Access to the labour market and social protection for people with disabilities

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Metapaper

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About SOCIEUX+

SOCIEUX+ EU Expertise on Social Protection, Labour and Employment is a technical cooperation facility set-up and co-funded by the European Union, France, Belgium, and Spain. It is implemented by a partnership composed of Expertise France, leader of the partnership, the Belgian Federal Public Service for Social Security (FPS Social Security) through the Belgian International Cooperation on Social Protection (BELINCOSOC), the Belgian Technical Cooperation Agency (Enabel) and the Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas (FIIAPP).

The Facility aims to expand and improve access to better employment opportunities and inclusive social protection systems in EU partner countries by drawing expertise by EU Member States. Additionally, SOCIEUX+ focuses on strengthening partner countries' capacities to better design, manage, and monitor inclusive, effective, and sustainable employment strategies as well as social protection systems through peer-to-peer, short-term technical cooperation and knowledge development.

This report is part of the SOCIEUX+ Metapapers series, which analyses and showcases key themes related to social protection and decent employment. These reports synthesize complex information gathered through SOCIEUX+ technical cooperation activities and aim to provide insights on the outcomes and impacts of the interventions. The goal is to share good practices and actionable knowledge that can inform and inspire policymakers and stakeholders across the globe.

For more information about SOCIEUX+, visit www.socieux.eu.

1. Introduction

Across the globe, around 1.3 billion of people experience significant disability. This figure has grown over the last decade and projections suggest that it will continue to rise due to several factors, including population growth.

Studies and data have shown how individuals with disabilities are more likely to face persistent disadvantage in all aspects of society, but notable when it comes to labour market participation or social protection. Unfortunately, despite policymaker's awareness, the situation has not significantly improved since the United Nations Committee on the Rights of Persons with Disabilities (UN CRPD) has regularly raised concerns about the high unemployment rates of people with disabilities in the European Union but also countries which have ratified the CRPD. However, rights of people with disabilities to work and fully participate in society are enshrined in the UN CRPD, which has been ratified by all EU Member States as well as by non-EU countries.

The European Union promotes the active inclusion and participation of persons with disabilities in all areas of society. The EU ratified the UN Convention on the Rights of Persons with Disabilities (UN CRPD), committing to systematically consider the rights of persons with disabilities in all its aspects. The UN CRPD is the first legally binding international document to address disability as a human rights issue, rather than a medical, charity, or social welfare issue (De Norre & Cabus, 2020). In line with this, the European Commission launched the "European Disability Strategy 2021-2030" in 2021. The strategy has seven priorities covering all aspects of the life of people with disabilities: accessibility of goods and services, enjoying EU rights, decent quality of life and living independently, equal access and non-discrimination, promoting the rights of persons with disability globally, efficiently delivering the Strategy, and leading by example. This strategy aims to promote the rights of persons with disabilities globally and not only at the EU level. Among other things, through this strategy, the EU aims at continuing to deliver humanitarian aid and protection based on needs among partner countries, in accordance with the humanitarian principals.

This incentivisation to improve labour market participation and social protection of individuals with disability goes beyond the European Union and the UN CRPD. Indeed, other continents have developed strategies and urge countries to tackle these challenges of social protection and labour market participation. It is, among other things, the case of the African Charter on Human and Peoples' Rights. Indeed, countries all around the globe seem to face this common challenge of providing social protection and a right to labour market participation to individuals with disabilities. This is also the case in developing countries in which individuals seem even more excluded from these rights.

This metapaper aims to give a concise and up-to-date overview of relevant insights for policymakers and their advisers who are confronted with the challenge

of promoting the participation of people with disabilities to labour market and society, based on the experience of developing countries and projects funded under the SOCIEUX+ facility in those countries.

In a first section we will give an overview of the theoretical perspectives and political concepts surrounding the issue of disability. In a second section we will address the current context, based on recent data about disability in Europe and across the globe. In a third section we will address how policymakers can facilitate and promote the participation of people with disabilities in the labour market. In a fourth section we will address how policymakers can facilitate and promote the access to social protection of people with disabilities. Throughout the report, we will also present good practices in different regions of the world.

2. Theoretical perspectives and political concepts: General definition of disability and the different types of disability

This chapter sets out the theoretical framework. It addresses the concepts and notions that are central to a proper understanding of the issues addressed in the report.

The meaning of "disability" has shifted with changes in public policy. In previous times, disability was mostly medically defined, with a narrow determination of disability, seeing it as an impairment or disease. But with the rising importance of universal civil rights, more social definitions, such as the definition of the World Health Organisation (WHO), have come into place[1], that include the contextual factors of the individual in defining disability.

2.1. Concept of disability

The **UN Convention on the Rights of Persons with Disabilities** uses "persons with disabilities" as an umbrella term which includes "those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others"[2]. This is therefore not a strict definition but rather a concept approaching disability as a dynamic and evolving reality. This approach to disability allows for a more flexible and inclusive understanding of disability, acknowledging that there can be large differences in the effects of a person's disability on life quality, depending not only on the severity and type of the disability, but also on the social and economic context the person with a disability lives in (*cf. infra*).

The **World Health Organisation (WHO)** International Classification of Functioning, Disability and Health follows this approach by using "disabilities" as a term referring to impairments, activity limitations, and participation restrictions. Disability, therefore, is a complex phenomenon involving interaction between a person's body and the society in which they live[3]. This conceptualisation goes beyond the mere medical definition of disability, but considers disability within a social model. Compared to the human rights model, the social model puts the emphasis on barriers in society for people with disabilities.

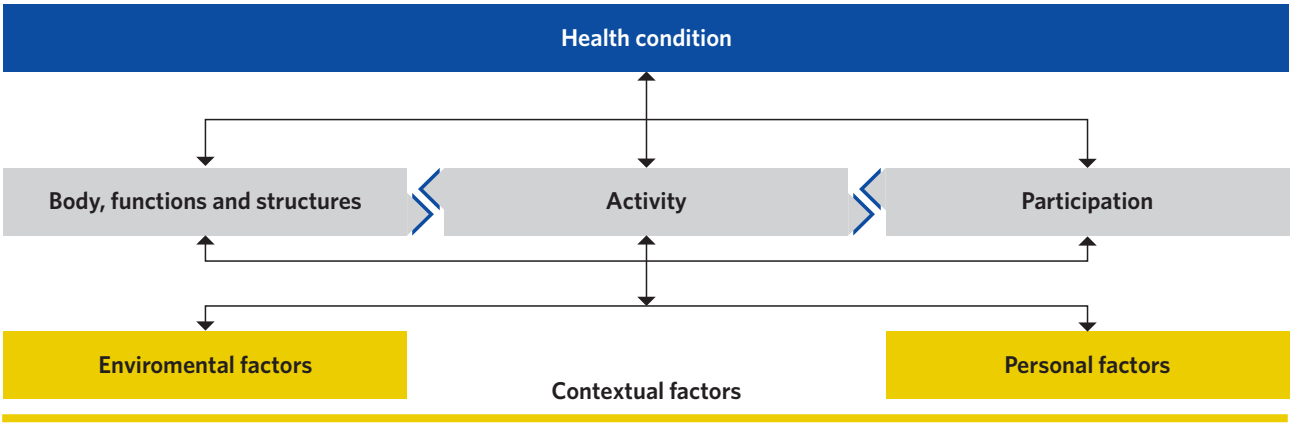
The **International Classification of Functioning, Disability and Health (ICF)** of the WHO conceptualises a person's level of functioning as a dynamic interaction between her or his health conditions, environmental factors, social and attitudinal environment and personal factors. It puts emphasis on the context, rather than solely the individual person. Hence, according to the ICF, disability and functioning are

1 Francis, L. P., & Silvers, A. (2016). Perspectives on the meaning of "Disability". *AMA journal of ethics*, 18(10), 1025–1033. https://doi.org/10.1001/journalofethics.2016.18.10.pfor2-1610

2 *Persons with disabilities.* Employment, Social Affairs & Inclusion - European Commission. https://ec.europa.eu/social/main.jsp?catId=1137#:~:text=Principle%2017%20of%20the%20European,environment%20adapted%20to%20their%20needs..

3 World Health Organization: WHO. (2020). Disability. www.who.int. http://www.who.int/topics/disabilities/en/

Figure 1: Visualisation of the disability model of the International Classification of Functioning, Disability and Health (ICF)



Source: Classification internationale du fonctionnement, du handicap et de la santé.

outcomes of interactions between health conditions and contextual factors. The model implies that disability is multidimensional. This approach gives a broad perspective of disability and allows for the examination of external influences on functioning and disability. According to the ICF, there are three dimensions that conceptualise the multidimensionality of the ICF model[4]:

- Impairment in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss.
- Activity limitation, such as difficulty seeing, hearing, walking, or problem-solving.
- Participation restrictions in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and support services.

The figure 1 illustrates the multidimensionality of the ICF model, as an interaction between an individual and environment. Of course, these different domains of functioning in society are also influenced by the other characteristics a person has and the ecological context a person lives in. A person with a disability can experience difficulties in life because of other factors (origin, age, gender, etc.) and these intersecting factors may exacerbate health inequities. **Intersectionality** describes the ways that systems of power and oppression (e.g., racism, sexism) interact to form an individual's unique experience.

The WHO has even established a practical, generic assessment instrument, the **World Health Organization Disability Assessment Schedule (WHO-DAS)** that measures the degree of a person's disability, based on the logic behind the ICF. The WHO assessment captures the level of functioning in

4 *International Classification of Functioning, Disability and Health (ICF).* https://www.who.int/classifications/international-classification-of-functioning-disability-and-health

society, in six domains of life as a result of the disability[5]:

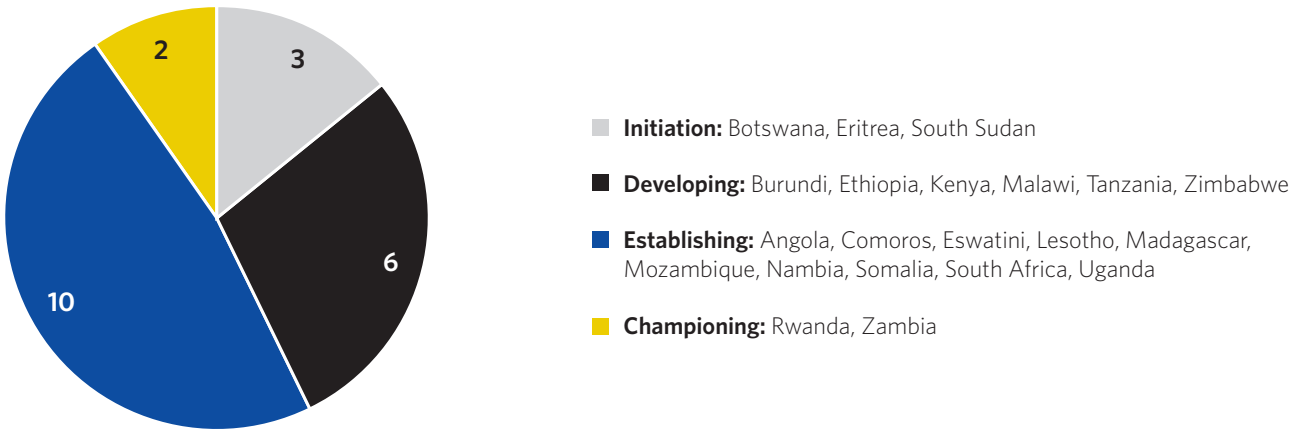
- Cognition: understanding and communicating;
- Mobility: moving and getting around;
- Self-care: attending to one's hygiene, dressing, eating and staying alone;
- Getting along: interacting with other people;
- Life activities: domestic responsibilities, leisure, work and school;
- Participation: joining in community activities, participating in society.

Many of these more contextual and social definitions of disability, such as the human rights model and the social model (ICF definition of disability), are rather new and not fully implemented in many states. Many countries are still in **transition**, from using a more medical approach to a more holistic approach.

The figure below shows this transition for the Eastern and Southern Africa region from a definition based on a medical model towards a social/human rights model, that is rights-based and more inclusive. They conclude that, as some countries, these countries are still initiating or developing these new definitions. In the region, ten countries are already establishing the new definition (implementation is ongoing, but the scale is limited) and two are even championing (the new definition is institutionalized through policies and implemented widely). These countries are namely Rwanda and Zambia. This shows that the conceptualisation of disability is evolving in Eastern and Southern Africa.

The box on next page shows how in Mongolia, the transition away from the medical model of disability takes time. Thanks to experts from SOCIEUX+, the local staff responsible for public policies for social inclusion was trained and gained knowledge concerning

Figure 2: Progress of Eastern and Southern African countries in conceptualizing disability



Source: Grimes *et al*. (2023), p.27.

5 World Health Organization, (2010), Measuring Health and Disability: Manual for WHO Disability Assessment Schedule (WHODAS 2.0) / edited by TB Üstün, N Kostanjsek, S Chatterji, J Rehm.

the Human Rights-Based Approach to disability and the ICF model, but that Mongolia's overall approach to disability still predominantly maintains a medical approach. Section 5 (*cf. infra*) shows different projects as well where SOCIEUX+ assisted countries with the application of the ICF model, as a best practice to define disability, and link services to this definition.

Methodology for the development program for people with disabilities and their families in Mongolia

Project

Technical assistance was provided by SOCIEUX+ experts to the creation of a new General Authority for Development of persons with disabilities "and to the knowledge building of the new staff of this facility". There was a peer-to-peer activity focused on comparing European and Mongolian disability-related policies, focusing on the principles of the UN Convention on the Rights of Persons with Disabilities (CRPD). There was also an online training, about social protection measures for persons with disabilities (social services, public benefits, ICF methods...), awareness raising and non-discrimination strategies. The last activity built a methodology on how to develop an action plan for persons with disabilities and their families and examples of potential actions and services inspired by EU best practices on social inclusion and independent living.

Impact

The staff of the General Authority has now a better understanding of disability-inclusive social protection and is better equipped to draft policies for people with disabilities and their families. However, Mongolia's overall approach to disability still mainly consists of a medical approach.

Source: Database of SOCIEUX + (Project 2022-12).

2.2. Different types of disability

The previous section pointed out that a disability cannot just be defined as an individual condition, according to the social model of disability. Nevertheless, it is necessary to understand disability from a medical point of view, and depict the standard typology of disabilities. In general, disabilities can be divided into four categories[6]:

- Physical: A physical disability is a condition that impacts a person's physical abilities, stamina, mobility, etc.
- Developmental: A developmental disability refers to conditions that occur during childhood years, as they affect a person's ability to develop in the same way as others. They impact a person's ability to learn, impact their language, or initiate behavioural difficulties within a person.
- Behavioural or Emotional: Behavioural disorders include anxiety disorders, dissociative disorders, disruptive or impulsive behaviours, and pervasive developmental disorders. Emotional disabilities are a type of behavioural disability, explained by the fact that one's emotions often influence one's actions.
- Sensory Impaired: This type of disability is quite self-explanatory as it relates to the senses: hearing, smell, taste, touch and sight. If a person has a sensory disability, this means that the senses are no longer at the usual levels that others experience.

2.3. Integration and inclusion: definitions, differences and illustrations

With **integration**, it is up to the person with a disability to adapt or re-adapt to society through specialized structures which aim at restoring or compensating for their failing functions – whether physical, mental or intellectual. or sensory. Society as a whole does not change. If they hope to integrate, the person must make the effort to adjust to the existing system. **Inclusion**, on the other hand, primarily seeks to transform society. It aims to remove obstacles to accessibility for all to ordinary structures of education, health, employment, social services, leisure, etc. The illustration below shows the difference between integration (circle on the left) and inclusion (circle on the right).

Inclusion does not, however, mean the end of specialized structures for people with disabilities. Indeed, increasing inclusion still often means special attention for the special needs of people with disabilities, taking into account the specificities of the different types of impairment. As it happens, there is rarely a "one size fits all"[8]. Inclusion is therefore a societal effort to ensure that all citizens, with or without disabilities, can participate fully in society, according to a principle of equal rights. Moreover, when it comes to defining inclusion, it remains important that people with disabilities are at the heart of the discussion, and that it is not left to others to determine what inclusion of people with disabilities constitutes.

