



# COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Portugal

November 2021

**EUROPEAN COMMISSION**

Directorate-General for Employment, Social Affairs and Inclusion

Directorate D — Social Rights and Inclusion

Unit D3 — Disability and Inclusion

*European Commission*

*B-1049 Brussels*

# **COVID-19 and people with disabilities**

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## **Portugal**

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This report has been developed under Contract VC/2020/0273 with the European Commission.

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Manuscript completed in March 2021

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## Table of contents

1	Executive summary .....	5
2	Disability-inclusive disaster and recovery planning .....	7
	2.1 Commitments to disability in disaster management and recovery strategies .....	7
	2.2 Involvement of people with disabilities in disaster management and recovery strategies .....	8
	2.3 Disability impact assessments and research to inform disaster management and recovery planning.....	8
	2.4 Use of disaster management and recovery planning funds .....	9
3	Mortality connected to COVID-19 among people with disabilities .....	10
	3.1 Are official statistics available concerning the overall mortality rate of people with disabilities? .....	10
	3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19? .....	10
4	Access to health.....	11
	4.1 Emergency measures.....	11
	4.2 Access to hospital treatment for COVID-19 .....	11
	4.3 Treatment for COVID-19 in congregate settings.....	12
	4.4 Public health promotion and testing during the pandemic .....	12
	4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions .....	13
	4.6 Vaccination programmes .....	14
5	Income and access to food and essential items.....	15
	5.1 Emergency measures.....	15
	4.2 Impact of the COVID-19 crisis .....	15
6	Access to transportation and the public spaces .....	16
	6.1 Emergency measures.....	16
	4.3 Impact of the COVID-19 crisis .....	16
7	Involuntary detention or treatment.....	17
	7.1 Emergency measures.....	17
	7.2 Impact of the COVID-19 crisis .....	18
8	Violence, exploitation or abuse .....	19
	8.1 Emergency measures.....	19
	8.2 Impact of the COVID-19 crisis .....	19
9	Independent living .....	21
	9.1 Emergency measures.....	21
	9.2 Impact of the COVID-19 crisis .....	21
10	Access to habilitation and rehabilitation .....	22
	10.1 Emergency measures.....	22
	10.2 Impact of COVID-19 and/or emergency measures adopted .....	22
11	Access to justice .....	23
	11.1 Emergency measures.....	23
	11.2 Impact of COVID-19 crisis .....	23
12	Access to education .....	24
	12.1 Emergency measures.....	24
	12.2 Impact of the COVID-19 crisis .....	24
13	Working and employment .....	26
	13.1 Emergency measures.....	26
	13.2 Impact of the COVID-19 crisis .....	26

14	Good practices and recommendations.....	28
14.1	Examples of good practice .....	28
14.2	Recommendations.....	28
14.3	Other relevant evidence.....	28

## 1 Executive summary

### Disability inclusivity of disaster and recovery planning

The Portuguese government presented the Recovery and Resilience Plan 2021-2026 in October 2020, prioritising the areas of urgent intervention after the crisis produced by the pandemic. The plan included a section addressed to renovate social care facilities for vulnerable populations, including persons with disabilities. The Plan briefly mentions the changes needed in the sector, such as expanding the number of facilities to assist more users and adapting existing facilities to the current health and digital context; improving social care provision and early intervention to promote autonomy and prevent institutionalisation; and improving accessibility to enable the social inclusion of people with disabilities. It defines a budget of EUR 586 million that comes from the *Next Generation EU* and the Pluriannual Financial Plan.

The government introduced other plans and measures in different pandemic stages to promote safe practices, prevent contagiousness among people with disabilities, and vulnerable groups, especially those living in residential facilities.

The National Institute for Rehabilitation (INR) created a webpage in its portal in which guidelines and information regarding COVID-19 and persons with disabilities and their caregivers are made available. After the first lockdown, the National Institute of Rehabilitation also published guidelines for Occupational Activity Centres' staff and users, recommending a set of actions to avoid contagiousness among users and staff. Other guidelines developed by associations and organizations of and for people with disabilities are available on the website.

### Impact of the virus on mortality among people with disabilities

There is no official data regarding mortality among people with disabilities, and this impact is, therefore, not possible to analyse.

### Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

1. Due to the pandemic, people with disabilities and their families and caregivers were negatively affected by the suspension or activity reduction of disability-specific therapies and social care (including the independent living scheme).
2. In terms of employment, it was also clear that people with disabilities were seriously impacted since the number of unemployed persons with disabilities registered in employment services of the Institute for Employment and Professional Training increased by 10 % during the first semester of 2020 (compared to the number in December 2019).
3. The shift to distance learning did not fully consider the needs of children with disabilities and even when schools resumed in September, schools were still facing a lot of constraints and did not address properly and in a timely way the needs of many children with disabilities. They risk being left behind.

## **Examples of good practice**

1. The Government introduced exceptional and temporary measures for parents with children with disabilities, including justification of absences from work if motivated by unavoidable assistance to a child or other dependent under 12 years of age, or, regardless of age, with disabilities or chronic illness, resulting from the suspension of teaching and non-teaching activities in school or early childhood support equipment or disability. Employees and independent workers can access a subsidy: Two-thirds of the monthly salary for the first ones, and one-third of the income registered during the first trimester of the year for the last ones.
2. For citizens with hearing impairments, the government prepared information in Portuguese Sign Language on prevention and care to be taken during the pandemic and created a new channel with video call and chat options available in the national health system SNS24 line.
3. Social responses that were suspended during the first stage of the pandemic such as the Occupational Activity Centres, were in charge of providing food to their most needed users.

