GEP, 2019a). Services included in the RSES network include SCSS aimed at children, youth or adults with any type of disability, and services targeted specifically at adults with psychosocial disabilities. Although most facilities and services supporting persons with psychosocial disabilities are included in the RSES network, some services and facilities are integrated in the National Integrated Continuing Care Network⁷ (RNCCI), as part of a pilot project of extension to the field of mental health, under joint management of the Ministries of Health and the MTSSS⁸.

Other SCSS services fall under different governing bodies. Early childhood intervention is coordinated through joint management of the Ministries of Education, of Health and the MTSSS and delivered through multidisciplinary local intervention teams. Support to students with disabilities in compulsory education is coordinated by the Ministry of Education and provided by the schools, relying on internal resources, sometimes with the support of external services (CRI⁹) or community resources. Funding and coordination of employment support services is managed by the Institute of Employment and Professional Training¹⁰ (IEFP). Support to students with disabilities in higher education, and leisure and social-life support services are less structured, thus presenting greater variation in the type of services, targeting criteria, and coverage. There is no standardised funding scheme for SCSS or information on current waiting lists for each type of service.

¹Law no. 38/2004 from August 18th, 'General basis of the regime of rehabilitation', articles 25, 26, 30-34, 38.

²Ministério do Trabalho, Solidariedade e Segurança Social' – MTSSS.

³Instituto Nacional para a Reabilitação' – INR.

⁴Rede de Equipamentos e Serviços Sociais' – RSES.

⁵Instituições Particulares de Solidariedade Social' – IPSS.

⁶Information and data concerning social care and support services integrated in the RSES network is regularly updated in the Social Charter ('Carta Social'), a digital platform managed by ISS, available at: <http://www.cartasocial.pt/>.

⁷Rede Nacional de Cuidados Continuados Integrados' (RNCCI).

⁸Some of these facilities are similar to institutions for persons with psychosocial disabilities integrated in RSES (supported by Social Security services). In time, most if not all social care and support services for persons with psychosocial disabilities are expected to transition to the RNCCI – Mental Health network.

⁹Centros de Recursos para a Inclusão' – CRI.

¹⁰Instituto do Emprego e Formação Profissional' – IEFP.



Early Childhood Intervention

The National Early Childhood Intervention System (SNIPI)¹¹, created by Decree-Law no. 281/2009¹², provides free early childhood support to children with disabilities, from birth to six years old, with functional limitations that 'hinder participation in typical activities for their respective age and social context' or at risk of severe developmental delay, and to their families.

SNIPI is managed by a national coordination commission and regional coordination subcommissions, under joint responsibility of the Ministries of Health, of Education and the MTSSS, while service provision is local, by multidisciplinary teams¹³, ensuring coverage throughout the country. Health services are responsible for early detection and referral of children in need of early intervention, and for providing adequate clinical support and guidance, through articulation with local intervention teams, primary healthcare facilities and hospitals. Social Security services ensure cooperation with non-profits to hire social service professionals, therapists and psychologists, and to promote access to day care or personal care services. Education services ensure a network of reference schools for early childhood intervention, selected among mainstream education facilities, with teachers qualified in this area. Local teams are responsible for establishing and implementing an Individual Early Intervention Plan (IEIP) for each child in need of early childhood support, and for undertaking 'preventive and rehabilitative activities in the areas of health, education and social support' (Decree-Law no. 281/2009, articles 3 and 4).

In 2018, there were 125 Early Childhood Intervention services nationwide, with an estimated capacity to support 9,331 children (GEP, 2019b), in addition to 145 reference schools for early childhood intervention (DGEEC, 2018). Despite being free of charge and universal, gaps have been identified in this system which compromise its impact. A recent study (Nogueira, 2019) revealed problems in early childhood intervention in Portugal (e.g. lack of access to support, forms of support and schedules that are not adjusted to the needs of the children and their families, lack of qualified human resources and inefficient articulation between health, social security and education services) which compromised the impact of early childhood intervention on the quality of life of children with autism and their families.

Children with disabilities may access a network of mainstream nurseries ('creches') integrated in the RSES that give support to young children, from birth until three years old. In 2015, there were 2,673 nursery facilities, with an estimated capacity to support 117,713 children (GEP, 2019b).