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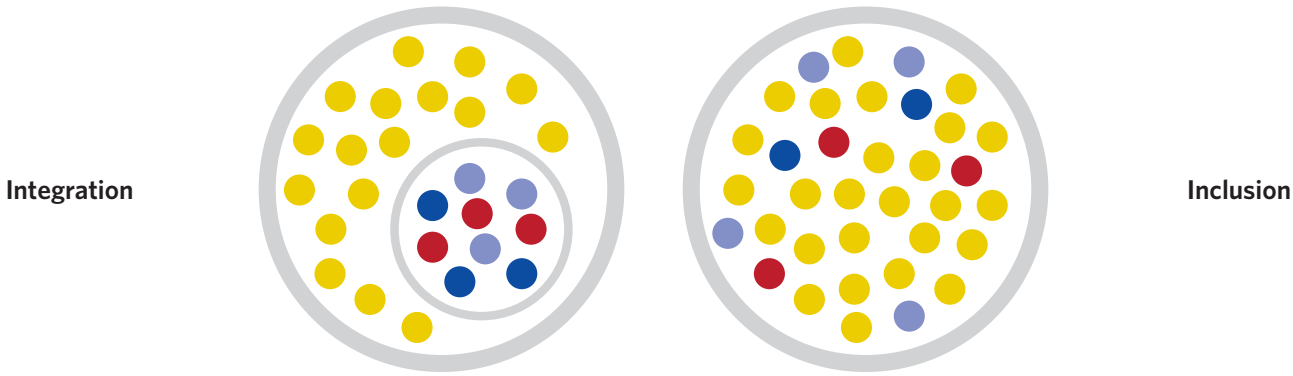
6 Lee, E. (2022). What are the different types of disabilities? CPD Online College. https://cpdonline.co.uk/knowledge-base/care/different-types-of-disabilities/

7 *L'inclusion, qu'est-ce que c'est ? - Inclusion AsBl.* (2021, 28 mai). Inclusion ASBL. https://www.inclusion-asbl.be/linclusion-quest-ce-que-cest/#:~:text=Avec%20l'int%C3%A9gration%2C%20c',%2C%20mentales%2C%20intellectuelles%20ou%20sensorielles.)

8 Sven.Verstraete. (2024, 10 janvier). *Inclusie*. Doof Vlaanderen. https://www.doof.vlaanderen/lobby/standpunten/inclusie

Illustration 1: The difference between integration (on the left) and inclusion (on the right)



Source: *L'inclusion, qu'est-ce que c'est ? - Inclusion AsBl*. (2021, 28 mai). Inclusion ASBL.

On the other hand, **social exclusion** has been defined as "the process through which individuals or groups are wholly or partially excluded from full participation in the society within which they live"[9]. It reaffirms citizens with disabilities' right to social participation to "prevent them from being isolated or victims of segregation" (article 19 of the United Nations Convention on the Rights of Persons with Disabilities).

2.4. Social rights: activation and non-use of rights

The existence of social rights and public aids available to support individuals with disabilities (or other social groups exposed to a form of exclusion) does not mean that these aids fully reach their audience. Indeed, many people do not receive the social benefits to which they are entitled, and the "non-take-up" seems too high across all countries. This is the case for many monetary benefits for people in vulnerable situations, including benefits relating to housing, health, old-age, heating, child, unemployment, care and disability benefits[10].

Different reasons might explain why an individual might not take up social benefits to which he/she is eligible. Noël (2021)[11] identified a list of these reasons that can be applied to the not-taking up of disability benefits:

- "Non-awareness": being eligible but not knowing one's rights and premiums/subsidies. This applies both to the conditions for granting and maintaining the right or service.
- "Non-demand": being eligible and knowing one's rights, but not requesting them, as many obstacles arise in the individual process of applying for a right or a service.
- "Non-receipt" or "non-access": being eligible, requesting a right, but not accessing it. This non-access may stem from a lack of understanding of the procedure, communication problems, lack of follow-up by the public agent.

9 Rawal, N. (2008), p.2. Social inclusion and exclusion: A review. *Dhaulagiri Journal of Sociology and Anthropology*, *2*, 161-180.
10 Eurofound (2015), *Access to social benefits: Reducing non-take-up*, Publications Office of the European Union, Luxembourg
11 Noël, L. (2021). Non-take-up of rights and precariousness in the Brussels region. *Brussels Studies*. https://doi.org/10.4000/brussels.5593

- "Non-offer": being eligible for a right, but not being offered it. This relates to the actions of workers in public social security institutions and social services, such as lack of time, turnover, failure to follow up on a file, internal procedures, quotas and budgetary balances, or missing administrative deadlines.
- "Exclusion from a right": between non-coverage and the creation of non-take-up. This can happen for example when a legislative change modifies the conditions and some people are legally excluded from the eligibility conditions as a result.

2.5. Social inclusion and inclusion policies

Aasland and Flotten (2000)[12] state that the concept of **social inclusion** gained prominence in the policy discourse since it replaced the concept of poverty, taking into its fold more dimensions of people's lives than the poverty concept. They are inclusion in formal citizenship rights, inclusion in the labour market, participation in civil society and inclusion in social arenas[13].

Though social inclusion is essential to enhancing a person's quality of life, people with disabilities continue to face many **social barriers**. Research from the University of Melbourne[14] has found that social barriers experienced by people with disabilities limit participation in everyday activities. This in turns leads to inequalities in health and wellbeing, such as anxiousness and decreased life satisfaction. In this study, people with a disability seemed to have poorer self-rated health and wellbeing compared to people without disabilities. Overall, the study demonstrates that a substantial proportion of the inequalities in health and wellbeing experienced by people with a disability were produced by socially driven barriers to participation in different life domains. Hence a focus on social integration is critical.

According to van de Ven *et al*. (2005)[15], **integration** consists of five elements:

- Functioning ordinarily without receiving special attention,
- Mixing with others that are not disabled,
- Taking part in society,
- Trying to realize one's potential,
- Directing one's own life.

As a result, a process of interaction between a person with a disability and society is crucial to effective integration, where both the individual with a disability and society have a responsibility with respect to integration.

12 Aasland, A and T. Fløtten (2001). "Ethnicity and Social Exclusion in Estonia and Latvia" in *Europe-Asia Studies*, Vol. 53, No. 7. (Nov., 2001), Pp. 1023-1049

13 Rawal, N. (2008). Social inclusion and exclusion: A review. Dhaulagiri *Journal of Sociology and Anthropology*, 2, 161-180.

14 Dr Zoe Aitken, Dr Glenda Bishop, and Alex Sully, Melbourne School of Population and Global Health, (2023). Removing barriers to participation for people with disability. *Pursuit*. (https://pursuit.unimelb.edu.au/articles/removing-barriers-to-participation-for-people-with-disability)

15 Leontine van de Ven , Marcel Post , Luc de Witte & Wim van den Heuvel (2005) It takes two to tango: the integration of people with disabilities into society, *Disability & Society*, 20:3, 311-329, DOI: 10.1080/09687590500060778

3. Context

In 2022, the World Health Organization estimated that 16% of the global population had a significant disability. This equals 1.3 billion people.

Among this group of people, nearly 80% of them live in low-income and middle-income countries, while around 20% live in high-income countries[16]. However, the prevalence of disability is the highest in high-income countries and the lowest in low-income countries. This is shown both at the level of World Bank country income group, and WHO regions, as shown below. Two factors explain this prevalence of disability in high-income countries rather than in low-income countries. Firstly, certain health conditions (e.g. musculoskeletal conditions or neurological conditions) are more prevalent in high-income countries. Secondly, it is likely that low-income countries suffer from an underestimation of the number of people with disabilities due to underdiagnosis and underreporting[17].

Noteworthy, still according to WHO, this number has increased over the past decade due to demographic growth but also epidemiological changes in the population.

Ageing also contributes to the increasing prevalence of disability since the global prevalence of disability increases with age, rising from 5.8% among the 0-14 years, to 34.4% among the 60+, meaning that a third of seniors have a disability[18].

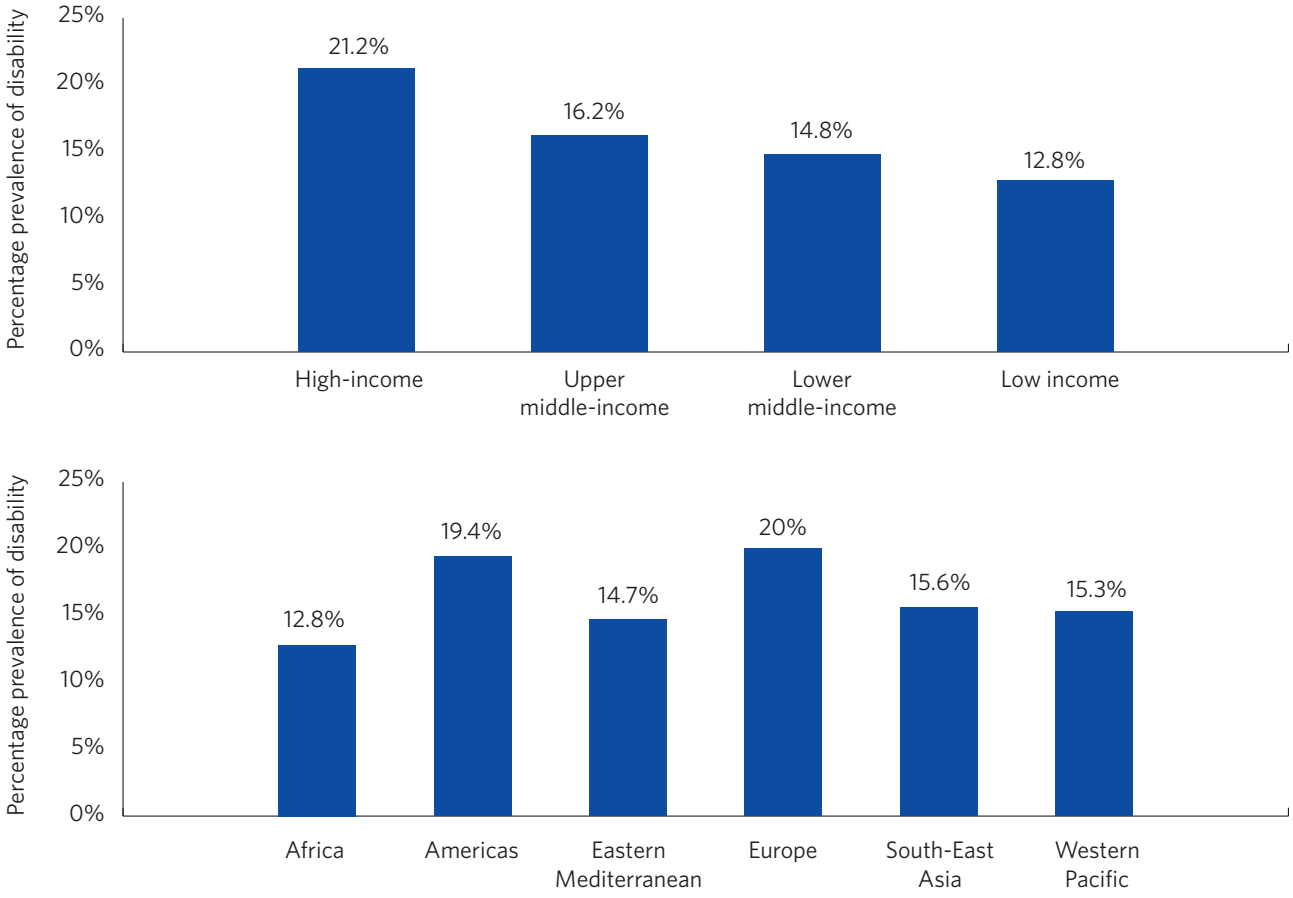
Eventually, the prevalence of disability is also sex-dependent since females seem to have a higher likelihood of disability, from age 15. Indeed, among the population aged 15 to 59, 14.3% of men present a disability, for 18.4% of women. This gap slightly increases among the 60+. The prevalence of disability by age and sex is illustrated below.

16 World Health Organization, *Global Report on Health Equity for Persons with Disabilities* (Geneva, 2022). Available at https://www.who.int/publications/i/item/9789240063600

17 *Idem.*

18 World Health Organization, *Global Report on Health Equity for Persons with Disabilities* (Geneva, 2022). Available at https://www.who.int/publications/i/item/9789240063600

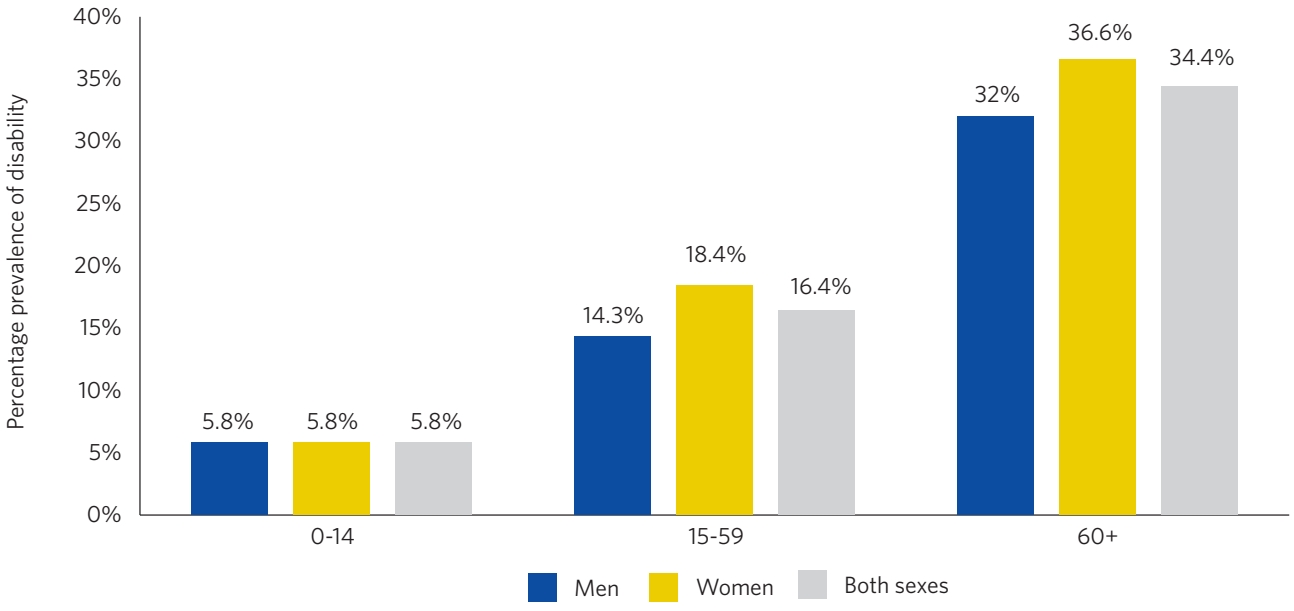
Figure 3: Prevalence of disability by World Bank country income group (upper), and by WHO region (lower) (2021)



Source: World Health Organisation (2022), pp. 24-25.

In this section, we will focus on how disability may hinder people from participating fully and effectively in social and to labour market, on an equal basis with others. Related to this, we will highlight data explaining the necessity to close the gap between individuals with disabilities and others, when it comes to participation in employment and society.

Figure 4: Prevalence of disability by age and sex (2021)



Source: World Health Organisation (2022), p. 25.

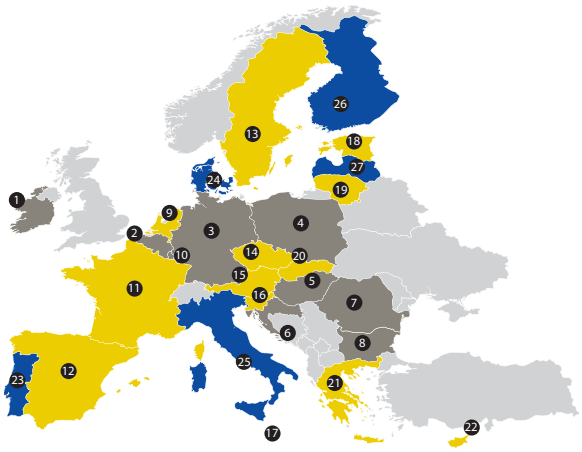
3.1. The importance of closing the gap in terms of participation in the labour market and social protection coverage

There are stark differences between employment rates for persons with disabilities and those without

Employment rates are significantly lower among persons with disabilities in every **EU Member State**. Data of 2022 shows that 51.3% of persons with disabilities are employed, compared to 75.6% of those without disabilities. The employment rate of persons with disabilities appears to be the lowest in Ireland, Greece and Croatia, and the highest in Denmark, Latvia and Estonia. The average disability employment gap, which is the difference of employment within in a country, was 24.4 percentage points across the 27 EU Member States. The highest disability employment gaps were in Ireland (38.6 percentage points), Belgium (36.3 percentage points), Bulgaria (33 percentage points) and Croatia (32.9 percentage points). The lowest employment gaps were situated in Italy (14.9 percentage points), Latvia (16.7 percentage points), Denmark (18.1 percentage points) and Portugal (18.2 percentage points) – see figure below (Buchanan & Hammersley, 2023).