## **Recommendations and opportunities for change**

- Active participation of people with disabilities might be included within the Recovery Planning Strategies, avoiding people's inclusion as passive citizens. Activating social and public networks at the community level can improve their independent living in possible emergency cases, find support in their closer communities, and get other citizens involved to assist people with disabilities and/or their families.
- Monitoring the pandemic impacts on persons with disabilities and their caregivers as well as collecting data on persons with disabilities on a number of equality indicators (e.g. in education, employment, risk of poverty,...) in a systematic way. Without disaggregated data it is hard to assess needs and design good and effective policies.
- Alternatives for rehabilitation activities and other responses that affect people with disabilities' social inclusion during an emergency state need to be improved. Protecting life in emergency cases needs to include dignity that guarantees the continuity of social inclusion processes.



## 2 Disability-inclusive disaster and recovery planning

### [Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

#### 2.1 Commitments to disability in disaster management and recovery strategies

In November 2013, Portugal approved the National Plan for Emergencies and Civil Protection.<sup>1</sup> It included a set of actions to be activated in cases of natural disasters, such as earthquakes, fires, floods, among others. The Plan works as a guideline for the Civil Protection National Authority's operations in emergencies. The document mentions that people with disabilities, older people, children, and populations at risk will be evacuated first when an occurrence happens. However, they are not mentioned again throughout the document. Nonetheless, it includes a model for monitoring emergencies by training institutions and vulnerable populations in order to give them tools and information to save their lives and protect their goods. The Plan was activated on 24 March 2020 as a coordinating mechanism, facilitating the coordination of activities among the responsible institutions in different territorial levels (local, regional, national).

The Portuguese Government presented the Recovery and Resilience Plan 2021-2026<sup>2</sup> in October 2020, prioritising the areas of urgent intervention after the crisis created by the pandemic. The Plan included a section focusing on social responses to vulnerable populations, including persons with disabilities. Although the Plan contemplates in detail the economic recovery strategy that will be developed, it only briefly mentions the changes in social provision it aims for. For persons with disabilities these changes include: 1) the expansion of the social care facilities network to cover larger numbers of users and the adaptation of existing facilities to the current health and digital context; 2) the development of innovative and community-based services to promote autonomy and prevent institutionalization; and 3) the improvement of accessibility to ensure the inclusion of people with disabilities in social life.

Furthermore, after the first lockdown, General recommendations for the end of the lockdown and Orientations for the Occupational Activity Centres (CAO),<sup>3</sup> were also published. In that document, the government set up the conditions to be followed by these service providers to ensure the safety of staff and users. These included, among others: maintaining social distancing (by guaranteeing at least 1,5 mt. between users); use of outdoor activities; prohibition of contact between users in residential care and those in Occupational Activity Centres (when both social care services are located in the same building), a prohibition that also extended to caregivers, and professionals. That meant that occupational activities were provided at the residence facilities for those who are living there. Commuting to the CAO also had to be ensured by the families, and when that was not possible, the centre should arrange a way of transporting their users that ensured protective measures.

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<sup>1</sup> National Plan for Emergencies and Civil Protection

[http://www.prociv.pt/bk/RISCOSPREV//Documents/Componentes\\_p%C3%BAblicas.pdf](http://www.prociv.pt/bk/RISCOSPREV//Documents/Componentes_p%C3%BAblicas.pdf).

<sup>2</sup> Recovery and Resilience Plan 2021-2026 <https://www.portugal.gov.pt/download-ficheiros/ficheiro.aspx?v=%3d%3dBQAAAB%2bLCAAAAAAABAAzNDAzNgMAAfd%2fsQUAAAA%3d>.

<sup>3</sup> Guidance for the Occupational Activity Centres Reopening [https://www.inr.pt/documents/11309/284924/guiao\\_cao.pdf](https://www.inr.pt/documents/11309/284924/guiao_cao.pdf).

The Directorate-General for Health (DGS) presented a draft version of the Health Plan Fall-Winter 2020-2021<sup>4</sup> to the Social and Economic Council and the National Health Council. The plan contemplates specific measures for groups at risk who are service users of social care services. Although the paper does not mention specifically persons with disabilities, it includes the measures that are to be taken in Residential Facilities for older people, and in the health care facilities of the National Network of Long-term Integrated Care (RNCCI). In both types of facilities there is a large number of persons with disabilities. These measures include: 1) prioritizing vaccination, not only for COVID-19 but also for influenza; 2) preparing care units among the National Network of Long-term Integrated Care by guaranteeing isolation measures for users who are not in a serious condition and not required to be admitted to a hospital; 3) Testing users in the residence facilities.

Specific measures for residential care facilities<sup>5</sup> for older people include: 1) providing training and information for users and professionals; 2) improving access to individual protection equipment; 3) ensuring the availability of human resources to provide external assistance when required by the facilities (due for example to an outbreak of COVID-19), through coordination among local health authorities, the Social Security Institute, and Civil Protection; and 4) in the situations of suspicious positive cases, the relocation of users to local facilities provided by the municipalities when residential care facilities do not have the capacity for isolation notably through the support of the National Network of Long-Term Integrated Care to ensure home-based healthcare.

## **2.2 Involvement of people with disabilities in disaster management and recovery strategies**

As mentioned above, the Guide Health and Daily Activities. General measures of COVID-19 prevention and control for Persons with Disabilities was developed with the collaboration of several DPOs, representing different types of impairments.

Furthermore, the National Institute of Rehabilitation<sup>6</sup> has stated that to develop the extraordinary measures that have been adopted throughout the pandemic the government has consulted with the National Confederation of Solidarity Institutions, the Union of Portuguese Misericordias, the Union of Portuguese Mutualities, and the Portuguese Cooperative Confederation, some of which are service providers for people with disabilities.

