

# Social Protection for the Inclusion of People with Disabilities

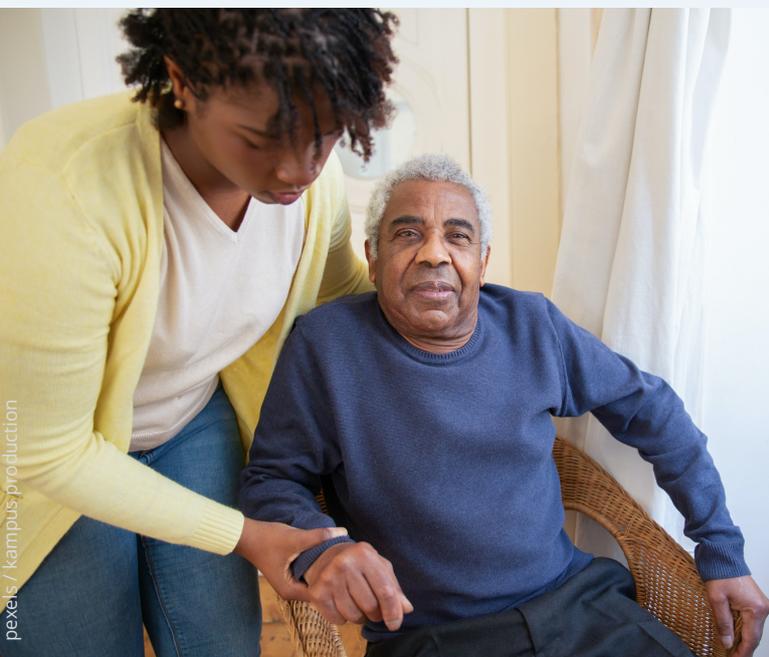


## Why does social protection matter for people with disabilities?

People with disabilities are at greater risk of poverty, social exclusion and deprivation throughout the life cycle. This is because they face more barriers – e.g. attitudinal, institutional, informational, physical and legal barriers – and they often lack access to required support services, personal assistants and health services to fully participate in social, economic, cultural and political life.