A paper of Mitra *et al*. (2011) uses the World Health Survey to measure disability and different economic indicators in 15 **developing countries**. In most of the countries included in the study, persons with disabilities not only have lower employment rates than persons without disabilities but also have lower educational attainment. The figure below illustrates that in Pakistan the relative employment rate of people with

Figure 5: Difference of employment rates across the 27 EU Member States



More than 30 percentage points (pp) (8)

- 1 Ireland - 38.6 pp
- 2 Belgium - 36.3 pp
- 3 Germany - 32.4 pp
- 4 Poland - 31.3 pp
- 5 Hungary - 31.2 pp
- 6 Croatia - 32.9 pp
- 7 Romania - 30.4 pp
- 8 Bulgaria - 33.0 pp

From 20 to 30 percentage points (pp) (14)

- 9 Netherlands - 25.4 pp
- 10 Luxembourg - 22.1 pp
- 11 France - 22.8 pp
- 12 Spain - 21.6 pp
- 13 Sweeden - 28.9 pp
- 14 Czechia - 25.6 pp
- 15 Austria - 20.5 pp
- 16 Slovenia - 21.7 pp
- 17 Malta - 29.4 pp
- 18 Estonia - 20.6 pp
- 19 Lithuania - 22.7 pp
- 20 Slovakia - 23.6 pp
- 21 Greece - 27.7 pp
- 22 Cyprus - 23.5 pp

Less than 20 percentage points (pp) (5)

- 23 Portugal - 18.2 pp
- 24 Denmark - 18.1 pp
- 25 Italy - 14.9 pp
- 26 Finland - 19.9 pp
- 27 Latvia - 16.7 pp

Source: Buchanan & Hammersley (2023), p. 33.

disabilities compared to people without disabilities was lower than a rate of 0.6 (or 60%), which means that the employment rate of people with disabilities is almost half that of the employment rate of people with no disabilities. Furthermore, in the developing countries analysed, disability seemed to be significantly associated with multidimensional poverty.

Research suggests **multiple reasons for this difference in employment rate**, such as the lack of access to inclusive and quality education, structural employer discrimination and biases, and difficulties with decent accommodation (Buchanan & Hammersley, 2023).

- *The lack of access to inclusive education leads to lower educational attainment for people with disabilities.*

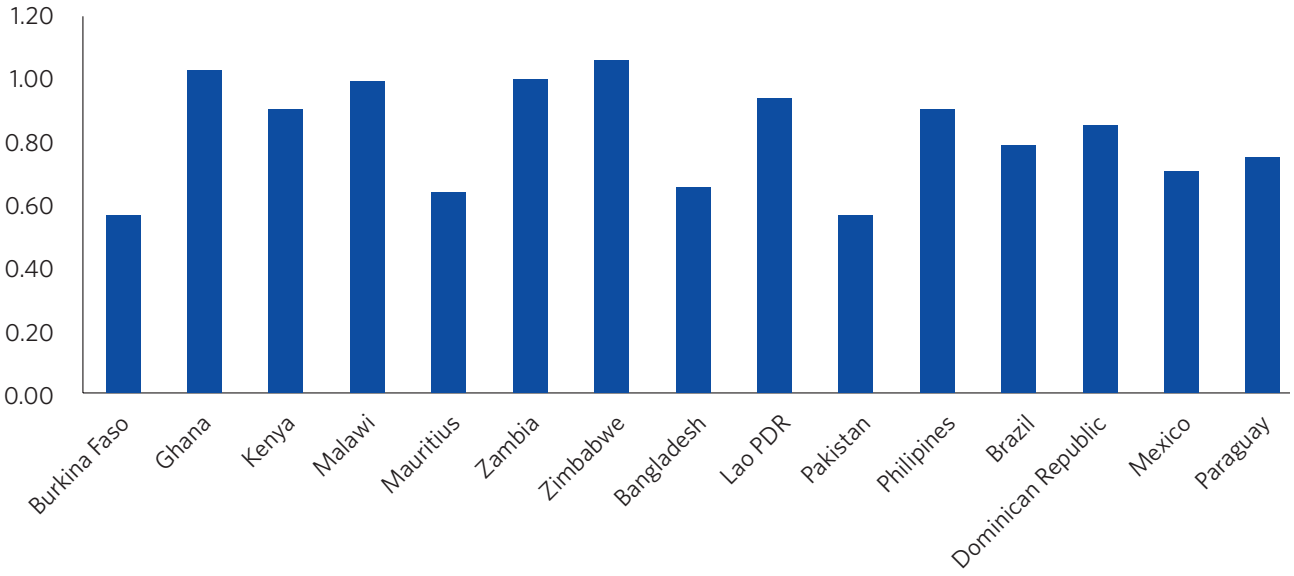
In OECD countries, one in five young people with disability (between 15 and 29) leaves school without completing a secondary degree, compared to only one in ten among young people without disability. Moreover, there are differences along the severity of the disability, as 15% of those with moderate but over 35% with a severe disability leave school early on average across OECD countries (Garcia-Mandico, Prinz & Thewissen, 2022).

The box below shows how Kenya has gradually strengthened its policies towards inclusive education for children with disabilities, both targeting children as the teachers, and focusing on infrastructure and technology but also on early identification and assessment to ensure equal opportunities.

- *Many employers hold implicit biases against hiring people with disabilities.*

Research of Nachtegaal *et al*. (2023) shows that the most frequently mentioned barriers are employers' expectations that people with disabilities are unproductive, expectations that people with disabilities cost a lot of money, and employers' lack of knowledge about disabilities.

Figure 6: Relative employment rates of people with disabilities in 15 developing countries



Note: The ratio is the employment rate of persons with disabilities divided by the employment rate of people without disabilities
Source: Mitra, Posarac & Vick (2011), p. 43.

Attention for children with disabilities in education in Kenya

Children with special needs in Kenya were not given adequate support with regard to their education for many years. With a Special Needs Education Policy that was implemented in 2009, Kenya has been seeking to improve the quality of and access to education for children with disabilities. Regarding physical environments, the Policy strategy aims to make learning institutions accessible to children with special needs and disabilities; to ensure provision of adequate buildings, furniture and equipment; and to ensure appropriate modification of tuition, boarding and sanitation. In relation to facilities and technology, the Policy aims to provide information on available aids; to enhance accessibility and utilization of software that will enhance easy access to education materials; to standardize and maintain supportive devices; and to support teachers in the use of these devices.

The Basic Education Act of 2013 builds on this Policy and seeks to increase access, enhance retention, and improve quality and relevance of education for all children. The Act further seeks to strengthen early identification and assessment and ensure equal opportunities in providing education for children with disabilities.

Source: Mwoma (2017).

- *Regarding accommodation, people with disabilities often require specific home adaptations, and this makes it difficult to find affordable and adapted accommodation.*

Households of persons with disabilities spend a higher proportion of their income on housing than other households. In 2019, 8.9% of persons with disabilities across the EU lived in households where housing placed a heavy burden on disposable income, compared to 7.3% for persons without disabilities (Buchanan & Hammersley, 2023). Lower employment chances and limited disability benefits on the other hand make it difficult to bear these extra costs of disability.

In Latin America, for example, multiple countries make an effort towards housing accessibility. But although some countries have increased the application of housing accessibility standards for people with disabilities, many are not fully complied with it yet. Moreover, a study in Brazil analysed the degree of accessibility of social buildings, but even they were demonstrated not to have met the regulatory criteria. It is therefore necessary to increase efforts for new housing projects and to extend the application of the standards to existing accommodations (Valderrama-Ulloa, Ferrada & Herrera, 2023).

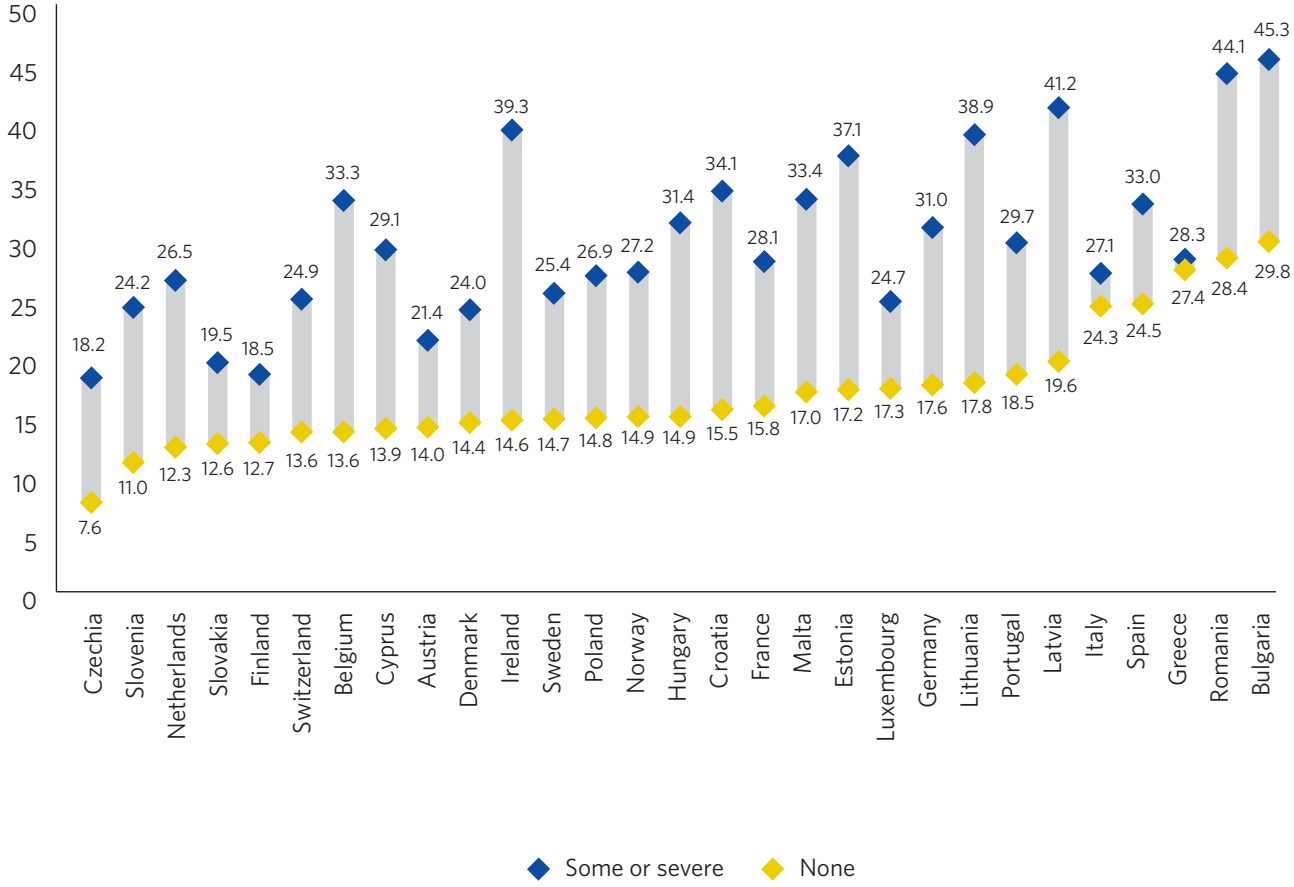
Poverty and social exclusion remain important risks for people with disabilities

Besides difficulties in the workplace, **poverty and social exclusion** are also important risks for people with disabilities as well. This is largely due to contextual barriers such as "inaccessible education, difficult transportation, employment and health care, and these may hinder persons with disabilities from participating fully and effectively in society on an equal basis with others" (World Health Organisation 2022, p.4). Moreover, often people with disabilities experience higher costs and expenses, and so as a consequence they must spend more to achieve the same standard of living as persons without disabilities.

In the EU, data of 2021 suggests that 29.7% of all persons with some or severe disabilities (activity limitations) are at risk of poverty and social exclusion, compared to 18.8% of people with no activity limitations. The figure below shows that the gap between the poverty and social exclusion risk of people with and without activity limitations, is especially high in Ireland, Latvia and Lithuania. In these three countries, the difference of risk at poverty and social exclusion is more than 20 %-points. Countries with a low gap are Finland, Greece and Italy.

Moreover, Banks, Kuper and Polack (2017) performed a systematic statistical review to explore the relationship

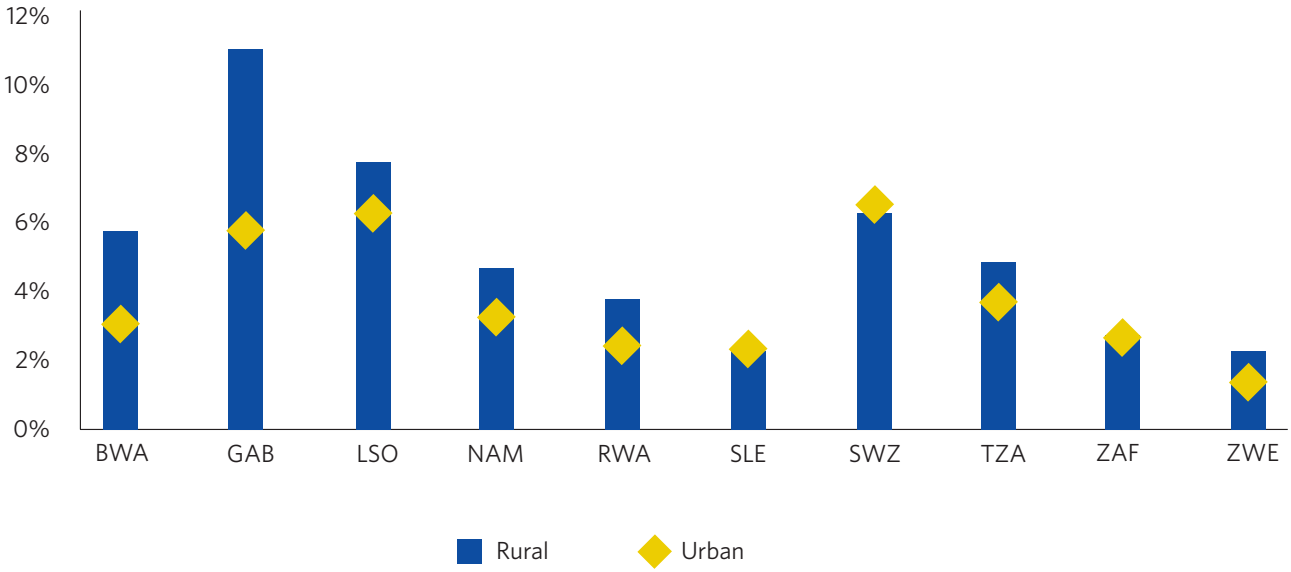
Figure 7: Share of people aged 16 years or over at risk of poverty or social exclusion by activity limitation, in % (2021)



Source: IDEA Consult based on data from Eurostat.

between disability and economic poverty, with a focus on the situation in **low- and middle-income countries**. Most studies (122 studies or 81%) found evidence of a positive association between disability and economic poverty. The higher the income level of a country, the more studies that found evidence of a relationship of poverty and income level in that country, with 59% of low-income, 67% of lower-middle and 72% of upper-middle income countries finding a positive relationship between disability and economic poverty. A possible argument of the author is that in very poor countries, it might be difficult to distinguish between the poverty rates, but that in developing countries people with disabilities are "left behind" as regions develop economically, so that the gap in poverty between those with and without disabilities can be larger in areas that are less poor. By region, studies about countries in the Middle East & North Africa region and the East Asia & the Pacific region were most likely to find a positive relationship between disability and poverty. Therefore, the relation between poverty and disability seems to be the highest in these regions.