## **2.3 Disability impact assessments and research to inform disaster management and recovery planning**

There is no evidence of any systematic effort to develop an impact assessment or commission research concerning the situation of persons with disabilities to inform disaster and recovery planning on the part of the government or any public authorities. Moreover, the documents available regarding recovery planning and risk management

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<sup>4</sup> Health Plan Fall-Winter 2020-2021 <https://www.dgs.pt/documentos-e-publicacoes/plano-da-saude-para-o-outono-inverno-2020-2021-pdf.aspx>.

<sup>5</sup> Despacho No. 4097-B/2020 about Civil Protection National Authority's Competences, and Social Security District Centre and Local Health Authorities and municipality cooperation in the context of the Emergency State <https://dre.pt/web/guest/home/-/dre/131051270/details/maximized>.

<sup>6</sup> Information provided through email by the National Institute of Rehabilitation in response to a written inquiry sent by the expert who prepared this report.

are not oriented to discuss differentiated pandemic impacts. Nonetheless, the document "Health and daily activities. General Prevention Measures and Controlling COVID-19 for people with disabilities", mentioned before, does recognize that, due to the pandemic, people with disabilities were affected negatively by suspended services addressed to social inclusion and independent living. It points out that gaps between vulnerable groups and the general population have increased, especially those related to accessibility to health, information, communication, mobility, and care support.

Nevertheless, the Disability and Human Rights Observatory took the initiative to develop a survey on the impact of COVID-19 on persons with disabilities and their caregivers, and the data was made publicly available through the ODDH website and the media.<sup>7</sup> The Federation of Associations of Cerebral Palsy has also produced a regular Barometer on the impact of COVID on persons with cerebral palsy.<sup>8</sup>

#### **2.4 Use of disaster management and recovery planning funds**

According to the Recovery and Resilience Plan 2021-2026, the renovation and expansion of the network of social care services is one of the actions proposed to respond to the pandemic crisis, as well as the improvement of accessibility for people with disabilities. The Plan indicates a budget of EUR 3.504 million to address Social Vulnerabilities in general, of which EUR 45 million are to be dedicated to improving accessibility, EUR 35 million to fight poverty and social exclusion, and EUR 85 million to conclude the Mental Health Reform.

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<sup>7</sup> Disability and COVID-19. Results of a study made with people with disabilities and caregivers. <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

<sup>8</sup> <http://www.fappc.pt/>.

### 3 Mortality connected to COVID-19 among people with disabilities

#### [Article 10 – The right to life](#)

#### **3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?**

There is no data available. According to the last report of 2020<sup>9</sup> issued by the National Institute of Statistics, between 2 March 2020, the date on which the first cases with COVID-19 were diagnosed in Portugal, and 27 December 2020, 99 356 deaths were registered in the national territory, 12 852 more deaths than the average in the same period over the last five years. Of these excess deaths, 52.0 % (6 677) were caused by COVID-19. Of the total deaths from 2 March to 27 December, 49 453 were men and 49 903 women (5 833 and 7 019 deaths more, respectively, than the average number of deaths in the same period of 2015-2019).

More than 70 % of deaths were of people aged 75 years or over. Compared to the average observed in the same period of 2015-2019, 10 886 more people aged 75 and older died, of which another 8 038 were aged 85 and older. The data is not disaggregated by disability, and the General Directorate for Health, the agency producing these statistics, has never commented on that absence.

#### **3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?**

No data is available concerning how many people with disabilities have died from complications connected to COVID-19 during the period of the pandemic.

No data is available of all people who died from complications connected to COVID-19 during the period of the pandemic, what proportion were people with disabilities.

No data is available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19.

No data is available concerning the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

See also section 3.1 above.

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<sup>9</sup>

[https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine\\_destaques&DESTAQUESdest\\_boui=471952633&DESTAQUESmodo=2](https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=471952633&DESTAQUESmodo=2).

## 4 Access to health

### [Article 25 – Health](#)

#### 4.1 Emergency measures

There are no criteria set up using disability, age status or living arrangements to prioritise entitlement to healthcare. However, there is some guidance concerning access to healthcare for people living in institutions (including older people and people with disabilities). Through Guidance 09/2020<sup>10</sup> updated on 23 July 2020, issued by the General-Directorate for Health, the government defined the measures that are to be implemented in all types of residential facilities (for children and youngsters at risk, persons with disabilities and the elderly) to reduce the risk of contagiousness, including visits regulations (which were initially suspended and then allowed for only one per week before being suspended again due to the COVID-19 third wave). Besides the implementation of hygienic protocols regarding surfaces and materials used by residents, the Guidance included a set of social distancing recommendations and limitations of the number of people in shared spaces. Moreover, the Guidance orders institutions to create and implement Contingency Plans for suspicious cases to prevent other residents and professionals from getting the virus. These plans must include protocols for isolation, and the institutions need to provide a physical space for isolation, guaranteeing health services and food provision in place. If the infected resident does not need to be admitted to a hospital, he/she will stay in the isolation place, and receive care from assigned professionals. Otherwise, the placement of residents in other health facilities needs to be coordinated with local health authorities.

Also, institutions must undertake COVID-19 testing in place. If a suspicious case is confirmed, professionals and residents who were in contact with the person in the last 14 days will be tested. The Guidance mentioned that testing aims to identify cases and isolate them, avoiding a chain of contagious. The procedure for positive cases is to contact the local health authority, informing the local government or the Social Security representative, and defining the strategy for isolation or relocation if needed.