Education Support

Education, in Portugal, is compulsory and free of charge for all children and young people aged 5-18 years-old, from pre-school to 12th grade. A law adopted in 2008 led to the closure of most special education schools and, nowadays, almost all children with disabilities attend mainstream schools (99%, with only 1% enrolled in special education schools), the majority of which from the public network (86%, while 14% attend mainstream private schools, cf. Pinto & Pinto, 2018). A law passed in 2018 reinforced the commitment with inclusive education¹⁴. Under the new legislation, schools have greater autonomy to adapt the curriculum and procedures to respond to the needs of each student, with or without a disability. Following a 'needs' assessment, three levels of support can be activated - 'universal', 'selective' and 'additional'. Universal measures are minor curricular changes, school enrichment activities and other adaptations defined by each school, and made available to all students. Selective measures are put in place when universal adaptations prove insufficient and can include psychoeducational support, differentiated curricular paths, special tutoring and other types of support. Additional measures should be activated to fulfill persistent and severe needs regarding 'communication, interaction, cognition and learning that require specialized resources to support learning and inclusion' (Decree-Law no. 54/2018, article 10). These measures can include significant changes to school curriculum and activities, development of an individual transition plan, special support strategies and methodologies, and autonomy skills training.

¹¹'Sistema Nacional de Intervenção Precoce na Infância' – SNIPI.

¹²Decree-Law no. 281/2009 from October 6th, 'National Early Childhood Intervention System – SNIPI'.

¹³Local Intervention Teams ('*Equipas Locais de Intervenção*' – ELI).

¹⁴Decree-Law no. 54/2018 from July 6th, 'Inclusive Education'.



All schools must assign a multidisciplinary team in charge of supporting inclusive education, including permanent members (e.g. representatives of the school board, coordinators from various levels of teaching, special education teacher, and psychologist), and non-permanent members (e.g. class directors, other teachers and professionals). Support measures are implemented with the help of regular (e.g. teachers, auxiliary staff) and specialized school staff (e.g. special education teachers, psychologists, occupational therapists, physiotherapists and other professionals). Support may also draw on external resources, such as the Inclusion Resource Centres¹⁵ (CRI), and other resources available in the community. Assistive devices to support learning can be prescribed by the Resource Centres for Information and Communication Technologies¹⁶ (CRTIC), linked to the Ministry of Education. In 2018, the budget allocated for these assistive devices was €400,000¹⁷. Reference schools for vision and for bilingual education (including Portuguese sign language), with reinforced human and material resources to address the needs of students with visual and with hearing impairments, are integrated in the public school system. Even if most students with disabilities are included in mainstream schools, concerns remain: the law states that support is provided through the school's resources, but problems related with the lack of human and material resources to support students, particularly the ones with complex and multidimensional educational needs, have been repeatedly reported over the years (Pinto & Pinto, 2017, 2018, 2019). These issues were also raised in a recent public consultation regarding Decree-Law no. 54/2018. This decree already stated that if the school's resources are deemed insufficient to provide the additional support measures defined in the individual intervention plan, a specific request for additional resources could be presented to the Ministry of Education. The amendment, enacted by the Parliament¹⁸, states that the Ministry of Education must provide those additional resources (article 10.8).

Despite some policies designed to increase the number of students with disabilities in higher education in Portugal¹⁹, there is not a unified directive concerning services and practices that should be mobilized to support the inclusion of these students in Higher Education Institutions (HEI). Recent data (Pinto & Pinto, 2018) shows that only half of the HEIs have special regulations and services in place to support students with disabilities, and support to students with disabilities in higher education remains uneven across the country.