Figure 8: Percentage of population (15 years or older) classified as disabled, by country in Sub-Saharan Africa



Source: World Bank Group (2021), p3. Data from Botswana (BWA), Lesotho (LSO), Gabon (GAB), Namibia (NAM), Rwanda (RWA), Tanzania (TZA), Sierra Leone (SLE), Swaziland (SWZ), South Africa (ZAF), and Zimbabwe (ZWE).

Furthermore, the figure 8 shows through data from Sub-Saharan Africa that **rural areas** experience a higher percentage of people with disabilities. The prevalence of disability in rural areas could be higher due to the distance required to travel in order to find a health care provider and fewer financial resources to pay for treatment. Hence, this is an extra challenge for countries with a high rural coverage (World Bank Group, 2021).

3.2. International political context

The **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)** and its Optional Protocol were adopted in 2006, as the first comprehensive human rights treaty of the 21st century. It entered into force in 2008. The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorisation of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced. The Optional Protocol introduces two procedures to strengthen

the implementation of the Convention: an individual communication procedure and an inquiry procedure.

The **Conference of State Parties to the CRPD** is the largest and most diverse international disability meeting in the world. It provides a launching pad to advance the human rights and inclusion of persons with disabilities in society and development. The annual Conference sees participation from Government delegations, UN Agencies, Civil Society and nongovernmental organisations, National Human Rights Institutes, and Disabled Persons Organisations, and has grown in recent years[19].

Inspired by the CRPD, the European Union adopted an **EU Strategy for the Rights of Persons with Disabilities 2021 - 2030**, after its predecessor, the European Disability Strategy 2010-2020. Addressing the risks of multiple disadvantages faced by women, children, older persons, refugees with disabilities, and those with socioeconomic difficulties, it promotes an intersectional perspective in line with the CPRD and with the Sustainable Development Goals. Actions from this strategy include, e.g., the European Disability Card, a Disability Platform that brings together national authorities, "AccessibleEU", a knowledge base providing information and good practices, etc. Chapter 6 of this EU strategy highlights the aim to promote the rights of persons with disabilities globally, e.g., by being an inspiration to guide reform efforts by sharing its strategies and practices on multilateral fora[20].

Moreover, on a European level, there is also the **European Pillar of Social Rights**[21] which sets out 20 key principles which represent a guide towards a strong social Europe that is fair, inclusive and full of opportunity in the 21st century[22]. The embedded Action Plan sets out concrete initiatives to turn the European Pillar of Social Rights into reality as it proposes headline targets for the EU by 2030. The **Principle 17** of the European Pillar of Social Rights stresses that people with disabilities have the right to income support that ensures living in dignity, services that enable them to participate in the labour market and in society, and a work environment adapted to their needs[23].

In other continents, some strategies have also been adopted to take into account the specificities of other regions. For instance, the Protocol to the **African Charter on Human and Peoples' Rights** on the Rights of Persons with Disabilities in Africa, also known as the African Disability Rights Protocol, was adopted by the African Union Heads of States during the thirtieth ordinary session of the African Union Assembly held in Addis Ababa in 2018. The primary objective of the Protocol is to promote, safeguard and ensure the complete and equal exercise of all human and people's rights for individuals with disabilities in Africa, as well as to ensure respect for their inherent dignity. The protocol complements the UNCRPD by addressing the rights of persons with disabilities from an African perspective, considering the lived realities of individuals with disabilities on

19 *Convention on the Rights of Persons With Disabilities (CRPD) | Division for Inclusive Social Development (DISD)*. (s. d.). https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd

20 *Union of Equality : Strategy for the Rights of Persons with Disabilities 2021-2030 - Employment, Social Affairs & Inclusion - European Commission*. (s. d.). https://ec.europa.eu/social/main.jsp?catId=1484&langId=en

21 Proclaimed in 2017 at the Gothenburg Summit by the European Parliament, the Council and the European Commission.

22 *European Pillar of Social Rights - Building a fairer and more inclusive European Union.* (s.d.). Employment, Social Affairs & Inclusion - European Commission. https://ec.europa.eu/social/main.jsp?catId=1226&langId=ehttps://ec.europa.eu/social/main.jsp?catId=1226&langId=en

23 *Persons with disabilities*. (s. d.). Employment, Social Affairs & Inclusion - European Commission. https://ec.europa.eu/social/main.jsp?catId=1137#:~:text=Principle%2017%20of%20the%20European,environment%20adapted%20to%20their%20needs

the continent while maintaining the principles of the UNCRPD. To come into effect, this protocol requires ratification by a minimum of 15 African countries. In 2023, a total of 10 African countries (Angola, Burundi, Cameroun, Kenya, Mali, Mozambique, Namibia, Niger, Rwanda, and South Africa) have ratified the protocol (African Disability Forum, 2023).

The **ASEAN Disability Forum (ADF)** is a network composed by Organisations of Persons with Disabilities of the ASEAN region. It is a platform, where the different organisations coordinate actions to advocate for disability inclusive policy formulation and implementation. ADF works in all areas, aiming to the mainstream and the needs of people with disabilities to enter their perspectives in the policy framework of ASEAN. ADF serves as a platform of action to bring the voice of the different disability organisations at grassroots level to policy makers and to connect people to the policy makers who live in its member countries[24].

In 2011, the ADF adopted the Bangkok Declaration, which provides input to promoting inclusive policies, the Strategic Framework of Social Welfare and Development and the ASEAN decade of Persons with Disabilities (2011-2020) (ASEAN Secretariat, 2012).

24 *ASEAN Disability Forum – About ADF* (https://aseandisabilityforum.com/about/)

4. How can policymakers facilitate and promote access to social protection for people with disabilities?

As described previously in this report, social exclusion and poverty are important risks for people with disabilities. The Committee on the Rights of Persons with Disabilities (CRPD) of the United Nations emphasizes the critical **role of social protection** in supporting the participation and inclusion of people with disabilities across the life cycle. The CRPD sets out the obligations of States parties to:

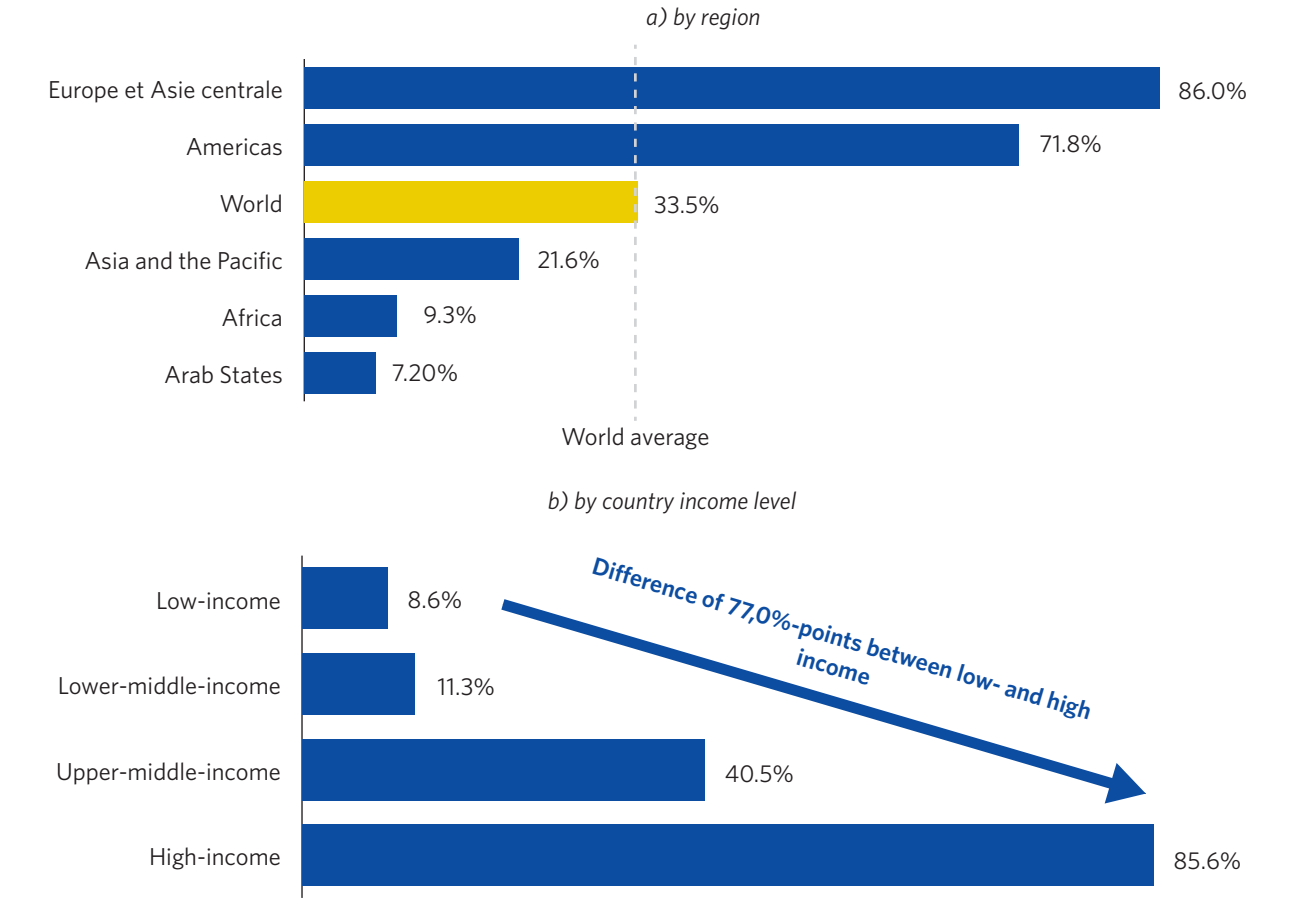
- ensure that people with disabilities enjoy adequate standards of living on an equal basis with others;
- ensure that people with disabilities have access to assistance to cover disability-related expenses as well as to affordable and quality disability-related services and devices;
- support children with disabilities and their parents, and address the particular disadvantages faced by women and girls with disabilities;
- meaningfully consult and involve people with disabilities through their representatives' organisations in the design, implementation and monitoring of social protection policies and programmes.

Devandas (2017) explains that well-designed social protection programmes have the potential to directly improve the enjoyment of rights of persons with disabilities. However, **traditional disability-welfare approaches have not focused on the independence of persons with disabilities**, which often resulted in paternalism of persons with disabilities. The United Nations Convention on the Rights of Persons with Disabilities (*cf. infra*) however, promotes **inclusive social protection systems** that facilitate active citizenship independence of persons with disabilities instead of their dependence.

4.1. Social protection programmes and policies

A disability benefit is an important type of social protection programme, as it directly gives funds to people with disabilities. Globally, a report from the ILO (2021) shows that only 33.5% of people with severe disabilities receive such a **disability benefit**, and there are large differences between regions, as in Eastern Europe disability benefits appear to be almost universal, but estimates for Southern Asia and sub-Saharan Africa show a coverage rate of below 7%. In general, as the figure on next page illustrates, the coverage in high-income countries is 85.6%, compared to 11.3% in lower-middle-income countries and 8.6% in low-income countries.

Figure 9: Percentage of persons with severe disabilities receiving cash benefits, 2020 or latest available year



Source: figure based on data from the International Labour Organisation. World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future. Geneva: ILO, 2021.

4.1.1. Types of social protection programmes and policies

General social protection programmes aim to protect everyone from poverty or exclusion. On the other hand, there are programmes designed specifically with people with disabilities in mind and they can for example be meant to compensate disability-related costs, such as personal assistance schemes, sign language interpreters, assistive products, etc. or secure a basic income, such as disability benefits (ILO, 2021).

General social protection programmes and policies

Social protection programmes and policies that target general protection can be organised as social insurance,

social assistance or labour market programmes. Walsham *et al*. (2019) reviewed the different general social protection programmes **in Africa and Asia**. They concluded that almost all programs that include some disability dimension in both continents are public rather than private in nature, and that a broad variety of ministries and government bodies are responsible for these programmes, such as ministries of labour, social welfare, health, and education, spread over the national, provincial and local levels. Regarding the type of social protection programs, there are **regional differences** between the kind of schemes:

- Social assistance (non-contributory transfers with a specific target) can be targeted according to different criteria, e.g. disability or poverty. No financial contribution is required to join these programmes. These schemes appear to be dominant in Eastern, Southern and South-Eastern Asia.
- Social insurance schemes (contributory and non-contributory measures to protect households against risk), accounted for the largest proportion of schemes in Middle and Western Africa. Specifically in Middle and Western Africa, a much larger proportion of programmes were contributory programmes for formal sector workers, where employees must have made contributions to a scheme to participate, usually alongside employer and governmental contributions.
- Labour market programmes (designed to promote employment and protect workers) made up a small percentage of programmes in all regions, accounting for only 14% of schemes overall.

Social protection programmes targeted at people with disabilities

Some of the general social protection programmes described above can be used to clearly target people with disabilities, such as social assistance programmes. These can for example include disability benefits, where having a disability is a criterion for receiving social benefits. On the other hand, social insurance schemes and labour market programmes are usually not disability-specific (Walsham *et al*., 2019).

In all cases, it is important to have clear **definitions and conditions** on who is included in the programmes and who is not. For example, when programmes are targeted at people with a disability, sometimes a medical certificate of disability is required. But this tends to exclude many of the potential beneficiaries, as the assessment can be difficult and expensive to obtain (Oddsdottir, 2014). Moreover, when there are no specific or clear criteria on access to the programmes, this can lead to higher opportunities for people with visible disabilities rather than invisible disabilities to receive benefits (Schneider *et al*., 2011).

Linked to the discussion of the difference between integration and inclusion of people with disabilities, the CPRD of the UN sets out that the global community recognise "the importance for persons with disabilities of their **individual autonomy and independence**, including the freedom to make their own choices"[25]. This means that policies focused on disability should guarantee the freedom for people with disabilities to choose how to organise their support and care. In the region of Flanders (Belgium) for

25 The goal of Article 19 of the CRPD is full inclusion and participation in society. Its three key elements are (a) choice, (b) individualised support and (c) making services for the general public accessible to people with disabilities.

example, people with disabilities receive an individual budget depending on the severity of their disability, which they can use to pay for social assistance, care professionals, day centres, mobility solutions, etc[26]. This allows them to live more independently in the community, as life in institutions can inhibit the possibility of activating one's choice (Council of Europe Commissioner for Human Rights, 2012).

Many countries have social protection programs **specifically for people with disabilities**. Palmer (2013) however explains that the **high costs and administration** required for programmes specific for disability mean that mainstream programmes (targeted at risk of poverty rather than disability) are more common in developing countries, as this does not require a system to assess disability. Rohwerder (2014) suggests that the most efficient system is a general social program, but specifically designed not to discriminate against disabled people (because they cannot access them/are not targeted etc.).

4.1.2. Challenges with social protection programmes and policies

There are different barriers to the access of social protection programmes and policies. Firstly, Kidd (2017) explains that there are existing **exclusionary forces**[27], that are often embedded in society. In many countries there are, even unintentionally, discriminatory practices and institutionalised biases against marginalised groups, and **institutional blindness** to the needs of vulnerable groups in the population (such as people with disabilities) is a recurrent issue. As a result, these discriminatory practices can feed into policy decisions and implementation practices. These exclusionary forces in society can lead to groups of the population being under-represented or ignored when social protection policy decisions are taken, which can largely apply to groups such as people with disabilities.

Furthermore, it is noteworthy that a lot of segments within society are **politically vulnerable**, and thus incapable of effectively addressing problems with protection programmes without the assistance of external support (Kidd, 2017). The agency of citizens in expressing their needs to the government largely hinges upon their ability to voice their concerns, and this requires robust advocacy by representatives. Nevertheless, in the context of developing countries, the "political capital" is often low, as there are not many independent civic associations or representative organisations through which people can hold governments accountable (Brett, 2009). This **accountability deficit is particularly severe among politically marginalized groups**, such as people in poverty, or people with disabilities.

Besides institutional forces, there are also different challenges related to the **design and the implementation** of social protection programmes for people with disabilities. Mleinek and Davis (2012) conclude that there are some structural difficulties, in any country, specifically for social protection programmes for people with disabilities (see figures on next page).