Through Order No. 259/2021 of 8 January 2021,<sup>11</sup> the government recently introduced regular testing in residential facilities for older people and persons with disabilities, both for residents and the staff, recognising the increased vulnerability of these groups. The Order further states that deaths occurring within the institutions will be considered COVID-19-caused if they presented any symptom related to the virus until a negative test proves the contrary.

#### 4.2 Access to hospital treatment for COVID-19

There is no data available. There has never been a policy in Portugal prioritising specific groups in what regards access to hospital treatment. During waves 1 and 2 things were pretty much under control in terms of access to health care but during wave 3 (especially at the end of January 2021 and beginning of February) the number of infected people in Portugal was extremely high and long queues of ambulances

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<sup>10</sup> Guidance 09/2020, General Directorate for Health. <https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0092020-de-11032020-pdf.aspx>.

<sup>11</sup> Decree-Order (Despacho) No. 259/2021 <https://dre.pt/application/file/a/153337406>.

were waiting in front of major hospitals just to get admitted to ER. However, there is no evidence of people with disabilities getting less care than others.

### 4.3 Treatment for COVID-19 in congregate settings

Although information regarding the number of people with disabilities treated in residential facilities is not available, the Government did provide in-house treatment for people living in residential facilities through the Decree-Order No. 4959/2020<sup>12</sup> issued on 24 April 2020. According to this Order, residents with COVID-19 whose health situation does not require hospitalisation receive care within the residential facility with the support of healthcare professionals from the Local Health Authorities. In Portugal large numbers of persons with disabilities live in residential facilities for older people.

### 4.4 Public health promotion and testing during the pandemic

The government published the report Health literacy and COVID-19: Plan, practice, and challenges.<sup>13</sup> The document introduces the Portuguese government strategy of communication and health literacy in the context of COVID-19. It is part of the actions implemented to promote social awareness about the behaviours that the general population should adopt to promote and maintain good health in times of the pandemic. Even though the report does not mention people with disabilities (nor other groups), it highlights the importance of using several communication channels to reach the entire population. It also points out that access to good quality information on health literacy is one of the main concerns to succeed in the control of the disease.

The National Institute for Rehabilitation<sup>14</sup> created a new webpage in its portal on COVID-19 and persons with disabilities. The webpage provides general information on COVID-19, such as the government current regulations and measures for the general population as well as health recommendations issued by the General Directorate for Health and useful contacts. One of these contacts is the video call service channel on the national Health Service 24h line with easy access for citizens with hearing impairment. The webpage also provides specific recommendations for persons with different types of impairments (physical, visual, and hearing impairments, rare diseases, psychosocial disabilities, and cerebral palsy) including information provided in easy-to-read format and Sign Language. In some cases (for persons with cerebral palsy, and rare diseases), the site provides a link to dedicated guides, which were developed by the two concerned disability organisations – the Federation of Portuguese Associations of Cerebral Palsy<sup>15</sup> and the National Association of Mental and Rare Disabilities (Rarrissimas).<sup>16</sup>

The website further includes a Guide on COVID-19 and Persons with Disabilities, developed by the State Secretary for the Inclusion of Persons with Disabilities in collaboration with the National Institute for Rehabilitation (INR), a Higher Education

<sup>12</sup> Decree-Order No. 4959/2020 <https://dre.pt/application/file/a/132434115>.

<sup>13</sup> Health literacy and COVID-19, Plan, practice, and challenges <https://www.dgs.pt/documentos-e-publicacoes/literacia-em-saude-e-a-covid-19-plano-pratica-e-desafios-pdf.aspx>.

<sup>14</sup> <https://www.inr.pt/informacoes-especificas>.

<sup>15</sup> Recomendações para pessoas com paralisia cerebral, as suas famílias e os seus amigos, em contexto da COVID-19. Available at ([Microsoft Word - 2020.03.27 FAPPC - COVID-19, orienta\347\365es para as fam\355lias](#)).

<sup>16</sup> Information for People with mental and rare disabilities and their caregivers available at [091c4c5b-d46e-4fec-a4a0-1bb251acf1c2 \(inr.pt\)](#).

institution and several DPOs.<sup>17</sup> The brochure entitled Health and Daily Activities. General measures of COVID-19 prevention and control for Persons with Disabilities recognizes the differentiated impact of the pandemic on people with disabilities offering a general description of the illness and its symptoms in an accessible language. It provides guidance for persons with disabilities, their caregivers, professionals, and public servants on COVID-19 prevention and control for persons with different types of impairments; the guide is available as an e-book, but also in an easy-to-read format and as a video with Sign Language translation.

Moreover, for citizens with hearing impairments, the government prepared information in Portuguese sign language on prevention and care to be taken during the pandemic and created a new channel with video call and chat options available in the National Health System 24h line.<sup>18</sup>

On the 8 January 2021, the Government introduced Order-Decree 259/2021,<sup>19</sup> which established the realisation of COVID-19 tests within residential facilities for older people, long-term integrated care facilities, and other facilities for people with disabilities. It aims the early identification of new cases to break contagious chains.

#### **4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions**

The Disability and Human Rights Observatory conducted a study<sup>20</sup> on the impact of COVID-19 on people with disabilities and their caregivers. It collected information on two phases of the pandemic: during the first lockdown (April-May 2020) and October 2020, when most activities had resumed. The two online questionnaires gathered 1 051 responses: 725 in the first wave and 326 in the second. Data collected in the second wave showed that many healthcare services continued suspended or had only been partially resumed: such as physiotherapy (56,7 %), speech therapy (46,8 %), occupational therapy (62.3 %), medical appointments (52.8 %) and nursing care (45.3 %). Respondents also evaluated how accessible the information was provided by the Directorate-National for Health and the majority found the information accessible: 79.8 % in the first, and 69.1 % in the second wave.