Employment Support

Both the Labour Code²⁰ and Law no. 46/2006²¹ prohibit discrimination on the grounds of disability, and there are quotas in place for the employment of persons with disabilities in the public (5%)²² and in the private sector (1-2%)²³. Still, the employment of persons with disabilities in Portugal, in both sectors, remains far below this quota²⁴ (Pinto & Pinto, 2018). To support employment and the professional qualifications of persons with disabilities, Portugal has in place several measures, coordinated by the IEFP²⁵. Persons with all types of disabilities can benefit from specific employment and qualification measures, also called 'professional rehabilitation measures'²⁶ or from mainstream measures, available to any person, in some cases under more favourable conditions. All beneficiaries, with a disability or otherwise, must be registered as unemployed in an official job centre. Eligibility criteria to qualify for employment support measures supported by the IEFP, include permanent and significant limitations in activity and participation

¹⁵'Centros de Recursos para a Inclusão' (CRI).

¹⁶'Centros de Recursos de Tecnologias de Informação e Comunicação' (CRTIC),

¹⁷Order no. 11974-A/2018, from December 10th, 'Funding of assistive devices for 2018'.

¹⁸Law no. 116/2019 from September 13th, 'Amendment to the Inclusive Education law'.

¹⁹For instance, a 2% quota for students with disabilities in higher education, or the possibility to apply for a scholarship that covers the full price of tuition, for students with a certified impairment of 60% or above.

²⁰Law no. 7/2009 from February 12th, 'Labour Code, article 24.

²¹Law no. 46/2006, from August 28th, 'Prohibits and punishes discrimination on the grounds of disability'.

²²Regulated by Decree-Law no. 29/2001 from February 3rd, 'Employment quotas for persons with disabilities, with an incapacity level of 60% or above, in all services and and organisms of central, regional, autonomous and local administration.

²³Regulated by Law no. 4/2019 from January 10th, 'Employment quotas for persons with disabilities, with an incapacity level of 60% or above'. Under the new law, companies with 75-249 workers should employ a minimum of 1% workers with disabilities, and companies with 250 or more workers, at least 2%.

²⁴0,51% in the private sector, and 2,42% in the public sector (Pinto & Pinto, 2018).

²⁵Institute of Employment and Vocational Training ('Instituto do Emprego e Formação Profissional' - IEFP).

²⁶Framed by Decree-Law no. 290/2009 from October 12th, 'Supports to employment of persons with disabilities'.



that, in interaction with environmental barriers, result in continued difficulties in job access, maintenance and progression (Decree-Law no. 290/2009, article 4). Both types of measures (mainstream and specific) are publicly organised by the IEFP, but provided locally, either by local employment support centres managed by the IEFP, centres of joint public and private management ('Centros de Gestão Participada') or by private organisations, who receive public funding, following a tender procedure.

There is a wide offer of employment support and professional training measures supported by the IEFP. Specific measures include 'support to job placement' (including internships, provision of assistive devices and workplace adaptations, and 'socially useful activities' – CEI and CEI+²⁷), 'sheltered employment' (i.e. segregated employment or in the open labour market), and 'diagnosis, orientation and training'. Mainstream measures include employment support, through internships, employment incentives, entrepreneurship support and 'socially useful activities' (see above), in addition to professional qualification measures. This support is free of charge and, depending on the type of measure, beneficiaries may be entitled to travel and food allowance, training grants, a monthly allowance or remuneration. There is no information regarding overall service capacity, but data from 2017 (Pinto & Pinto, 2018) shows that from 33 126 persons with disabilities involved in employment support measures, 82% benefited from specific measures, and only 18% from mainstream activities and services. In the case of mainstream measures, only one quarter (26%) were involved in job placement activities, with the rest being involved in vocational training. Considering only persons with disabilities who benefited from mainstream employment support activities, 66% were involved in 'socially useful activities' (CEI and CEI+)²⁸. Previous research (Pinto et al., 2014; Pinto & Pinto, 2018, 2019) highlighted a number of obstacles that compromise the efficacy of employment support to persons with disabilities in Portugal: funding allocated to these measures, often reliant on European Structural Funds, decreased from 2009 to 2019, despite the steady increase in beneficiaries in the same period (Pinto & Pinto, 2019); bureaucratic barriers hinder access to important measures, such as 'workplace adaptation and removal of architectural barriers' (Pinto & Pinto, 2018, 2019); and attitudinal barriers (e.g. discrimination in recruitment procedures and in the workplace) pose an added challenge to the employment of persons with disabilities (Pinto & Pinto, 2018, 2019; Pinto & Teixeira, 2014).