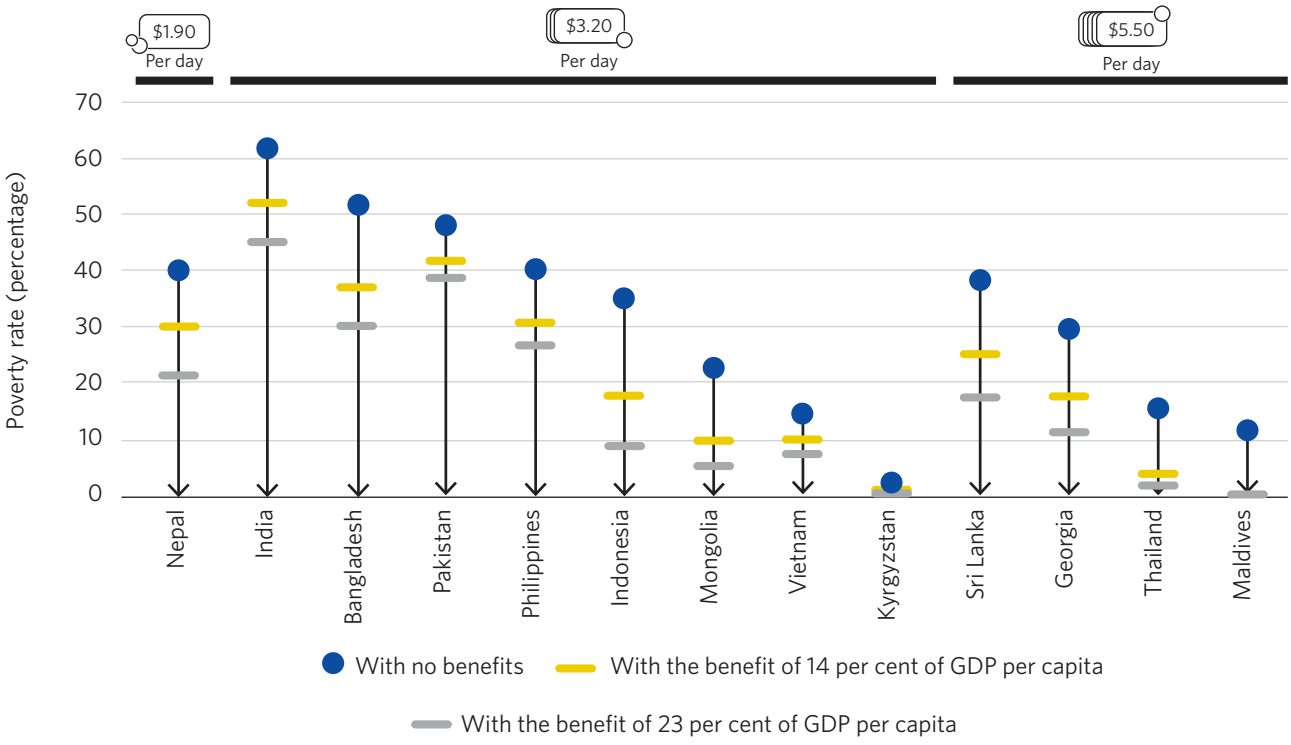
26 Flemish Government (https://www.vlaanderen.be/persoonsvolgende-financiering-pvf-zorgbudget-voor-personen-met-handicap-of-persoonsvolgend-budget-pvb-voor-personen-met-een-handicap)

27 Other forces are structural disadvantage and limitations in capabilities. Structural disadvantage can include inadequate infrastructure (such as roads), weak communication systems, the absence of government and private sector services, etc. Limitations in capabilities can arise when individuals have less "power" then others. People who have limited capabilities of engaging with public authorities and accessing public services tend to experience greater levels of social exclusion (Kidd, 2017).

Choosing the size of the **budget** is a difficult process, especially in lower income countries. The decision has to balance a broad coverage with a lower benefit versus a low coverage with a higher benefit. Furthermore, the benefit should be designed without disincentives to work.

Budgets are often not sufficient for people with disabilities. Moreover, the benefit can be lower than the cost of travelling to receive it (Kidd, 2017). Furthermore, according to the ILO (2021), social protection programmes should be broader than benefits, as it should include assistance with health, education, transport and it should provide social work, assistive devices and childcare. The figure below for example, shows the effect that a disability benefit can have on poverty in a selection of developing countries, divided along 3 poverty lines ($1.9; $3.2 and $5.5). In a scenario where people with disabilities receive benefits equivalent to 14% of the country's GDP per capita, many countries observe a substantive decline

Figure 10: Simulated reduction in poverty rates among recipients households of a disability benefit scheme



Source: United Nations (2021), p. 62

in poverty, but when this percentages rise to 23% of the country's GDP per capita, several countries (more than) halve the poverty rates of households that receive a disability benefit.

Programmes designed with a focus on charity rather than empowerment can create a disincentive to work for the person with a disability (Kidd, 2017). Offering possibilities for employment, however, is important to enhance the participation of people with disabilities in society (ILO, 2021).

Determining the target group for social protection programmes is a complex matter. It is difficult to adequately **target** those with needs. Many decisions are based on (disability) assessments, but these often require specific expertise.

Lack of data and understanding of the needs of people with disabilities can lead to unreliable targeting. A proper targeting system requires follow-up assessments and monitoring, but these are also costly. Moreover, selection can create social tensions within communities when only certain people receive assistance. Furthermore, within informal communities, for example, in certain rural areas, there is often care and help from others in the community, but these social tensions could then weaken community support (Kidd, 2017).

UNICEF (2021) has identified different phases in targeting social protection programmes that explain the variety of difficulties with the targeting (see the figure below). Firstly, based on the objectives of the programme, the target group is defined. Afterwards, depending on the coverage and the costs, an estimate can be made on how many individuals can be selected into the programme. As a third step, a selection strategy is needed to determine how to select people that are eligible. Lastly, the implementation of the selection strategy needs to be worked out, for example, by organising disability assessments. However, many challenges come with carrying out the selection, as a "disability assessment is at least as complex as that of quantifying the economic dimensions of welfare, with equal concerns about errors of exclusion and inclusion" (World Bank, 2022, p.299).

Figure 11: The four key phases in targeted social protection programmes

Source: UNICEF. (2021). Technical Note: Targeting for social protection in humanitarian and fragile contexts.

There needs to be **awareness** by people with disabilities of the program and the program needs to be **accessible**, with as few barriers as possible.

Many people with disabilities who are exposed to poverty, even more so those who are living in remote areas, are **unaware** of social protection schemes or cannot access them. This can lead to ineffectiveness of the social protection programmes by low coverage as the target group **does not take up its social rights** (Kidd, 2017).

Evidence from Vietnam (Banks *et al*., 2019) showed that there was a decent coverage of social assistance and health insurance systems, but that few had employment-linked social insurance and other disability-targeted benefits (e.g. vocational training, transportation discounts). Important factors hindering access for people with disability were the **accessibility** of the application process, the assessment procedures, awareness and the perceived utility of programmes, and attitudes on disability and social protection.

In Nepal (Banks *et al*., 2019, b) as well, the uptake of disability-targeted social protection programmes other than social assistance (e.g. transportation and health services) appeared low. The study depicts that the geographic and financial accessibility (i.e. the cost) of the application process, the process for determining eligibility and the compliance of the service providers were very important for the **accessibility** of the programmes.

4.2. Recommendations for public authorities

There are different challenges with social protection programs, as discussed in the section above. **Different policy strategies** can be taken to improve social protection programmes for people with disabilities. Based on the challenges for social protection programmes, these can be summarised by the following recommendations: (i) improving accountability and advocacy, (ii) expanding the target group, (iii) strengthening administration and professional staff and (iv) improving monitoring and evaluation systems.

4.2.1. Accountability and Advocacy

As mentioned earlier, strengthening the capabilities of those marginalised by society is important, so that social protection schemes can be held to account. This ensures that social protection schemes are fair and inclusive. In order to improve people's power of accountability, countries need to ensure that the most disadvantaged members of society **have access to advocates**. Those advocates can represent disadvantaged members, but also support them during the application and grievance processes of receiving a protection scheme. After all, if governments connect with local organisations or disability rights civil society organisations, the likelihood that

information is being transmitted to persons with disabilities increases (Brett, 2009).

> *"The more excluded a group is, the more important it is to ensure that they [humanitarian actors] can hear from them'" - International Disability Alliance Humanitarian Network and Partnership Week 2021 (Shafina & Thivillier, 2021).*

By making disabled people's interest more explicit, policies towards people with disabilities become more legitimate as well. Strong accountability can thus prevent a "legitimacy gap", that is to say a misrepresentation of the interests of people with disabilities (Chapman, 2020). Involving people with disabilities in all steps of policymaking and programs is therefore necessary.

Indeed, **participation and consultation of people with all kinds of disabilities** can help identify and eliminate the main barriers that occur within programmes (Gamez, Coteron and Rodriguez, 2018).

The SOCIEUX+ action in Panama, for example, illustrates the knowledge gap of public administration to reach out to and to advocate for people with disabilities. The project invested in agencies' communicative and advocacy skills and in knowledge of communications tools to advocate for persons with disabilities. Furthermore, trainings were given to the public administration to increase the capacities to coordinate, network and form partnerships with public-private institutions for persons with disabilities and their families.

Capacity-building of the staff of the National Secretariat of Disability and the National Council of Disability for the empowerment of the national associative movement - Panama

Action description

The action aimed to improve the National Secretariat of Disability and the National Council of Disability's capacities to establish external relationships, to work in synergy with partners and to increase the outreach to the larger public. The goal was to increase the performance of the agencies with associative and advocacy strategies for persons with disabilities and their families. Actions that were taken are:

- Mapping of organisations for people with disabilities and their families and their institutional links;
- Trainings on advocacy, communication, networking, partnership building and pedagogical tools;
- Making of a roadmap to strengthen institutional relationships and governance mechanisms.

Impact

The trainings led to better skills of 51 staff members in networking, public-private partnerships and in communication tools for the defence of people with disabilities and their families. The national agencies and their officials have a better knowledge of the media channels and communication strategies related to the inclusion of persons with disabilities. National agencies are better equipped with advocacy skills to advocate for persons with disabilities and their families. Furthermore, the staff has increased capacities to coordinate, network and form partnerships with public-private institutions for persons with disabilities.

Good practice

A participatory and collaborative methodology was used during trainings, promoting debate and contrasting arguments among all participants

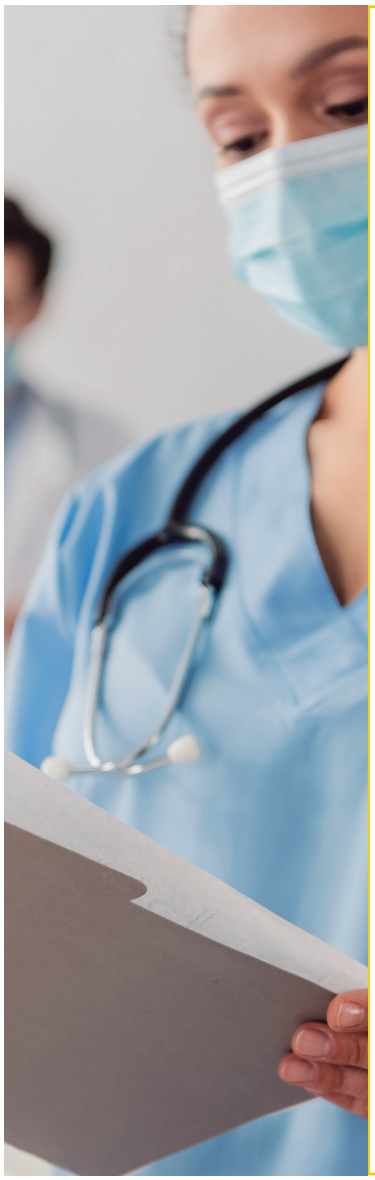
Source: SOCIEUX+ database (project 2021-22).

4.2.2. Target group expansion

The previous section mentions that including people with disabilities into social protection programmes that very much need it, is very challenging. Studies show that **universal social programmes with a broader reach could be more effective and efficient in reaching intended beneficiaries**, compared to multiple targeted programmes (see for example the program in El Salvador in the box on next page). Indeed, the ILO[28] explains that when social protection programmes are too fragmented, i.e., only targeted at poor people with disabilities, this leads to coverage gaps for certain groups. On the other hand, a disability benefit for all people with disabilities tends to have a higher coverage. For example, expanding the target group for social protection, including people across wealth groups, could also lead to higher political support for a social protection programme, as more groups are involved. This as a result might lead to higher social budgets as well.

In El Salvador for example, a universal social protection system was created in the areas of health, food, income security and vocational training (see box below), which is correlated with less poverty and lower inequality in the country.

28 ILO (2021). *World Social Protection Report 2020-2022.*



El Salvador - Building a universal social protection system

Policy

El Salvador has taken steps to establish a universal social protection system. The Government's strong commitment and social dialogue has contributed significantly to this process. The Universal Social Protection System was introduced in 2009 and seeks to ensure universal social protection in the areas of health, food, income security and vocational training. In 2014, Congress adopted the Development and Social Protection Act to institutionalize Universal Social Protection System and enhance its operation.

Impact

The social protection system in El Salvador has resulted in an impressive socio-economic impact: between 2008 and 2012, poverty rates fell from 39.9% to 34.5%, while the Gini index of inequality fell from 0.48 to 0.41. To what extent this can fully be linked to the new protection system however is not clear.

Good practices

- The experience of El Salvador shows that social dialogue is essential to implement political agreements aimed at increasing and maintaining social expenditures.
- The rights-based approach adopted by El Salvador is an essential element to support universal policies for social protection. Mainstreaming social protection strategies with a legal framework ensures their continuity, as demonstrated by the enactment of the Development and Social Protection Act.
- Linking social programmes to productive development, e.g., by including micro-enterprises as suppliers in social protection programmes, generates positive effects on local economies.

Source: Ortiz & De (2019).

Specifically for disability, UNICEF (2016) analysed the possible impact of a disability grant in Uganda on poverty and a similar correlation was found in that context. Through a micro-simulation, disability grants with three different targets were compared with regard to their effects on poverty. The three different scenarios considered were: (i) a universal programme, in which the grant is addressed to all persons with disabilities, (ii) a programme in which only poor people with disabilities are eligible, and (iii) a programme targeting disabled individuals labelled as "vulnerable". Results showed that the **universal programme leads to the highest reduction in the poverty gap** and in the poverty headcount for

the two benefit levels considered. The two targeted programmes led to significantly lower effects than the universal programme.

4.2.3. Administration and professional staff

Governments should ensure there is sufficient investment in public **administration**, as exclusion of people with disabilities cannot be effectively addressed without stronger administrative systems. Investments in administrative systems could also minimise the challenges faced by applicants and beneficiaries with more limited capabilities (Kidd, 2017).

Of particular importance is **investing in professional staff**, including their training. For example, practical guidance is often lacking for (regional) staff in identifying and prioritising beneficiaries (Oddsdottir, 2014). In Latvia for example, a project aimed at training social workers on using an assessment tool for the requirements of a person with an intellectual disability (see box below).

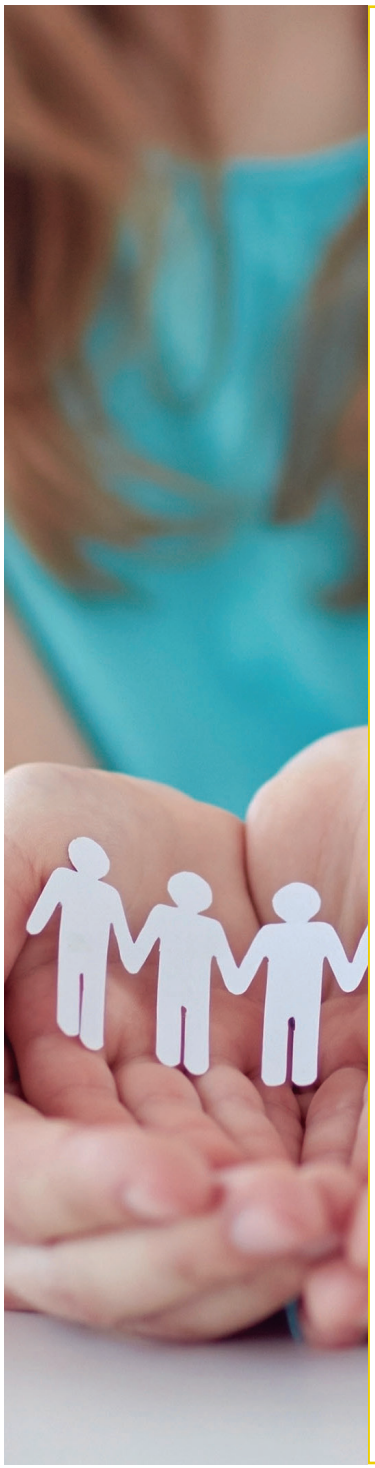
Moreover, in Cambodia, SOCIEUX+ assisted with an action where staff of the General Secretariat for the National Social Protection Council were taught disability-inclusive social protection policies, e.g., by learning from inclusive social protection policies of EU members states (see box on next page).