For the mental health sector, the Government issued the Norm 011/2020, on 18 April 2020. This norm established how mental health services should respond to users with COVID-19 and more broadly to the pandemic situation, including a model of intervention for mental health providers during the pandemic and measures to protect users and professionals (such as providing remote assistance, organising teams in small groups to diminish the risk of contagiousness, etc.). The intervention model is based on principles of emergency and disaster intervention (as per Despacho N0. 7059/2018) and targets users of psychiatric services, including children and teenagers. It involves reducing the number of in-person appointments, the promotion of distance-support, the reorganisation of human resources in shifts to reduce the risk of contagion and places a particular emphasis on people with most severe mental health conditions.

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<sup>17</sup> [Manual Covid para Pessoas com Deficiência - INR, I.P.](#)

<sup>18</sup> <https://www.sns24.gov.pt/contacto-acessivel-cidadao-surdo/>.

<sup>19</sup> Decree-Order (Despacho) No. 259/2021 <https://dre.pt/application/file/a/153337406>.

<sup>20</sup> Disability and COVID-19. Results of a study made with people with disabilities and caregivers. <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

Besides, the norm suggested isolation of at least seven days for suspicious cases of COVID-19 in new patients admitted. Unfortunately, there is no data available on how these measures affected people with psychosocial disabilities.

#### 4.6 Vaccination programmes

The vaccination plan<sup>21</sup> published by the General Directorate for Health contemplates in its first phase, which started in December 2020, the vaccination of residents and staff of residential care facilities for older people and similar institutions (including residential facilities for persons with disabilities) and long-term integrated care facilities. Still in the first phase, and starting in February 2021, vaccines should also prioritise people older than 80 years and people older than 50 years who have any of the following pathologies:

- Cardiac insufficiency
- Coronary heart disease
- Renal insufficiency
- Chronic respiratory illness on ventilatory support
- Long-term oxygen therapy

On 1 March 2021, the General Director for Health announced that persons with Down Syndrome aged 16 and over will be prioritised in access to vaccination.<sup>22</sup> It is estimated there are around 3 500 persons in this group in Portugal.

The second phase of the vaccination plan will start in April 2021, and it will include persons 65+ who have not been vaccinated yet, and persons aged 50-64 years old with any of the following pathologies:

- Diabetes
- Active malignant neoplasm
- Chronic kidney disease (Glomerular Filtration Rate > 60ml / min)
- Liver failure
- Arterial hypertension
- Obesity
- Other pathologies with less prevalence may be defined later, depending on scientific knowledge

The third phase will include the rest of the population.

Recently, the Association for Independent Living (Associação Vida Independente) sent a request<sup>23</sup> to the government to include people with disabilities with cardiac conditions and their caregivers within the first stage of the vaccination plan, regardless of living in a residential facility or their age. There is a petition going on in the country asking for the subject to be discussed in the national parliament.

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<sup>21</sup> Vaccination plan <https://covid19.min-saude.pt/vacinacao/>.

<sup>22</sup> <https://www.publico.pt/2021/03/01/sociedade/noticia/pessoas-trissomia-21-entram-grupos-prioritarios-vacinacao-covid19-1952613>.

<sup>23</sup> <https://expresso.pt/coronavirus/2021-03-03-Associacoes-pedem-vacinacao-de-pessoas-com-deficiencia-e-cuidadores>.



## **5 Income and access to food and essential items**

### [Article 28 – Adequate standard of living and social protection](#)

#### **5.1 Emergency measures**

On the 13 March 2020, the Government introduced the Decree-Law 10A/2020,<sup>24</sup> which included exceptional and temporary measures related to the pandemic. Specifically, for parents with children with disabilities, the decree-law states that “absences from work are justified if motivated by unavoidable assistance to a child or other dependent under 12 years of age, or, regardless of age, with disabilities or chronic illness, that arise due to the suspension of teaching and non-teaching activities in schools or early childhood support facilities or disability service-provider”. The law also defined that parents can access a subsidy that is equivalent to two-thirds of the monthly salary for employees, and one-third of the income registered during the first trimester of the year for independent workers.

While schools and disability-service providers, such as the Occupational Activity Centres (CAO), suspended their activities from 16 March to 18 May 2020, and again from 14 January 2021, they are required to ‘ensure food support for their users in need’.

#### **4.2 Impact of the COVID-19 crisis**

The results of the second wave survey conducted by the Observatory of Disability and Human Rights show that 67.7 % of the participants stated that since the beginning of the pandemic they felt an increased concern about a possible worsening of their economic situation, against only 32.3 % (n = 102) who replied that they were not or a little worried.

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<sup>24</sup> Exceptional and temporary measures related to the epidemiological situation of the new Coronavirus - COVID 19 <https://dre.pt/home/-/dre/130243053/details/maximized>.

## **6 Access to transportation and the public spaces**

### Article 9 – Accessibility

#### **6.1 Emergency measures**

The guideline Health and daily activities. General Prevention Measures and Controlling COVID-19 for people with disabilities<sup>25</sup> provides some guidance for people with physical and visual disabilities when using public transport. Since they may need assistance or help from other people, it calls attention to the implementation of proper hygiene measures to avoid contagiousness.

The guide for Occupational Activity Centres (CAO)<sup>26</sup> states that each centre should provide transportation services for users whose parents cannot ensure transportation of their children to the centre. This service shall be supplied by the CAO or another agency in a partnership fulfilling the conditions imposed, such as social distancing, vehicle cleaning, alcohol solution providing, and mask use during the commute despite exceptions.