Day Care

The majority of day care services are provided by local non-profit organisations (IPSS and equivalent organisations) with financial support from the MTSSS. These services are included in the Network of Social Services and Facilities ('Rede de Equipamentos e Serviços Sociais' – RSES). The main services directed at persons with disabilities are Occupational Activity Centres²⁹ (CAO), targeted at persons with severe disabilities, aged 16 or above (ISS, 2019). Adults with psychosocial disabilities can access a similar service, Socio-Occupational Forums³⁰, directed at 'youth and adults with a mild to moderate degree of psychosocial impairment, clinically stable and presenting disfunctions in relational, occupational or social integration areas' (ISS, 2019). Both types of facilities offer social and creative activities designed to promote autonomy, emotional stability and social participation of persons with disabilities who are not working. In 2018, there were 352 CAOs, capable of supporting up to 15 448 persons with disabilities, but only 32 Socio-Occupational Forums, with capacity to support 873 users (GEP, 2019b). Some mainstream day care services integrated in the RSES, such as Day care centres and Community Centres may also be used by persons with disabilities, though no data is available concerning the number of persons with disabilities who access these services. Other day care facilities are integrated in the RNCCI network, including two Socio-Occupational Units³¹ for adults with psychosocial disabilities, capable of supporting up to 55 people, and two Socio-Occupational Units for children and youth³², with 30 places for persons with psychosocial disabilities aged 17 or younger (ASSS, 2019). Access to day care services included in the RSES or the RNCCI network implies payment of a user fee that can be partially or fully supported by public funding on a means-tested basis.

²⁷These include Employment-Insertion Contracts ('Contrato Emprego Inserção' - CEI and 'Contrato Emprego Inserção+' - CEI+), temporary measures (12 months or less) to support employment through involvement in socially useful activities (e.g. work in community organisations).

²⁸'Contrato Emprego Interção' e 'Contrato Emprego Inserção+', temporary measures (12 months or less) to support employment through involvement in socially useful activities (e.g. through community organisations).

²⁹'Centros de Atividades Ocupacionais' – CAO.

³⁰'Fóruns sócio-ocupacionais'.

³¹'Unidade Socio-Ocupacional' – USO.

³²'Unidade Socio-Ocupacional Tipo IA' – USO-IA.



Living Support

Persons with disabilities living in non-residential settings can receive support from local home care services³³ included in the RSES, including personal care and hygiene, meal services, home assistance and adaptations, and other forms of living support. These services are targeted at persons 'in a situation of physical and or psychological dependence, who cannot ensure (...) the fulfilment of their basic needs and instrumental activities of daily life' and do not have family support to address these needs (ISS, 2019). As of 2018, there were 33 home care services specifically targeted at persons with disabilities, capable of offering support to 1 104 persons. Elderly disabled people may also benefit from a network of 2678 home care services directed at older people, with an overall capacity of supporting 110 663 persons (GEP, 2019b). Home care services integrated in the RNCCI – Mental Health network, still in its early stages, can provide support 24 persons with psychosocial disabilities referred by health and mental health services (ASSS, 2019). These services imply payment of a user fee that can be partially or fully covered by public funding on a means-tested basis.

The RSES network includes different types of residential services designed to support autonomy and independent living, managed by local non-profit organisations (IPSS and equivalent organisations) with financial support from the MTSSS. Persons with any type of disability aged 18 or older that, with adequate support, can live an autonomous life³⁴, can have access to Autonomous Homes³⁵, small residential units of up to five people. The RSES network includes 61 autonomous homes with 399 places (GEP, 2019b). This network also includes facilities specifically targeted at adults with psychosocial disabilities: Protected Life Units³⁶, aimed at adults with severe psychosocial disabilities, clinically stable, and in need of autonomy training and Autonomous Life Units³⁷, targeted at adults with severe psychosocial disabilities, clinically stable, without other satisfactory residential options, but autonomous and capable of integrating vocational training, employment in the labour market or sheltered employment. The RSES network has 17 Protected Life Units, with a total of 99 places, three Supported Life Units (with 70 places), and five Autonomous Life Units, capable of hosting up to 34 persons with psychosocial disabilities (GEP, 2019b).