Latvia: training staff for an assessment tool for the requirements of a person with an intellectual disability

Policy

In Latvia, the American Association on Intellectual and Developmental Disabilities (AAIDD) and the Latvian Ministry of Welfare have trained 40 social workers on using the Support Intensity Scale (SIS). This is an assessment tool that evaluates the practical support requirements of a person with an intellectual disability through an interview assessment guide covering different life activities, behavioural and health areas. The scale is used to assess the needs of people in residential services, in long-term care, with mental health problems, and children with disabilities. This capacity-building programme receives financial support from European Structural Funds.

Source: Baltruks, Hussein & Montero (2017).



SOCIEUX+ action (2020-09): better knowledge on Disability-inclusive social protection in Cambodia

Action description

A SOCIEUX+ action in Cambodia aimed to increase knowledge about disability-inclusive social protection for staff of the General Secretariat for the National Social Protection Council. Following this, Cambodia developed a set of policy options were outlined by the council staff with the participation of relevant stakeholders for establishing disability-inclusive social protection. Actions that were taken are:

- Mapping and assessment of disability-inclusive social protection policies: gathering of relevant stakeholders to have a map of the existing policies, initiatives from national institutions and from development partners and identified possible coverage gaps.
- Setting the ground on disability policies, where public experts from France and Portugal showcased inclusive social protection policies of EU members states, and the state-of-the-art of social protection policies relating to disability were detected.
- Development of Guidelines to elaborate disability-inclusive social protection's action plan.

Impact

EU examples of disability inclusive social protection systems highlighted the principles and concepts (such as the Human Rights-based approach to Disability, inclusive social protection, the participatory approach, etc.) The Cambodian strategies were assessed as well (the National Social Protection Policy Framework and the National Disability Strategic Plan) and recommendations were provided to form a disability action plan.

Good practices

- The use of recorded videos was a good practice to broaden staff's EU experience on the disability sector;
- The use of interactive tool such as Padlet allowed a more interactive peer-to-peer cooperation;
- There was a good involvement of not only the council staff but of other national stakeholders as well, such as the Cambodian Disable's People Organisation; the Ministry of Social Affairs, Veterans and Youth Rehabilitation; the Disability Action Council and the NGO HelpAge Cambodia.

Source: SOCIEUX+ Database (action 2020-09).

4.2.4. Monitoring and evaluation

Eventually, the last recommendation echoes a similar one developed in section 4.5. regarding the promotion of the participation of people with disabilities to the labour market. This recommendation being transversal, we do not develop it further in this section.

5. How can policymakers facilitate and promote the participation of people with disabilities in the labour market?

International studies have consistently found disability to have a negative effect on **labour market outcomes**, including employment rates, earnings and unemployment rates. Labour market disadvantage appears to be high among those with mental health problems or learning difficulties[29]. This is related to the fact that persons with disabilities are confronted with a large number of barriers to find decent work[30]:

- **Education:** in many countries persons with disabilities are still not included effectively in mainstream education, as mainstream national education and vocational trainings are often not well adapted to the inclusion of people with disabilities.
- **Mobility:** another significant access barrier relates to the limited options for accessible public transport for commuting and to difficulties for accessing certain destinations (e.g. buildings, sidewalks, etc.).
- **Misperception:** many employers still perceive persons with disabilities as less productive than persons without disabilities and are not aware that the costs for workplace adaptions are oftentimes minimal.

Disabled people also face specific barriers related to starting a business, in addition to the general barriers of **entrepreneurship**, such as access to start-up capital, the benefit trap (fear of losing the security of regular benefit income), lack of relevant business knowledge and skills, lack of confidence, consumer discrimination and absence of appropriate business support[31].

These issues led to the development of active labour market programmes aiming at tackling those specific challenges.

5.1. Active labour market programmes and policies

In OECD countries the **average budget for active labour market policies** was on average 0.52% of GDP in 2019. In developing countries, budget for active labour market policies was lower on average in 2018, but there were large differences across regions (Bird, 2020):

- Estimates from Latin America depicts that government expenditure on active labour market

29 Kitching, J. (2014). Entrepreneurship and self-employment by people with disabilities (https://www.oecd.org/cfe/leed/background-report-people-disabilities.pdf)

30 International Labour Organization (ILO) and Organization for Economic Co-operation and Development (OECD). (2018). Labour market inclusion of people with disabilities. *Paper presented at the first meeting of the G20 Employment Working Group*. (https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/publication/wcms_646041.pdf)

31 Kitching, J. (2014). Entrepreneurship and self-employment by people with disabilities (https://www.oecd.org/cfe/leed/background-report-people-disabilities.pdf)

policies was on average 0.35% of GDP (based on Argentina, Colombia, Costa Rica, and Uruguay).
- In Asia, average expenditure was estimated at 0.1% of GDP (based on 25 Asian countries).
- Data from the Middle East and Northern African region, (based on Lebanon, Morocco and Tunisia) shows that average spending was only 0.07% of GDP.

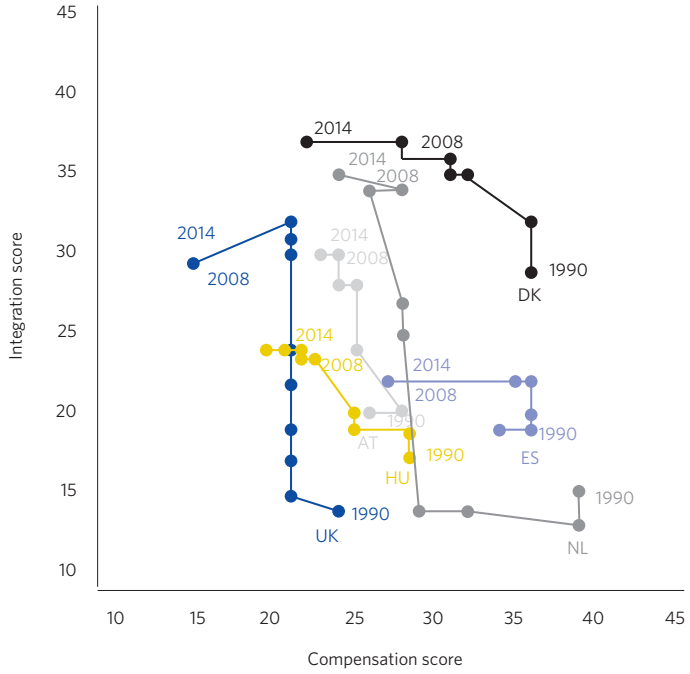
From an evolutionary perspective, government policies used to be more focused on relatively generous and easily accessible disability benefits for people with disabilities in many OECD countries. Policy objectives are now shifting towards the balance between two simultaneous goals: providing an adequate and secure income for those who cannot work and their families; but also **giving incentives to work** for those who can[32].

To visualise this trend, an OECD report constructed two composite indicators measuring, on the one hand, the policies that encourage labour market inclusion and, on the other hand, the generosity and targeting of cash benefits. The figure 2 shows the evolution of these two indicators in selected EU Member States between 1990 and 2014, where a move to the upper left corner signals "progress" to more employment-friendly policies. In all OECD countries there is a clear shift towards strengthening inclusion measures (moving upwards) and tightening access to disability benefits (moving towards the left)[33].

32 International Labour Organization (ILO) & Organization for Economic Co-operation and Development (OECD). (2019). *Labour market inclusion of people with disabilities*. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---inst/documents/publication/wcms_646041.pdf

33 European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Scharle, Á., Csillag, M. (2016). *Disability and labour market integration : analytical paper*, Publications Office. https://data.europa.eu/doi/10.2767/26386

Figure 12: Trends towards inclusion versus compensation in disability policies in selected countries, 1990-2014



Source: International Labour Organization (ILO) & Organization for Economic Co-operation and Development (OECD) (2019). *Labour market inclusion of people with disabilities*, p.9.

5.1.1. Types of active labour market programmes and policies

People with disabilities could benefit from supplementary support to encourage their participation in the labour market. Many countries have already developed different **supply side** strategies for **supporting workers with reduced work capacity**. One example is to allow workers to work fewer hours, but to receive full wages through subsidies for employers, which encourages the hiring of people with disabilities while allowing them to access mainstream occupations, in inclusive work environments (ILO & OECD, 2019).

On the **demand side**, there are several policies that employers can implement to assist people with a disability. For example, at the international level, 25 multinational companies came together in 2010 to form the **Global Business and Disability Network** with the ILO. The network includes national-level disability and business networks from, among others, Australia, Brazil, Canada, Germany, Indonesia, Mexico, Saudi Arabia, South Africa, the UK and the US as well as different initiatives in China and India. This network showcases the companies' best practices and promotes a narrative based on the advantages for business in employing persons with disabilities (ILO & OECD, 2019).

Table 1: Overview of the main types of active labour market policies targeting jobseekers with disabilities

	Vocational rehabilitation	Wage	Emploi assisté	Emploi protégé
Typical provider	Public employment services or non-governmental organisations (NGOs)	Public employment services or tax authority	Public employment services or NGOs	Public or non-profit companies
Main elements	Ability testing, case management, training, placement, work adjustment measures	Subsidy to employer	Individualised vocational rehabilitation and job preparation (trials), job coaching and follow-up support	Placement in a sheltered workshop, subsidy to employer and/or employee, on the job training
Target group	Less severe disability	Less severe disability	All levels of disability	Severe disability
Typical outcome	Employment in the open labour market with or without subsidy	Employment in the open labour market with subsidy	Permanent employment in the open labour market	Stable but segregated employment, transition to open labour market is rare

Source: European Commission, Directorate-General for Employment, Social Affairs and Inclusion, Scharle & Csillag (2016).

The table above gives a good overview of the different standard **types of active labour market policies** for people with disabilities (European Commission, 2016): sheltered employment (employment in the social economy), wage subsidies, vocational rehabilitation and supported employment (inclusive employment in the normal economy). It is clear that some instruments are better suited for people with a less severe disability, such as vocational rehabilitation, instead of sheltered employment, which can firmly assist people with severe disabilities. While wage subsidies might encourage inclusion in the open labour market, this might not always be enough, and this is where supported employment can play an important role as it focuses on support at the individual level.

Vocational Rehabilitation

A study into employment for people with a disability in the UK **defines** vocational rehabilitation as "whatever helps someone with a health problem to stay at, return to and remain in work" (Waddell *et al.*, 2008, p. 5). It consists mostly of three types of policies:

- Preparing for the world of employment;
- Job retention, i.e. supporting and maintaining those currently in employment;
- Facilitating new work for people currently out of employment or on ill-health benefits.

Governments play a key role through return-to-work schemes and specific support for employers in meeting

the challenges of ill health/disability in the workplace. For those with severe difficulties resulting from ill health or disability, professionals with both health and employment skills are needed to provide individualised return to work services. **Close cooperation** between the individual, health/rehabilitation professionals and supportive employers is important to assist a person with a disability for employment (Frank, 2016). An action of SOCIEUX+ shows however that investing in relations with the private sector is not that easy (see box below).

Promotion of employment for people with disabilities in Peru – SOCIEUX+ Project

Action description

In 2021, the Ministry of Labour and Promotion of Employment published the National Decent Employment Policy. The action strengthened the competencies of officials of the Employment Centres regarding people with disabilities, strengthened the capacities of the staff of the Directorate for Promotion of Employment for Workers with Disabilities (DPLPCD) and aimed to improve **the services provided to employers**, in order to increase the labour insertion of people with disabilities. The capabilities of professionals and employment centres were also strengthened, in order to homogenise **labour intermediation services** and institutionalise quality standards. This was done through **training and** through **consultation tables** on how to improve the employability of workers with disabilities.

Impact

The staff responsible for the provision of services for people with disabilities received training based on the International Classification of Functioning (ICF) to the staff. This can lead to more adequate intermediation services for people with disabilities. People with disabilities benefit from **more accurate intermediation services** as this facilitates their entry into the labour market and so their access to better working conditions.

On the other hand, the action wanted to establish **public-private alliances** and support employers but **very few services were provided** to private companies. The effort of the staff towards private companies was **limited to awareness raising activities** and to some **job fairs** where private companies and job seekers could meet.

Good practices

- Training with case studies is considered as a possible good practice, as well as videos with case studies of jobs performed by people with disabilities with adapted job requirements.
- The recording of the trainings ensures the easy and permanent access to training material, and makes it available for new professionals.

Source: Database of SOCIEUX+ (Action 2018-23).

Dutta *et al*. (2016) studied employment outcomes of people with a disability in the US, and showed the **importance for vocational rehabilitation**. Of a group of 5000 people[34] with a disability that received vocational rehabilitation services, 62% of them were employed afterwards. Of this group, individuals with sensory/communicative impairments had the highest success rate (75%) compared to the physical impairments group (56%) and those with mental impairment (55%). The study showed that **job placement** (referral to a specific job interview), **on-the-job support** (services to stabilize the placement and enhance job retention; such as job coaching, follow-up and follow-along and job retention services), **maintenance** (monetary support provided for expenses such as special clothing, that are in excess of normal expenses) and other services such as **medical care** for acute conditions, were all significant predictors of employment success across all impairment groups, and thus important instruments of vocational rehabilitation.

Moreover, as Buys, Matthews & Randall (2014) have shown, vocational rehabilitation is a key practice in order to control governmental expenses related to disability benefits. The authors depict that **qualified vocational rehabilitation personnel** hereby is very important and that practitioners need to focus increasingly on individualised service delivery where **the client has significant control** over decisions about their rehabilitation program. The box on next page illustrates that a knowledge gap still exists for staff dealing with the employment of people with disabilities, as training was given to staff of the National Employment Service in Serbia.

34 Sample group in 2005.

Advice for equal employment opportunities of people with disabilities in Serbia– SOCIEUX+ Action

Action description

The National Employment Service (NES) of Serbia was assisted by Socieux in their knowledge on employing people with disabilities. Experts introduced European experiences to the NES staff, highlighting best practices related to accessibility, and inclusion. Recommendations were given related to: accessibility to facilities, assistive technologies, and to higher awareness and capacities of the counsellors and employers. Moreover, it was recommended to create multidisciplinary teams with multiple profiles, which facilitates outside-the-box thinking and enhances the development of effective integration programs.

Impact

The trainings broadened the knowledge of the concept of work for people with disabilities. With the enhanced skills of the counsellors, the service provision can be adapted to the specific needs of people with disabilities.

Source: Database of SOCIEUX + (Action 2023-14).

Wage subsidies

European Union Member States offer diverse financial incentives to support and encourage employers in hiring, retaining, and training individuals with disabilities. Some countries provide payments or grants to employers upon hiring a person with a disability, while others offer subsidies for trial employment, training, or internships for them. Additionally, financial aid is available in certain states to offset the extra expenses associated with employing individuals with disabilities, including additional training, support, or workstation adaptations.

Wage subsidies are a common mechanism across Europe to promote the employment of persons with disabilities, albeit with variations in their structures. Some subsidies compensate employers for the reduced productivity of specific workers, while others are provided without the need to demonstrate reduced productivity. These subsidies may be fixed term or ongoing, and often have a maximum percentage linked to a set wage, typically tied to the minimum wage. In some cases, employers have to fulfil additional requirements in order to qualify for such subsidies.