During the first lockdown some exceptions of traveling were allowed, including commutes for assisting people with disabilities, among other groups. The last emergency state declaration, which started on 25 January 2021 and is now extended until 11 March 2021, limits commutes between municipalities during the weekends, allowing only for special situations, such as assisting someone.

#### **4.3 Impact of the COVID-19 crisis**

No information is available about the impact of the COVID-19 crisis on access to (and the accessibility of) transportation and the public realm for people with disabilities besides some testimonies collected through the study conducted by the Disability and Human Rights Observatory. These pointed to the particular difficulties that arose from the lockdown situation for persons with intellectual impairments and impairments in the autism spectrum, due to disrupted routines and the impossibility of leaving the house.

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<sup>25</sup> Health and daily activities. General Prevention Measures and Controlling COVID-19 for people with disabilities  
<https://www.inr.pt/documents/11309/323112/Guia+Sa%C3%BAde+e+Atividades+di%C3%A1rias/67388027-40d5-458d-9824-29302a493811>.

<sup>26</sup> Guidance for the Occupational Activity Centres Reopening  
[https://www.inr.pt/documents/11309/284924/guiao\\_cao.pdf](https://www.inr.pt/documents/11309/284924/guiao_cao.pdf).

## 7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

### 7.1 Emergency measures

Visits to residential facilities for older people, people with disabilities and children and youth at risk were suspended from 13 March to 15 May 2020 and resumed after that period but with many restrictions. As per the General Directorate for Health statement 011/2020,<sup>27</sup> issued on 11 May 2020, only one visit per week per person was allowed, for no longer than 90 minutes, and the facility management had to keep a registry of the visitors, who needed to set-up the visit in advance, as well as to ensure social distancing between visitors and residents (which sometimes involved installing a glass wall between them), and provide for hygienic supplies for visitors and residents. Moreover, local health authorities were entitled to suspend visits when an outbreak in the facility was identified.

The General-Directorate for Health's Orientation 009/2020, of 11 March 2020<sup>28</sup> onwards, stipulated a mandatory isolation of 14 days for new residents of residential facilities and support facilities for people with disabilities, children and young people at risk, and required a negative test for COVID-19. The same orientation also mentioned that people who had to leave the facility for medical purposes for less than 24 hours did not need to test for COVID-19, but they were required to stay isolated for 14 days. This rule had the consequence of preventing people with disabilities living in residential facilities to take part in social life (such as attending university, or just going outside for a walk). Those measures were modified on the 21 November 2020,<sup>29</sup> when the General-Directorate for Health announced the removal of isolation measures for new residents and active residents who develop activities outside the centre. However, since the 14 January 2021 the country is on total lockdown and visits were suspended again.

The Norm 011/2020,<sup>30</sup> on 18 April 2020, pointed out that mental health patients with COVID-19 who are admitted to a general hospital for COVID-19 related treatment should be assessed daily, by a psychiatrist. If the person is considered a high-risk patient, self-aggressive or aggressive against others, or shows a tendency for leaving the hospital, the Norm states that the team can consider imposing any of the following measures: 1) A video surveillance room and locked door; 2) physical restraint; and 3) other therapeutic measures, such as electroconvulsive therapy. It also mentions that all psychiatric assessments should continue to be sent to the courts, as determined by the Mental Health Law, in case of compulsory internment.

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<sup>27</sup> <https://www.dgs.pt/normas-orientacoes-e-informacoes/informacoes/informacao-n-0112020-de-11052020-pdf.aspx>.

<sup>28</sup> <https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0092020-de-11032020-pdf.aspx>.

<sup>29</sup> <https://www.dgs.pt/normas-orientacoes-e-informacoes/orientacoes-e-circulares-informativas/orientacao-n-009-a2020-de-07092020-pdf.aspx>.

<sup>30</sup> Saude mental, Norm 011/2020 <https://saudemental.covid19.min-saude.pt/wp-content/uploads/2020/09/i026285.pdf>.

## **7.2 Impact of the COVID-19 crisis**

According to the National Institute of Rehabilitation,<sup>31</sup> the pandemic did not produce changes concerning the number of users living in the residential facilities, and the Long-Term Integrated Care Network's supports were not interrupted. Nonetheless, measures adopted, especially during the first stage of the pandemic and after the first lockdown, affected users by preventing them from developing education and rehabilitation activities and other social inclusion activities, basically because of the imposition of a 14-day quarantine after leaving the residential facilities for less than a day.

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<sup>31</sup> Information provided by email through the questionnaire sent by the expert.

## 8 Violence, exploitation or abuse

### Article 16 – Freedom from violence, exploitation and abuse

#### 8.1 Emergency measures

During the first semester the government announced a set of new measures for improving responses toward victims of domestic violence,<sup>32</sup> by strengthening the capacity of the National Support Network for Victims of Domestic Violence (RNAVVD), through:

- 1) The adoption of contingency plans and action plans in the RNAVVD service structures with urgent measures (reinforcement of the means of communication and assistance, monitoring the situations more regularly, face-to-face assistance in urgent cases, close articulation with other services and municipalities to respond to urgent reception needs).
- 2) Designating a team for urgent situations and requests and monitoring the cases more regularly.
- 3) Establishing partnerships to guarantee the supply of essential goods and resources and the donation of computer equipment to the RNAVVD structures during the emergency and calamity period. Two new temporary emergency facilities, with vacancies for 100 people, have already been announced.

The government also implemented actions for providing information for social awareness of the increased risks of violence and about support services and channels available for asking for help. It also promoted the coordination, and close monitoring carried out by the CIG (Commission for Citizenship and Gender Equality) with the victim support services network.