The RNCCI network includes two types of facilities with specialized staff and activities designed to provide autonomy training to persons with psychosocial disabilities. These include Autonomy Training Homes³⁸ that provide autonomy and other basic skills training for persons with mild to moderate psychosocial disabilities, for a period no longer than 12 months. There are currently two facilities for youth, capable of hosting up to 18 adolescents, aged 11-17, and two for adults (18 or older), capable of offering support to 19 people. Also part of the RNCCI network are Autonomous Homes³⁹ targeted at adults with mild psychosocial disabilities, without adequate family support and in need of supervision in daily activities, but capable of interacting and living in group and in close proximity to the community. There are currently two autonomous homes, capable of hosting up to 27 people. Access to services included in the RSES or in the RNCCI network usually implies payment of a user fee, partially or fully supported by public funding on a means-tested basis.

Important innovations in living support to persons with disabilities are being introduced. Recent legislation⁴⁰ set-up the Independent Living Support Scheme⁴¹ (MAVI). Launched as a pilot programme, funded by European Structural Funds, the MAVI funds 27 Independent Living Support Centres⁴² (CAVI), locally managed by non-profit organisations (INR, 2019). These centres are currently in different stages of implementation. Still, there is a degree of uncertainty regarding the development of the MAVI after the three-year pilot phase. Also, concerns over the limitations in the number of daily hours of personal assistance offered by the MAVI have been raised, deemed by some insufficient to respond to the needs of persons with severe and continued

³³'Serviços de Apoio Domiciliário'.

³⁴Ordinance no. 59/2015 from March 2nd.

³⁵Residências Autónomas'.

³⁶'Unidades de Vida Protegida'.

³⁷'Unidades de Vida Autónoma'.

³⁸'Residências de Treino de Autonomia' – RTA.

³⁹'Residências Autónomas' – RA.

⁴⁰Decree-Law n. 129/2017, from October 9th, 'Independent Living Support Scheme'.

⁴¹'Modelo de Apoio à Vida Independente' - MAVI.

⁴²'Centros de Apoio à Vida Independente' – CAVI.



need of assistance. The Lisbon Municipality has also launched a pilot project of support to independent living, developed in partnership with the Centre for Independent Living ('Centro de Vida Independente' – CVI Lisboa).

Persons with disabilities may also be entitled to assistive devices, prescribed by social security or health services. The budget for assistive devices prescribed by social security services and primary health care units is € 4.8MN and € 7MN for assistive devices prescribed by hospitals⁴³.

Long-term Institutional Care and Respite Care

Adults with disabilities can access long-term institutional care facilities delivered locally by non-profit organisations with financial support from the MTSSS, integrated in the RSES network. These include Residential Homes⁴⁴, units of up to 30 people, targeted at persons with all types of disabilities aged 16 or older. There are currently 273 residential homes, with an estimated capacity of hosting up to 6 660 persons with disabilities (GEP, 2019b). Children and youth with disabilities in need of temporary shelter away from their families or other residential settings, may access a network of 18 Support Homes⁴⁵, with an overall capacity of 267 places (GEP, 2019b). Persons with psychosocial disabilities can access Supported Life Units, long-term institutional facilities aimed at adults with severe and chronic psychosocial disabilities, considered unable to organise their daily tasks without support, but with no need of frequent medical care. The RSES network has three Supported Life Units, with 70 places (GEP, 2019b). Persons with disabilities may be institutionalized in Elder Residential Care facilities, for lack of better options, but statistics concerning the number of people with disabilities institutionalized in these facilities are not available.

Other long-term institutional care facilities for persons with psychosocial disabilities are integrated in RNCCI⁴⁷. These include Moderate Support Homes⁴⁸ (RAMo) targeted at adults with moderate psychosocial disabilities, and Maximum Support Home⁴⁹ (RAMa), directed at adults with severe disabilities. The RNCCI network includes two moderate support facilities, with an overall capacity for 24 people, and two maximum support facilities, with 48 places (ASSS, 2019). As in the case of the previous services, access to residential facilities included in the RSES or RNCCI network usually implies payment of a user fee, which can be partially or fully supported by the RNCCI on a means-tested basis.