Illustration 2: Countries offering wage subsidies or financial incentives for employers in the open labour market (marked in yellow)

Countries offering wage subsidies or financial incentives for employers in the open labour market (marked in yellow)

1. The Netherlands
2. Belgium
3. Luxembourg
4. Czechia
5. Slovakia
6. Austria
7. Slovenia
8. Croatia

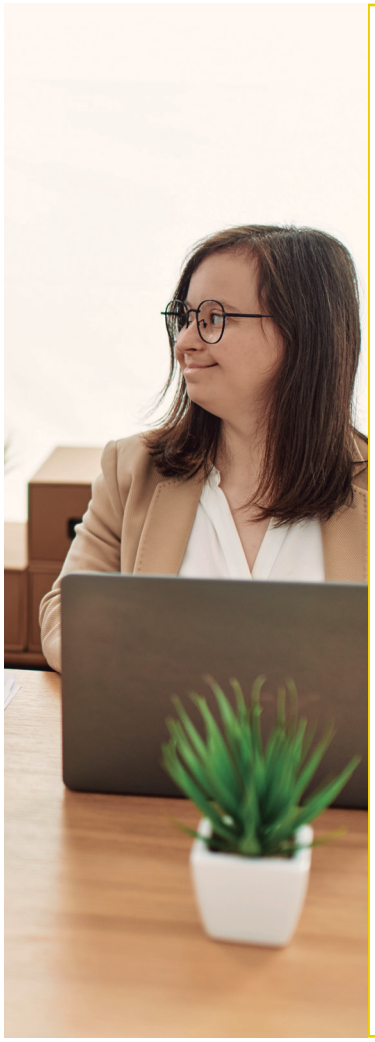
Source: European Disability Forum. (2020). Poverty and Social Exclusion of Persons with Disabilities: European Human Rights Reports Issue 4 - 2020. https://mcusercontent.com/865a5bbea1086c57a41cc876d/files/ad60807b-a923-4a7e-ac84-559c4a5212a8/EDF_HR_Report_final_tagged_interactive_v2_accessible.pdf

According to a report published by the European Commission (2023), approximately one-third of EU Member States offer tax relief to employers hiring workers with disabilities in the mainstream job market. The methods vary and include lower tax rates on employee remuneration, tax exemptions on goods or services purchased to facilitate the work of disabled employees, or flat-rate tax deductions. Moreover, according to the same source, around half of the EU Member States implement reductions in social security and/or mandatory health insurance payments for employers hiring persons with disabilities, either for a set period or permanently. However, these benefits typically require the official assessment and recognition of the employee's disability.

Despite the general practice of providing wage subsidies for employers in Europe, it is noteworthy that not all countries offer such subsidies. As illustrated above, countries such as Germany, Portugal or Estonia do not offer wage subsidies or financial incentives to employers in the open labour market. It is also important to highlight that, among countries that do offer such incentives, the practices vary. For instance, in Cyprus, the incentive is offered during the first 24 months while, in Greece, the available programme subsidises the employment of people with disabilities first for 12 months, with two possible extensions[35].

35 European Disability Forum. (2020). *Poverty and Social Exclusion of Persons with Disabilities: European Human Rights Reports Issue 4 - 2020.* https://mcusercontent.com/865a5bbea1086c57a41cc876d/files/ad60807b-a923-4a7e-ac84-559c4a5212a8/EDF_HR_Report_final_tagged_interactive_v2_accessible.pdf

Among the good practices we identified, the case of Austria is an inspiring one as the country provides different types of subsidies, tailor-made for specific needs and taking into account the concept of intersectionality. This case is explained in the box below.



Austria: Financial support to businesses for hiring persons with disabilities

Since 2019, businesses in Austria have the opportunity to apply for what is termed an "inclusion subsidy". This subsidy covers 30% of the gross salary for people with disabilities holding beneficiary status. Additionally, the "inclusion subsidy plus", specifically aimed at supporting women with disabilities, supplements this subsidy by an extra 25%. In terms of duration, the "inclusion subsidy" is awarded for one year, with a maximum of EUR 1,000, while the "inclusion subsidy plus" follows the same duration and is capped at EUR 1,250.

Another measure within this framework is the "inclusion bonus", designed to enhance the inclusion of adults in vocational education and training (VET) while assisting businesses in employing individuals with disabilities throughout their apprenticeship period (approximately 3 years). This bonus is equal to the current amount of the compensatory tax, which companies must pay if they fail to meet their legal obligations to hire persons with disabilities. As of 2023, this amounts to EUR 292 per month.

These three are good practices as they effectively increase the participation of individuals with disabilities in the open labour market. They do so by focusing on the business sector while complementing existing support measures directly targeting persons with disabilities. Furthermore, they embrace the intersectionality aspect of this topic by proposing tailored solutions aimed at addressing the specific challenges faced by these groups within the broader job market landscape.

Source: European Commission (2023), Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes, 36 p.

Supported Employment

As mentioned above, supported employment goes broader than vocational rehabilitation, as it tries to offer **more individual support, tailored to the specific needs of a person.** It can contain job preparation, job coaching and follow-up support, and aims to achieve employment in the standard economy.

A study on supported employment in Sweden for people with disabilities interviewed employers to discover the different key factors for finding, obtaining, and maintaining employment for people with disabilities. In this research, supported employment had the objective to achieve employment and inclusion in the workplace for people with disabilities through close and continual support, before and after employment, not only for the employee with disabilities, but also for employers and fellow employees, in the form of a **job coach**. Well-functioning supported employment organisations were able to respond to the demands and market logic that make up employers' everyday reality. Through these activities, supported employment ideally provides security for employers, takes responsibility of the labour supplied and cultivates relationships of trust with employers (Gustafsson, Peralta & Danermark, 2013).

The study identifies **three important roles for the job coach from an employer's perspective**: as broker, guide and as troubleshooter. In each of these roles, there were certain aspects that improved the employment of people with a disability. The approaches employers pointed to as most successful are summarised in the figure below. These roles provide important information regarding employers' expectations towards job coaching for disabled individuals.

Figure 13: The roles of broker, guide and troubleshooter

Source: IDEA Consult, based on Gustafsson, Peralta & Danermark (2013).

Sheltered employment

Sheltered employment is a type of work practice that suffers from a lack of consensus. Indeed, it seems that no single definition of "sheltered workshop" exists and is shared, at least within the European Union and its actors. Moreover, sheltered workshops are called by different names in different European countries. According to the European Association of Service provides for Persons with Disabilities[36] (EASPD), this absence of a common definition is due to the sensitivity of the issue and the vast discrepancies between national legislations.

Indeed, the organisation and funding structures, the eligibility criteria for workshop entry, and the extent to which sheltered workshops are utilized in disability employment policy differ greatly across European countries[37].

Beside this lack of a shared definition, accurate and recent data about this work arrangement is also lacking across the EU. Therefore, it is difficult to seize the importance of sheltered workshops, as well as their growth. Some countries, such as Germany, the Czech Republic, Italy, Finland and Spain, note a growing trend. On the contrary, countries like the Netherlands and Poland observe a shrinkage of this work arrangement[38]. Noteworthily, the main factors affecting growth of the sheltered labour market can be qualified as "lack factors" in the sense that they denote a lack in the environment for people with disabilities, allowing other forms of employment to appear. These factors can be summarised as follows:

- Unfavourable conditions and discrimination in the open labour market;
- Insufficient or poorly suited policy measures to encourage mainstream employers to hire persons with disabilities;
- Extensive financial support from the state for sheltered labour market participants.

While the current EU Disability Strategy still does not provide a clear definition of "sheltered employment", as a result, the clearest requirements for sheltered employment come from the United Nations through the UNCPRD and specifically the General Comment No.8, as illustrated in the box on next page.

36 EASPD (2023), *Fostering Employment through Sheltered Workshops: Reality, Trends and Next Steps*, 151 p.
37 ANED (2018) Mainstreaming disability rights in the European Pillar of Social Rights – a compendium, European Commission and Disability High-Level Group.
38 EASPD (2023), *Fostering Employment through Sheltered Workshops: Reality, Trends and Next Steps*, 151 p.

Box 1: General Comment No. 8 of 9 September, 2022, (CRPD/C/GC/8)

The Committee observes that segregated employment, such as sheltered workshops, includes a variety of practices and experiences, characterised by at least some of the following elements:

a) *they segregate persons with disabilities from open, inclusive and accessible employment;*
b) *they are organized around certain specific activities that persons with disabilities are deemed to be able to carry out;*
c) *they focus on and emphasise medical and rehabilitation approaches to disability;*
d) *they do not effectively promote transition to the open labour market;*
e) *persons with disabilities do not receive equal remuneration for work of equal value;*
f) *persons with disabilities are not remunerated for their work on an equal basis with others;*
g) *persons with disabilities do not usually have regular employment contracts and are therefore not covered by social security schemes.*

Source: United Nations Committee on the Rights of Persons with Disabilities. 2022. *General comment No. 8 (2022) on the right of persons with disabilities to work and employment*. Sept 9, 2022. Available: https://www.ohchr.org/sites/default/files/2022-09/CRPD_C_GC_8-ENG-Advance-Unedited-Version.docx

As one can read, the UNCPRD adopts a quite broad approach to sheltered employment, but also depicts a rather critical view of the sector. This critical view of sheltered employment from the UN goes to the point of recommending to Member States its phasing out, in a proactive and expeditious manner[39]. The reasons behind this recommendation are, among other things, that sheltered employment does not provide the opportunities that were theoretically associated with it. For instance, people working in the sheltered labour market are normally entitled to at least the minimum wage but, in practice, usually do not have the chance to maximise their earnings. Moreover, career advancement opportunities are theoretically available but, in practice, depend on the workplace and the capacities of the individual. Eventually, while sheltered workshops have the legal mandate to encourage transition to the open labour market, transition remains rare in practice. This is partially explained by the fact that, in profit-oriented sheltered workshops, employers are not incentivised to support individuals' transition, and also because of the way disability pension systems are designed. Indeed, in some member states (such as Finland, Spain or Italy), "disability pension beneficiaries who start working remain eligible for the pension only if they satisfy certain conditions" (EASPD, 2023, p. 52). These limitations are likely to discourage some individuals from seeking full-time employment or entering higher paying jobs.

ANED also notes that "[i]n some cases, employment in a sheltered workshop will reflect a free choice for many people with disabilities. [...] However, in many instances, individuals will find that they have little choice but to accept a placement in a sheltered workshop, irrespective of whether this reflects their wishes or not." (ANED, 2018, p. 186).

39 EASPD (2023), *Fostering Employment through Sheltered Workshops: Reality, Trends and Next Steps*, 151 p.

Following the cautious approach of the UN, the European Commission observes that these employment schemes differ in nature and do not necessarily provide adequate working conditions or labour-related rights for persons with disabilities, nor pathways to market[40]. In this regard, the Disability Employment Package planned a series of actions, including a study to explore quality jobs in sheltered employment and pathways to the open labour market. This study will be launched in 2024.

Despite the general recommendation to phase out the sheltered employment work scheme, some countries have implemented successful practices around sheltered employment. This is the case, for instance in Germany, whose practice is explained in the box below.

The EASPD provides a series of recommendations to actors involved in sheltered employment. These are summarised in the box on next page.

Germany: reimbursement of costs for the trial employment of people with disabilities

In Germany, a measure dedicated to the employment of people with disabilities is the reimbursement of costs for the trial employment of persons with disabilities as well as employees of sheltered workshops for a period lasting up to 3 months. This initiative aims to facilitate a smoother transition into full and permanent employment and subsequent integration into the open labour market. Employers benefit from the opportunity to assess the capabilities of potential employees with disabilities and identify suitable candidates, with all costs associated with trial employment covered by the employment agency or job centre. This includes wage or salary costs (including the employer's social security contributions), statutory or collectively agreed benefits, apportionments and contributions to the employers' liability insurance association. Additionally, for individuals transitioning from sheltered workshops, companies may seek "benefits to compensate for extraordinary burdens" from the integration office.

Source: European Commission (2023), Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes, 36 p.

40 European Commission (2021), Union of Equality. Strategy for the Rights of Persons with Disabilities 2021-2030.

Box 2: Recommendations of the European Association of Service provides for Persons with Disabilities for sheltered employment

Recommendations to entities operating sheltered workshops:

- render transition to the open labour market as a main goal;
- prioritise people over benefits and adopt a person-centred approach;
- reinvest profits into the organisation and be democratic and participatory in nature;
- train staff into supporting and encouraging persons with disabilities in their transition;
- develop close ties with businesses in their area.

Recommendations to country-level policymakers:

- dedicate more resources to early intervention initiatives and ensure that vocational education is relevant for employers;
- accompany financial incentives for employers with information, awareness raising, job coaching and other soft measures;
- ensure that employment services' capacities are strengthened in addressing the needs of jobseekers with disabilities;
- legally recognise and invest in supported employment;
- ensure that persons with disabilities still receive financial support for additional living costs related to their disability;
- ensure that work activities are legally treated as such;
- monitor abuse of the financial support system for sheltered workshops and exploitation of workers;
- ensure that professional and personal development of persons with disabilities does not stop once they become employed in the open labour market.

Recommendations to EU-level policymakers:

- ensure the collection and availability of data and research that allows progress to be measured: address the need for up-to-date and accurate quantitative and qualitative data on persons with disabilities in sheltered workshops and jobseekers with disabilities;
- increase the amount of funding dedicated to data collection and research;
- clearly define "disability", "sheltered workshops", and rehabilitative work versus work activities;
- ensure that EU and Member States' policies incorporate the social model of disability while fully adopting a human rights-based approach;
- enter into discussions with service providers and civil society organisations to carefully weigh the pros and cons of ratifying the Optional Protocol of the UNCRPD.

Recommendations to civil society organisations:

- find common points between those advocating for the closure of sheltered workshops and those advocating for their continuation, in order to ameliorate persons with disabilities' lives.

Source: EASPD (2023), Fostering Employment through Sheltered Workshops: Reality, Trends and Next Steps, pp. 12-13.

5.1.2. Challenges with active labour market programmes and policies

When it comes to the barriers related to the effective implementation of labour activation programmes and policies, it is important first to note that labour activation programmes and policies face similar barriers as social protection programmes and policies. Indeed, budget allocation, target group determination and awareness raise are definitely challenges that labour activation programmes and policies face. We will not present these challenges further as they were explained in the chapter 4.1.

Some barriers are, however, specific to these programmes and policies.

The first barrier is about the difficulty in **tackling informal labour market**. Indeed, most (if not all) of labour activation programmes and policies are targeted at individuals likely to enter the formal labour market. However, according to ILO[41], in developing countries, most people with disabilities have informal jobs, which are more generally characterized by a lack of security and access to benefits. Indeed, in three quarters of countries with available data, persons with disabilities are more likely than those without to be in informal employment.

It is noteworthy to highlight that people with disabilities suffer from a double vulnerability. Firstly, because of their health issue leading them to more difficulty in entering the job market. And secondly, because of the type of job they have access to. Because of this greater likelihood to occupy a job in the informal economy, they are provided with less security and stability in their income[42].

As an example, in Lebanon in 2019, while 55% of individuals without disabilities worked in informal employment, this was the case of 69% of individuals with disabilities.

Taking into account this importance of informal labour for individuals with disabilities in developing countries, the major barrier is the fact that policies and programmes, independent of their relevance, might fail at reaching individuals who might benefit from them.

A second barrier is about the possible **reinforcement of stigma** towards disabled individuals because of the very subsidies they benefit from. Indeed, when it comes to financial aids aimed at people with disabilities (but also broadly to target groups), researchers from the institute for Work & Health at the McMaster University[43] have noted how these types of benefits bring contrasted views. Some stakeholders indeed see wage subsidies as useful and relevant in that they let employers with limited resources hire individuals without being concerned about the potential financial hardship in case of a mismatch[44]. However, other stakeholders fear that wage subsidies only support short-term jobs and might contribute to sending negative signals about the individuals benefiting from them.

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41 Stoevska, V. (2023, September 22). *New ILO database highlights labour market challenges of persons with disabilities - ILOSTAT*. ILOSTAT. https://ilostat.ilo.org/new-ilo-database-highlights-labour-market-challenges-of-persons-with-disabilities/

42 Boutros, P., & Fakih, A. (2023). The disability employment paradox in developing countries: recent evidence from Lebanon. *Development Studies Research*, *10*(1), 2244173.