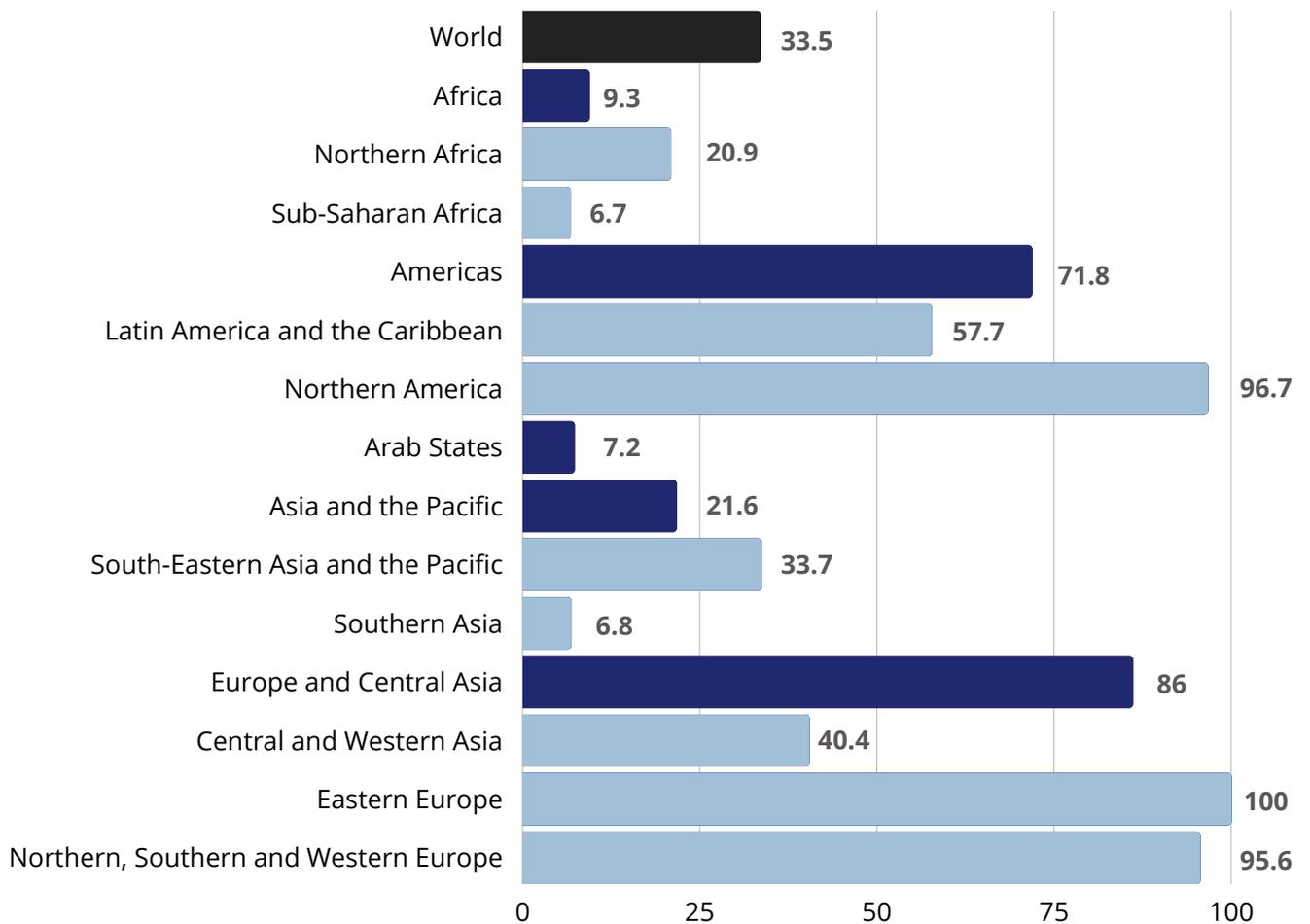
Social protection has a critical role to play in ensuring their wellbeing as well as to support their inclusion in society. Yet, only one out of three people with a severe disability are estimated to receive a disability cash benefit, with significant regional variation ranging from 85% in high-income countries and 8-11% in low and lower-middle income countries ([ILO 2021](#)).

In addition to the low coverage of the population, the low levels of the benefits and insufficient provision of support services and care are of concern, as shown by the greater likelihood for people with disabilities to experience multiple deprivations ([UNICEF 2021](#)).

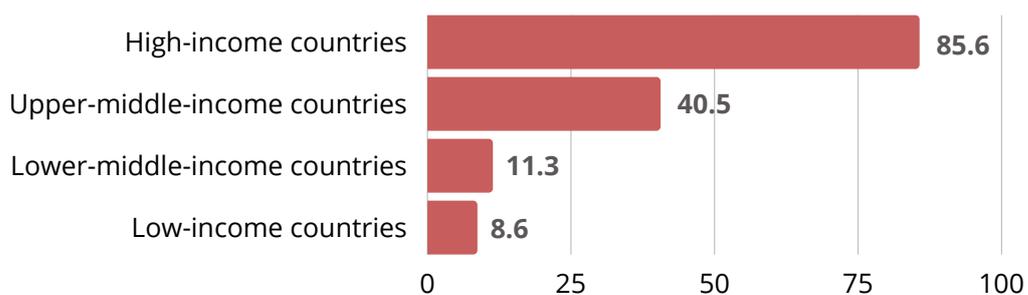


## Percentage of persons with severe disabilities receiving cash benefits

By region and subregion (%)



By income level (%)



2020 or latest available year.

Source: ILO, World Social Protection Database, based on the SSI; ILOSTAT; national sources.

## What functions do social protection systems need to fulfill for people with disabilities?

Social protection systems need to provide adequate support for all members of society against life cycle risks such as maternity, unemployment, sickness and old age. Moreover, social protection systems need to cover the disability-related extra costs and support needs that people with disabilities face at all ages.