Respite care services to support persons with disabilities in Portugal are lacking. A recent bill concerning support to informal caregivers, foresees the possibility of short-term institutionalization in Residential Care facilities, during holidays or rest of the caregiver. This respite care is to be locally provided by SCSS managed by private non-profit organisations included in the RNCCI network, for up to 45 days a year. Still, financial concerns have been raised that can deter service providers from opening places for respite care: since service capacity is limited (e.g. to 24 users, in the case of RAMo and RAMa facilities) and public funding depends on the number of effective users, service providers, already faces with significant financial constraints, since public funding is limited, beneficiaries tend to have very low incomes and are therefore unable to support the additional costs, and other sources of funding (e.g. private donations) tend to be residual in Portugal, this can deter service providers from allocating specific places for respite care⁵⁰.

⁴⁴'Lares Residenciais'.

⁴⁵'Lares de Apoio'.

⁴⁶'Unidades de Vida Apoiada'.

⁴⁷Some of these facilities are similar to institutions for persons with psychosocial disabilities integrated in RSES (supported by Social Security services). In time, most if not all social care and support services for persons with psychosocial disabilities are expected to be integrated in the National Integrated Continuing Care Network (RNCCI).

⁴⁸'Residências de Apoio Moderado' – RAMo.

⁴⁹'Residências de Apoio Máximo' – RAMa.

⁵⁰Interview conducted with Leonarda Silva, Chief Technical Officer at ASMAL (Associação de Saúde Mental do Algarve/Algarve Mental Health Association).



Leisure and Social-Life Support

Under the 'Disability Act', measures to promote the access of persons with disabilities to sports and leisure should be promoted. Still, the offer of leisure and social-life support services for persons with disabilities is less structured, resulting in uneven practices and coverage throughout the country.

There is a lack of information regarding disability-inclusive mainstream sports facilities and activities. The National Federation of Sport for Persons with Disabilities ('Federação Portuguesa de Desporto para Pessoas com Deficiência – FPDD) provides information, training and support to promote adaptive sports for persons with visual, intellectual, hearing or physical disabilities⁵¹ nationwide.

Culture Access ('Acesso Cultura') is a private non-profit organisation that promotes knowledge sharing, training, and technical consultation regarding accessibility in cultural equipments and activities. It also promotes a digital guide with accessible cultural events throughout the country⁵². Other initiatives to support leisure and social participation of persons with disabilities are developed by disabled people's organisations (DPOs), municipalities, sports clubs, and other organisations.

Apart from obstacles related to access to sports and cultural activities, general accessibility barriers and lack of accessible transportation may pose an added barrier to social participation of persons with disabilities in Portugal (Pinto & Pinto, 2017, 2018).

FUTURE TRENDS

Important changes are being introduced in SCSS for persons with disabilities in Portugal. The Independent Living Support Scheme (MAVI) is still in its early stages. It will be important to follow-up on the pilot project's monitoring and evaluation, and some uncertainties remain, concerning plans for programme expansion and funding sources, since the pilot phase of the programme was funded mainly by European Structural Funds. There is currently a tension between more 'traditional' SCSS, such as occupational care centres or residential homes on which the government is still investing, and services which aim to promote greater autonomy and social participation, more attuned with a rights-based approach to disability, such as autonomous homes, independent living support schemes, or support to employment in the open labour markets, measures which are attracting increasing attention. It will be important to follow-up on the development of these services, and to check if they affect other more traditional SCSS⁵³.

Transition of support services to persons with psychosocial disabilities from social security (RSES network) to joint coordination by health and social security administrations, through the continuing care network (RNCCI), is another trend to lookout for. The pilot programme of extension of the RNCCI to mental health has known some challenges (e.g. very demanding requirements in terms of the physical facilities of services included in the RNCCI which have dissuaded some service-providers from transitioning to the new network; bureaucratic adjustments concerning articulation between social security and health administrations), thus delaying the development of the RNCCI – Mental Health network⁵⁴. Since no new permits are being issued for services included in the RSES network, concerns regarding service capacity for persons with psychosocial disabilities remain.