Although there is no official register on violence cases against people with disabilities, the National Institute of Rehabilitation<sup>33</sup> stated that 13 channels are available to communicate violence against people with disabilities and ask for support. No special measures regarding violence were implemented. However, the Commission for Citizenship and Gender Equality<sup>34</sup> promoted a campaign to prevent domestic violence during the lockdown, providing information about hotlines, including one for psychological counselling and two for mental health, one for adults, and one for children and young people.

#### 8.2 Impact of the COVID-19 crisis

According to the last report of domestic violence cases,<sup>35</sup> during 2020, the number of cases of violence reported and assisted via telephone increased 33 % compared with 2019. The statistics provided by the Republican National Guard and the Police for Public Security show that the number of prisoners due to domestic violence increased

<sup>32</sup>

<https://www.portugal.gov.pt/download-ficheiros/ficheiro.aspx?v=%3d%3dBQAAAB%2bLCAAAAAAABAAzNDCwMAAATfdlvwUAAAA%3d>.

<sup>33</sup> Personal communication, 5 February 2021.

<sup>34</sup> <https://www.cig.gov.pt/portal-violencia-domestica/covid-19-seguranca-isolamento/>.

<sup>35</sup>

<https://www.portugal.gov.pt/download-ficheiros/ficheiro.aspx?v=%3d%3dBQAAAB%2bLCAAAAAAABAAzNDQ2NwIAkIMJbAUAAAA%3d>.

11 % compared to 2019. Nonetheless, the number of victims hosted by the National Support Network for Victims of Domestic Violence decreased by 15.7 % during 2020, which means that 1 399 victims were hosted by the RNAVVD (809 women and 590 children). There are no statistics about disability.

## 9 Independent living

### [Article 19 – Living independently and being included in the community](#)

#### 9.1 Emergency measures

No emergency measures were adopted to support independent living and inclusion in the community. The government launched the third generation of the Program to Extend the Network of Social Care Facilities (PARES) on 15 October 2020, an ongoing program not specifically related to COVID-19. This program addresses non-governmental organisations that provide social care. It aims to strengthen the capacities of existing social care provision for people with disabilities, children and youth, and older people. However, the facilities prioritized by the program related to disability are mostly oriented to increase the number of Occupational Centres and residential care facilities, even when the CRPD Committee has recommended to the Portuguese State to strengthen investments towards supporting independent living.

#### 9.2 Impact of the COVID-19 crisis

The National Institute for Rehabilitation (INR)<sup>36</sup> has pointed out that the independent living programme (*Modelo de Apoio à Vida Independente*) was never interrupted during the COVID-19 pandemic. However, after the emergency state declaration, the number of individualised plans for personal assistance decreased, in some cases because users asked for the suspension of services, and in other cases because the personal assistants were forced to stay home to take care of their own children. Individual plans decreased during March and April 2020; nonetheless, according to the INR, by August 2020 the number of active plans was higher than in February 2020, and since then, they have tended to increase. However, the INR expects again a decreasing number of active plans during the current lockdown in 2021.<sup>37</sup>

As mentioned before, the Disability and Human Rights Observatory conducted a study on the impact of the pandemic for people with disabilities and their caregivers. In the first wave, 62 % of the respondents were found to need personal assistance. Of those, 33.2 % said that the support services had been suspended or time reduced. The situation was better in the second wave. The number of respondents who needed personal assistance was 34.4 %, and just 7.4 % of them reported that the services remained suspended, while 55.6 % reported that the services were never suspended. For 37 % of the respondents in the second wave the services had resumed partially or totally. In relation to other home support services, 16.7 % reported that they remained suspended, while 50 % reported that the services never suspended the activities, while 25 % and 8.3 % pointed out that the services resumed partially or totally, respectively.

The results of the second wave of the survey also showed that 67.7 % of the participants reported feeling an increased concern about a possible worsening of their economic situation since the beginning of the pandemic, against only 32.3 % (n = 102) who replied that they were not worried or just a little worried.

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<sup>36</sup> Information provided by email through the questionnaire sent by the expert.

<sup>37</sup> Information provided by email through the questionnaire sent by the expert.

## 10 Access to habilitation and rehabilitation

### [Article 26 – Habilitation and rehabilitation](#)

#### 10.1 Emergency measures

The special measures adopted by the Government and announced in the Decree-Law 10A/2020<sup>38</sup> on 13 March 2020, included the suspension of the activities of the Occupational Activity Centres (CAO). The suspension was extended until the 18 May 2020,<sup>39</sup> when the Government informed new measures and lifted the suspension for some social care services. Consequently, the Government prepared and published guidelines addressing specifically the activities of Occupational Activity Centres. Those guidelines established that the participation of persons with disabilities in daily activities depended on a medical assessment and the infrastructural conditions of each centre. These include: 1) the possibility to ensure social distancing by guaranteeing at least 1,5 mt. between users; 2) outdoor activities; 3) no contact of CAO's users with residential facilities users, caregivers, and professionals when both social care services occupy the same building, which meant that users of both services were required to develop occupational activities at the residential facility. In addition, professionals were required to re-evaluate individual plans and modify them if they were not feasible to carry on in the pandemic context. Furthermore, the activities had to be re-structured to be carried out either individually or developed in small groups.

#### 10.2 Impact of COVID-19 and/or emergency measures adopted

The study conducted by the Disability and Human Rights Observatory found out that, in the first wave, 40.1 % of respondents reported that some habilitation and rehabilitation services and facilities services were suspended or partially suspended, including therapies (75.5 %). They also pointed out the closure of Occupational Activity Centres (10.1 %). Nonetheless, 32.3 % said that the services they required and used did not suspend activities.