### An effective multi-layered social protection system for persons with disabilities requires:



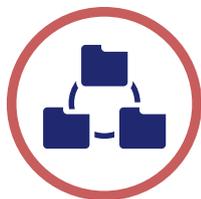
Cash benefits that ensure a minimum level of **income security** in the context of barriers to paid work, provided by a mix of disability-specific and mainstream schemes;



A blend of cash benefits as well as care and support services addressing and compensating for **disability-related extra costs across the life cycle**, items such as assistive devices, specialised transport, personal assistance and care;



**Universal health care coverage** which addresses specific health needs of persons with disabilities;



**Interlinkages** between social protection schemes and the provision of other relevant services such as education, early childhood development and economic empowerment.

## Examples of key schemes across the life-cycle

FUNCTION ⇓	 <b>Childhood</b> ⇓	 <b>Working age</b> ⇓	 <b>Old age</b> ⇓	TYPE OF SCHEME ⇓
 <b>Health care</b>	<b>Universal health care coverage</b> , including rehabilitation and assistive technology			<b>In-kind benefits and services</b>
 <b>Disability-related extra costs</b>	<b>Concessions</b> (subsidised public transport, utilities, tax exemptions)			
	<b>Support services</b> (community support services, personal assistance schemes, interpreters, counselling, respite care, long term care)			
	<b>Third person support / caregiver benefits</b>			
 <b>Income security</b>	<b>Child disability benefits</b>	<b>Disability support allowance</b>		<b>Cash benefits</b>
	Child/ family benefits (unemployment, maternity, sickness, benefits for parents and caregivers)	<b>Disability income replacement benefits or pension</b>	Old age pensions	
	General social assistance	Unemployment, maternity, sickness benefits		



Linkages with other areas: employment services, inclusive education, active labour market policies etc.



Disability-specific cash benefits



Mainstream cash benefits (with possible categorical approach to people with disabilities)

# How can social protection systems be made inclusive and support inclusion?

## 1 Design issues

Only when fulfilling all four functions: income security, coverage of disability-related extra cost and ensuring access to health care and other needed services will the social protection system really support the inclusion of people with disabilities.

In addition, the delivery system of schemes also need to be easily accessible in their design and in practice. Disability-inclusive design and delivery aspects include:

### Inclusive design of the eligibility criteria

Basic income security schemes are usually means tested but disability-related support aimed at addressing additional costs and needs should move away from narrow poverty targeting. They also often focus exclusively on severe disabilities and an alleged incapacity to work which can lead to exclusion. Instead, social protection systems should move progressively towards universal disability support. This can be achieved through a combination of categorical schemes and by making benefits **compatible with work** and other social protection benefits.

Countries such as Fiji, Georgia, Mauritius, Namibia and Thailand, among others, have universal disability benefits in place that are compatible with work and sometimes with other income support schemes.

As a first step, some countries – like Egypt or Zambia – have adapted eligibility thresholds and/or the value of their social assistance schemes to take into consideration disability-related extra costs. Other countries such as North Macedonia have excluded disability benefits from the means test for their social assistance scheme.

### **Inclusive design of benefit levels**

In many countries, people with disabilities access mainstream social assistance or disability specific cash transfers with a flat rate benefit not designed in line with needs. Some countries make efforts to set **benefit levels in line with the diversity of needs** among people with disabilities. For example, Nepal's disability card provides access to different levels of benefits, and Argentina or Serbia's Child Allowance provide higher benefit levels for children with disabilities.

## Combining cash transfers, health care, support and other services

In complementarity to cash transfers, it is critical to ensure **community support, health and care services and personal assistance** are available, affordable and of adequate quality. This is key for independent living and also to reduce the **unpaid care** burden for other household members. As most care givers are women, this has a strong **gender implication** as well. It is often women who leave the labour market to take care of household members with disabilities in the absence of other services and support structures. Some countries like Kyrgyzstan or Uzbekistan provide care giver allowances to caring family members of people with disabilities. In addition, **active labour market policies and rehabilitation services** also should facilitate access to the labour market for people with disabilities in working age.