⁵¹More information available at: <http://fpdd.org/>

⁵²'Cultura Acessível', available at: <https://www.cultura-acessivel.pt/>.

⁵³Interview conducted with Paula Campos Pinto, President of the National Mechanism for Monitoring the Implementation of the Convention on the Rights of Persons with Disabilities (Me-CRPD) and Coordinator of the Disability and Human Rights Observatory (ODDH, ISCSP/ULisboa).

⁵⁴Interview conducted with Leonarda Silva, Chief Technical Officer at ASMAL (Associação de Saúde Mental do Algarve/Algarve Mental Health Association).



CONDUCTED INTERVIEWS

- Paula Campos Pinto, President of the National Mechanism for Monitoring the Implementation of the Convention on the Rights of Persons with Disabilities (Me-CRPD); Coordinator of the Disability and Human Rights Observatory (ODDH, ISCSP/ULisboa).
- Leonarda Silva, Chief Technical Officer at ASMAL ('Associação de Saúde Mental do Algarve'/Algarve Mental Health Association).

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Legislation

- Decree-Law no. 29/2001 from February 3rd, 'Employment quotas for persons with disabilities, with an incapacity level of 60% or above, in all services and and organisms of central, regional, autonomous and local administration'.
- Law no. 38/2004 from August 18th, 'General basis of the regime of rehabilitation'.
- Law no. 46/2006, from August 28th, 'Prohibits and punishes discrimination on the grounds of disability'.
- Law no. 7/2009 from February 12th, 'Labour Code'.
- Decree-Law no. 281/2009 from October 6th, 'National Early Childhood Intervention System – SNIPI'.
- Decree-Law no. 290/2009 from October 12th, 'Supports to employment of persons with disabilities'.
- Ordinance no. 59/2015 from March 2nd, 'Sets the conditions for residential facilities, namely residential homes and autonomous homes'.
- Decree-Law n. 129/2017, from October 9th, 'Independent Living Support Scheme'
- Decree-Law no. 54/2018 from July 6th, 'Inclusive Education'.
- Law no. 4/2019 from January 10th, 'Employment quotas for persons with disabilities, with an incapacity level of 60% or above'.
- Order 11974-A/2018, from December 10th, 'Funding of assistive devices for 2018'.
- Law no. 116/2019, from September 13th, 'Amendment to the Inclusive Education law'.

Acronyms

- CAO – 'Centros de Atividades Ocupacionais' (Occupational Activity Centres)
- CAVI – 'Centros de Apoio à Vida Independente' (Independent Living Support Centres)
- CEI - 'Contrato Emprego Inserção' (Employment-Insertion Contracts)
- CRI – 'Centros de Recursos para a Inclusão' (Inclusion Resource Centres)
- CRTIC – 'Centros de Recursos de Tecnologias de Informação e Comunicação' (Resource Centres for Information and Communication Technologies)
- ELI – 'Equipas Locais de Intervenção' (Local Intervention Teams)
- IEFP – 'Instituto do Emprego e Formação Profissional' (Institute of Employment and Vocational Training)
- INR – 'Instituto Nacional para a Reabilitação' (National Rehabilitation Institute)
- IPSS – 'Instituições Particulares de Solidariedade Social' (Private Social Solidarity Institutions)
- MAVI – 'Modelo de Apoio à Vida Independente' (Independent Living Support Scheme)
- MTSSS – 'Ministério do Trabalho, Solidariedade e Segurança Social' (Ministry of Labor, Solidarity and Social Security).
- RAMa - 'Residências de Apoio Máximo' (Maximum Support Homes)
- RAMo - 'Residências de Apoio Moderado' (Moderate Support Homes)
- RNCCI – 'Rede Nacional de Cuidados Continuados Integrados' (National Integrated Continuing Care Network)
- RSES – 'Rede de Equipamentos e Serviços Sociais' (Network of Social Services and Facilities)
- SCSS – Social Care and Support Services
- SNIPI – 'Sistema Nacional de Intervenção Precoce na Infância' (National Early Childhood Intervention System)



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