43 Tompa, E., Samosh, D., Johnston, H., Irvin, E., Gewurtz, R., Padkapayeva, K., & Moser, C. (2022). *Funding Employment Services to Create Sustainable Employment Opportunities for Persons with Disabilities: A Policy Issues Briefing for Program Funders*. https://www.iwh.on.ca/sites/iwh/files/iwh/reports/iwh_report_funding_employment_services_for_persons_with_disabilities_2022.pdf

44 Nasution, H. A. (2023). Wage Subsidy as an Effective Form of Incentive for Employers Who Employs Persons with Disability to Create an Inclusive Labour Market. *Nusantara Science and Technology Proceedings*, 19-25.

This risk has been pointed out by other authors who note that globally active labour market programmes may lack impact because of the social stigmas associated with participants of such programmes. This stigmatisation of participants seems to be more several for some benefits, such as subsidized employment, than others, such as skills training, for instance. This stigmatisation would result from two factors. On the one hand, it would result from the possible negative associations an employer might develop about these types of programmes. On the other hand, the stigma would also result from the assumption an employer has about participants to these programmes. Indeed, Fossati and Liechti[45] have shown that these active labour market programmes are likely to reinforce negative stereotypes employers have about some specific target groups, being seen as less qualified, less motivated, etc. In the case of Fossati and Liechti, the result studied programmes dedicated to integrating refugees. However, we can extend this result to other groups of beneficiaries from such programmes.

Eventually, a last limitation of labour market programmes and policies targeted at people with disabilities is their **global generalisation**. Indeed, while most of these programmes have the benefit to at least target individuals with disabilities and providing solutions and systems aiming at improving labour market participation, they also suffer from a lack of specialisation and customisation. Yet, as we have stated earlier in this report, the term "disability" is a broad and evolutive concept, and not a clear-cut reality. Indeed, individuals with disabilities have "a large set of profiles, including their socio-economic situations, and the various forms and degrees of disabilities that they have, ranging from physical to intellectual and psychosocial"[46]. Beside that, individuals with disability are positioned at varying stages when it comes to when they have acquired their disabilities, whether from birth or childhood, or in their later adult years. Moreover, there are different by their level of past work experience, their educational opportunities, skills training, and other factors. All these distinct features affect the proper understanding by public authorities and relevant stakeholders, resulting in an important information gap about the diversity of realities when it comes to disability and employment. This gap leads to low levels of awareness about the challenges and rights of persons with disabilities, and result in a lack of proper laws and policies that will improve the lives of persons with disabilities overall[47].

45 Fossati, F., & Liechti, F. (2020). Integrating refugees through active labour market policy: A comparative survey experiment. *Journal of European Social Policy*, *30*(5), 601-615.

46 Sano, R. (2021). An Analysis of the Challenges and Strategies to Improve and Strengthen the Employment Status of Persons with Disabilities in Asia. *Communicare: Journal of Communication Studies*, *8*(2), pp. 127-128.

47 *Idem*.

5.2. Recommendations for public authorities

People with disabilities face multiple challenge when it comes to participation in the labour market. **Different policy strategies** can be taken to improve their participation to labour market. Based on the challenges for social protection programmes, these can be summarised by the following recommendations: (i) enhancing training and education of people with disabilities, (ii) supporting businesses and raising awareness, (iii) strengthening assessment skills for disabilities and (iv) improving monitoring and evaluation systems.

5.2.1. Training and education

The first recommendation is about the individual aspect of job market participation: education and skills. Indeed, in order to encourage the participation of people to the job market, regardless of their ability, it is crucial that they benefit from a certain training and education, allowing them to develop skills that will be valuable on the labour market.

When it comes to people with disability, previous studies[48] have shown that there is a notable scarcity of training programs catering to young adults with disabilities that result in meaningful qualifications and quality job prospects. This deficiency in adequate training or support dissuades employers from hiring individuals with disabilities. Moreover, adapted training programs are often undervalued compared to mainstream educational training. These combined factors, along with the bureaucratic hurdles faced by people with disabilities, act as impediments that hinder their integration into the labour market and obstruct their ability to secure employment.

Hence, the initial recommendation advocates for the enhancement of adapted education, the enhancement of practical training opportunities for people with disabilities, and the reinforcement of skills validation practices. It is noteworthy to point out that, regardless of this recommendation, one cannot conclude that the low participation of people with disabilities to the labour market is mainly due to individuals' skills.

Additionally, raising awareness among employers emerges as a crucial lever, particularly amidst labour shortages. This links to a second recommendation.

48 van Niekerk, Z., Maguvhe, M. O., & Magano, M. D. (2022). How education, training and development support the wellness of employees with disabilities. *African Journal of Disability*, *11*, 882.

Moriña, A., Perera, V. H., & Carballo, R. (2020). Training needs of academics on inclusive education and disability. *SAGE open*, *10*(3), 2158244020962758.

5.2.2. Supporting businesses and raising awareness

After addressing the individual aspect of the issue of job participation of people with disability, a second recommendation aims at the corporate and societal aspect of it. Therefore, this second recommendation is dedicated to businesses. It recommends that governments provide specific support to businesses in order to make it easier for them to meet, attract and retain individuals with disabilities in their premises. This type of support is diverse and involves awareness practices, and concrete support.

First, **raising awareness of possible employers** aims at informing and educating them about the possibility of hiring an individual with a disability. It is about education on the diverse forms of disabilities, the capacities of disabled individuals, but also the benefits (both financial and non-financial) of hiring such individuals. This can include schemes that provide information, advice and support to employers; disability-awareness training; and advice on accessibility. Across Europe, there exists several examples of good practice guides and advice services dedicated to employers. Indeed, around a third of EU Member States have advisory services[49]. An example of raising awareness practices among enterprises is shared in the box below, about a case of a communication campaign implemented in Estonia.

Estonia: The "Come here – all are welcome" label

Estonia's Gender Equality and Equal Treatment Commission developed, in cooperation with the Estonian Unemployment Insurance Fund, this "Come here – All are welcome" label.

Two versions of this label exist. The first, coloured version, means that the physical environment is accessible to any individual. It is available to use by enterprises, organisations and public authorities. The second, blue version, is intended to be used by employers who are eager to offer equal opportunities to all jobseekers, regardless of any barriers they face. This label can be added to vacancy notifications and employers' websites.

Source: European Commission (2023).

49 European Commission (2023), *Catalogue of positive actions to encourage the hiring of persons with disabilities and combating stereotypes,* 36 p.

A second type of practice for businesses is about concrete **support services available to businesses**. These support services would comprise actions aiming at different goals, maybe dedicated to different types of businesses, or even about different types of disabilities. For instance, in Belgium, a service (SAREW) is specifically available for deaf or hard of hearing people looking for a job. This service offers tailored solutions addressing specific barriers deaf people face in a professional context. This service also provides services dedicated to companies.

Lastly, in many countries there is financial support available for people with disabilities who wish to start a business and be self-employed. This as **self-employment** offers flexibility which can help individuals manage their work in a way that is compatible with other aspects of their life, including their disability. However, some countries have well-developed support systems for entrepreneurs with disabilities. Hence, countries should focus on offering entrepreneurial support tools for people with disabilities. Spain for example has recently developed new strategies to help entrepreneurs with disabilities. In addition, Germany has made progress in sign-posting specialised support services in the main information platforms for entrepreneurs and small enterprises (OECD/European Commission, 2023).

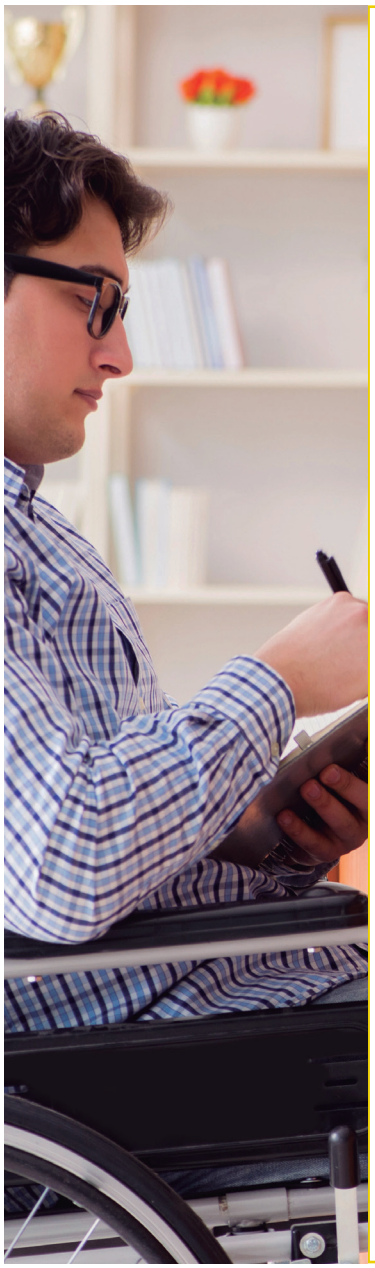
In many developing countries, **micro-financing** is already a practice often used to support the self-employed. A study found that people with disabilities tend not to apply for microfinance due to the anticipation of such rejection (Beisland & Mersland, 2013). Hence people with disabilities could for example be more supported in applying for micro-financing and with working out business plans. On the other hand, micro-financing institutions show discrimination towards people with disabilities as well. However, this requires targeted interventions aimed at institutional reforms and at integrating appropriate accommodations within microfinance operations. In order to implement these changes, microfinance regulators must act to intervene in these areas (Sarker, 2020).

5.2.3. Assessing disabilities

While it is important to develop recommendations for individuals and businesses, a third recommendation aims at taking into account the macro-level of the issue of job participation of people with disabilities. Therefore, a third recommendation is about the necessity to improve the assessment of disabilities by individuals working in Public Employment Services or other institutions in charge of the matter of disability.

Indeed, as we mentioned earlier in this report, individuals with disabilities often lack an accurate assessment of their disability, leading to a lack of access to benefits they might be eligible for.

Therefore, this third recommendation aims at improving the skills of public authorities and other relevant stakeholders in assessing disabilities, but also at using a standardised assessment method in order to do so. As a matter of fact, SOCIEUX+ financed one action in Armenia aiming at improving skills of assessors and criteria used in assessing individuals with disabilities. This action is explained in the box on next page.



Building individual capacities on functional disability assessment

Action description

The main goal of the action was to establish a Team of Trainers for continuous training of assessors involved in the functional disability assessment systems of the Ministry of Labour and Social Affairs of the Republic of Armenia.

It consisted of one main activity: training trainers on functional disability assessment. The experts prepared methodology and materials for the training, with a focus on the basic concepts of ICF, the international practice, the protocols for each disability type, the development of the assessment profile of a person with disability, the mechanism of disability assessment and the grading of ICF codes, the retrieval of the results through the algorithm for the assignment of the disability degree and the provision of suitable service packages on the basis of the linking mechanism for the functional codes.

Two training sessions of 5 days each were organised.

Impact

Thirty-nine professionals were trained to perform disability assessment in line with ICF standards and protocols. Individuals with a high training potential were identified and evaluated.

The trainees are now certified as disability assessors, and are supposed to provide similar training to colleagues locally.

Good practices

- International Classification of Functioning, Disability and Health (ICF) and its approach for disability assessment may be an important tool if a country wants to uptake functional and participation approach to disability instead of a medicalized one.
- It is relevant to translate and interpret the materials, with an interpreter who is familiar with the topic.
- It is important that the training takes place on-site and not remotely.
- The adjustment of the ICF to local context is seen as a requirement.

Source: SOCIEUX+ database (Action 2020-23).

5.2.4. Monitoring and evaluation

Eventually, a last recommendation is linked to the policy level of the issue of job participation of people with disabilities. Based on the literature, we observed that there is a lack of regular and accurate data collection about different issues (e.g. participation of workers in sheltered employment). This lack of data prevents policymakers from taking decisions based on accurate information.

Therefore, this last recommendation is about improving the monitoring through data, and also to use this data in an evaluative perspective. This involves investing in monitoring systems, including quality management information systems (Chaikof and Fleury, 2022).

Possible tools to gather information from people with disabilities to inform policy decisions are the **Model Disability Survey** of the WHO and the **Demographic and Health Surveys Disability Module**. These surveys can be used to follow-up on the state of people with disabilities in society. In addition to these surveys, multiple indicators can be established to measure the inclusion of persons with disabilities. Indicators should help determine if a social protection programme is making progress and if the program is accessible enough for persons with disabilities. When choosing and creating indicators, governments should consult with organisations for persons with disabilities, to better understand how effective they will be and to contextualize them (Chaikof and Fleury, 2022).

An action in Armenia from SOCIEUX+ illustrates an investment in monitoring systems (see box on next page). With the help of experts, a monitoring system was established to track the actual provisions that people with disabilities are eligible to receive, and to evaluate the quality of the services. The monitoring and evaluation guidelines and tools help staff to ensure the quality of services provided.

Linking disability assessment to social protection provision for People with Disabilities in Armenia

Action description

This action expanded access to employment and social protection to poor and vulnerable groups in Armenia. This was done by capacity building of the Ministry of Labour and Social Affairs of the Republic of Armenia to promote the successful implementation of the Disability Assessment Reform and the establishment of the Functional Assessment System in the country. The following actions were taken:

- An assessment of the non-medical and functional/health-related services, to identify the existing aids by disability type, level of severity and age group, and to assess the adequacy of the provided services.
- Based on this assessment, recommendations were given, reconciling the recommendations of the World Health Organization (and the ICF approach), to link the services with the Functional Assessment System.
- A monitoring system was established for tracking the actual course of the provisions and to evaluate the quality of services that people with disabilities are eligible to.

Impact

The action was an important step to transition from purely medical assessments to functional approach to disability (ICF-based) and to the provision of adequate services, that are more linked to the results of the assessment. The monitoring and evaluation guidelines and tools help to ensure the quality of services provided. However, practical implementation of these guidelines might still be difficult in Armenia, and some training may be needed so that professionals learn how to apply the guidelines.

Good practices

- Adjusting the International Classification of Functioning, Disability and Health (ICF) to local context in the interests of people with disabilities: proposals and good practices from EU (or international) were translated to the local context, the existing system and available resources (financial and human).
- Local stakeholders were consulted and their input was considered as much as possible; ministries including health, education and finance, service providers, professionals, community organisations, final beneficiaries and international partners.

Source: SOCIEUX+ database (action 2020-21).

6. Glossary

Access barriers: Any obstruction that prevents people with disabilities from using standard facilities, equipment, and resources.

Convention on the Rights of Persons with Disabilities (CRPD): The international human rights treaty of the United Nations that protects the rights and dignity of persons with disabilities. 167 countries have ratified CRPD, but the United States has only signed the treaty. Article 24 of CRPD affirms the right of persons with disabilities to inclusive education "on an equal basis with others in the communities in which they live".

Disability: Physical or mental impairment that substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment.

Discrimination: Any differential treatment based on a ground such as "race", colour, language, religion, nationality or national or ethnic origin, as well as descent, belief, sex, gender, gender identity, sexual orientation or other personal characteristics or status, which has no objective and reasonable justification

Human rights model of disability: A model of disability which holds that barriers within communities and societies, rather than personal impairments, exclude persons with disabilities from access to inclusive education.

Intersectionality: The ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination "intersect" to create unique dynamics and effects.

Mainstreaming, inclusion: The inclusion of people with disabilities, with or without special accommodations, in programs, activities, and facilities with their non-disabled peers.

Reasonable accommodations: A modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity.

Sheltered workshops: Refers to an organisation or environment that employs people with disabilities separately from others.

Social inclusion: An approach that values diversity and aims to afford equal rights and opportunities to everyone by creating conditions which enable the full and active participation of every member of society.

Social integration: A two-way process with society, governments and local authorities facilitating, supporting and promoting the integration efforts of individuals.

Social protection: A broad range of public, and sometimes private, instruments to tackle the challenges of poverty, vulnerability and social exclusion.

Supported employment: A provision of support to people with disabilities or other disadvantaged groups to access and maintain paid employment in the open labour market.

Vocational rehabilitation: Preparing any person with a disability for useful and purposeful employment through on-the-job training and use of rehabilitative equipment.

Wage subsidy: A payment to workers by the state, made either directly or through their employers.

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