## Inclusive data systems

Building **disability registries** and inclusive information systems is a key pillar of the social protection system. These can provide a gateway to a range of disability-specific and mainstream social protection benefits and services, facilitate case management and policy planning, and enable the expansion of social protection in times of crisis.

## **Inclusive delivery systems**

Increasing the **accessibility** of both disability and mainstream social protection schemes requires adequate training, accessible information and communication channels, data disaggregation, development of minimum service standards, implementation of disability-inclusive registration and payment processes, well-functioning complaints and appeals mechanisms and appropriate management and organisational processes.

## **Inclusion of people with disabilities and Organisations of Persons with Disabilities (OPDs)**

**The active involvement of people with disabilities** themselves and their representative organisations in the policy formulation, design, and implementation of social protection systems, including during times of crisis is key to ensure that social protection schemes are designed to respond to the circumstances faced by persons with disabilities. OPDs are also key partners in the implementation, for example, and have been working with the Government in many countries to identify people with disabilities or to ensure the design of a disability allowance meets the needs of people with disabilities or to ensure the scheme works towards economic inclusion.

# 2

## Data issues

One key issue countries face in planning for the adequate design and delivery of needed social protection benefits and services for people with disability is the lack of information regarding the prevalence, severity and type of impairments among the population, regarding the support needs and barriers they experience in relation to their environment and regarding the disability related extra costs they face to meet the needs and overcome the barriers.

### Prevalence, severity and type of disability

The preferred tool for inclusion in national statistical surveys is the Washington Group short set, short set enhanced or extended set of questions as well as a child functioning module.

➔ [www.washingtongroup-disability.com](http://www.washingtongroup-disability.com)

### Barriers, support needs and extra costs

Information on barriers, support needs and disability extra costs requires separate data collection efforts. It is more difficult to obtain because of the volume of data needed and the complexity of the method. In addition to collecting the data, it also needs to be systematically included when carrying out socioeconomic analysis.

# 3

## Disability assessment and determination

Aggregate disability data is important at the systems level to plan for budget allocations and policy planning. At the scheme level, administrations also need to collect data on disability status and support needs. More importantly, schemes and programmes targeting people with disabilities need to determine and assess disability status to decide on eligibility.

In many countries, assessments still follow a medical model that is focused solely only on a person's impairments, and not taking into account sufficiently the diverse barriers faced or support needs in terms of devices and services. Also, medical assessments are often not easily accessible, including due to a lack of qualified health professionals.

The challenge lies in developing assessment mechanisms that are easily accessible and low-cost while at the same time accurate and trusted by the population. Some countries like Fiji or Viet Nam are carrying out innovative assessments at the community level with simple assessment tools and the possibility of referrals to reduce the costs to people with disabilities of accessing the system.



There is a tendency to list people with disabilities among a list of other vulnerable groups. However, it is important to recognize that disability, like gender, is an issue that cuts across all groups:



Therefore, all social policies should take into consideration disabilities (and gender) and related intersecting vulnerabilities.

## Further information and support

Recognizing the difficulties in performing the paradigm shift initiated through the Convention on the Rights of Person with Disabilities – and the important role that social protection systems play for inclusion, the development community has in recent years stepped up its efforts to support countries in building social protection systems that are both inclusive and work for the inclusion of people with disabilities, as reflected in the 2019 [Joint Statement: Towards inclusive social protection systems supporting the full and effective participation of persons with disabilities.](#)

Following the Joint Statement, between 2019-2022, with financing from UNPRPD, the ILO, UNICEF, IDA and other partners have implemented the programme “Towards inclusive Social Protection Systems to Advance the Rights of Persons with Disabilities” to strengthen evidence, build capacities and engage with organisations of people with disabilities for this endeavour. Information on the evidence, communication materials and training courses are available on [bit.ly/socialprotection-disability](https://bit.ly/socialprotection-disability).



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