In the second wave, 17 % of the respondents indicated that the Occupational Activity Centre they attended remained closed in October, while 50 % reported that their CAO had fully resumed activities. Regarding physiotherapy services 34.4 % reported that they went back to activity, while for 33.3 % they continued suspended. 31.4 % of the respondents also reported that speech therapies had fully resumed, 21 % that they were never suspended. However, for 24 % of the participants speech therapies remained suspended, and for 23 % of them they had only resumed partially. Similarly, for 34 % of the participants occupational therapies remained suspended, for 27.4 % they had resumed partially, while for 26.6 % they had fully resumed.

In short, throughout 2020 there was a significant impact in terms of access to needed habilitation and rehabilitation services for persons with disabilities due to the requirements of the pandemic that imposed a total lockdown of these services for a certain period, and measures to avoid contagion such as social distancing and staff shifts reducing the numbers of users that services could take in at any time.

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<sup>38</sup> <https://dre.pt/application/file/a/130251721>.

<sup>39</sup> Decree-Law 22/2020 <https://dre.pt/application/file/a/133880187>.



## 11 Access to justice

### [Article 13 - Access to justice](#)

#### 11.1 Emergency measures

The Norm 011/2020,<sup>40</sup> issued on the 18 April 2020, established measures related to mental health and mentioned that all the psycho-clinic assessments were going to be evaluated by the courts as determined by the Law of Mental Health, in cases of voluntary or compulsive internment.

#### 11.2 Impact of COVID-19 crisis

Courts also suspended their activity or reduced the pace at which they were working. Court cases related to the Adult Support Law<sup>41</sup> (former Capacity Law) have been extremely delayed. Young adults turning 18 years old and with more complex impairments, who are not able to open a bank account in their own name, became thus prevented from receiving the Social Inclusion Benefit (a disability benefit which is paid by Social Security through a wire transfer to a bank account). To get the benefit, they would need a measure of support to have someone designated by the court to open the bank account on their behalf. To respond to this blockage, Social Security has allowed the benefit to be collected by a parent, provided that it is shown that a claim for a support measure has been submitted to the court.

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<sup>40</sup> Mitigation phase. <https://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/norma-n-0112020-de-18042020-pdf.aspx>.

<sup>41</sup> Law 49/2018 available at <https://dre.pt/home/-/dre/116043536/details/maximized>.

## 12 Access to education

### [Article 24 – Education](#)

#### 12.1 Emergency measures

Exceptional and temporary measures<sup>42</sup> included the suspension of all current in-person activities in schools and social care services for children and people with disabilities and the closure of centres for vocational training of the National Institute for Employment and Vocational Training. Higher education institutions could provide online teaching after presenting a plan to the competent authority. The first measures started on the 16 March 2020.

#### 12.2 Impact of the COVID-19 crisis

The Disability and Human Rights Observatory study on Disability and COVID-19<sup>43</sup> included a section about access to education. In the first wave, 20.7 % of the respondents were attending school (aged between 6 to 18 years old, and they were all taking classes online. In the second wave, 19.6 % were students and most of them were having in-person classes (57.8 %), although for some online classes continued (6.3 %), and some were in a mixed-model (31.3 %). In general, in both waves it was found that students' and parents' perceptions of education services was negative. In the first wave, 77.1 % reported that the adaptations for students with disabilities were little or not suitable at all. In the second wave, 64.7 % reported a similar appraisal.

In the first wave, 10.3 % of the respondents were higher education students and 69.3 % of them evaluated adaptations introduced by universities negatively, while in the second wave, 66.7 % of the respondents said that the measures implemented by institutions were adequate and suitable for people with disabilities.

Some of the testimonies collected in the Disability and Human Rights Observatory study suggested that disability-specific supports for online teaching arrived late. Only on 8 April 2020 (the schools closed in March) the General-Directorate for Education published some general guidelines to support distance learning for students with disabilities.<sup>44</sup> When the government initiated schooling activities through a dedicated TV channel there were also complaints regarding the very small space of the window on the screen for the Sign Language Translator. Moreover, the lack of computers and internet access may also have prevented children with disabilities from accessing properly distance learning activities, as they are more likely to belong to families at risk of poverty and social exclusion. According to the study, 40.4 % of the participants needed a computer and 25.5 % did not have access to the internet. On July 2020, the Ministry of Education announced an investment of EUR 400 million to support the acquisition of computers for all students and teachers in compulsory education.<sup>45</sup> In

<sup>42</sup> Decree-Law 10A/2020. <https://dre.pt/application/file/a/130251721>.

<sup>43</sup> Disability and COVID-19. Results of a study made with people with disabilities and caregivers. <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

<sup>44</sup> [https://apoioescolas.dge.mec.pt/sites/default/files/2020-04/Orienta%C3%A7%C3%B5es\\_para\\_o\\_trabalho\\_das\\_Equipas\\_Multidisciplinares\\_de\\_Apoio%C3%A0Educa%C3%A7%C3%A3o\\_Inclusiva\\_na\\_modalidade\\_E@D.pdf](https://apoioescolas.dge.mec.pt/sites/default/files/2020-04/Orienta%C3%A7%C3%B5es_para_o_trabalho_das_Equipas_Multidisciplinares_de_Apoio%C3%A0Educa%C3%A7%C3%A3o_Inclusiva_na_modalidade_E@D.pdf).

<sup>45</sup> Resolution of the Council of Ministers 53-E/2020, available at <https://dre.pt/web/guest/home/-/dre/138461850/details/maximized?serie=l&day=2020-07-20&date=2020-07-01>.

September 2020 the first computers and internet access keys started to be distributed, prioritising low-income families, but the process has been very slow since then – in the beginning of February 2021, when distance learning resumed, only 100 000 had been given to students and 355 000 families were still waiting for their computers to arrive.<sup>46</sup> There is no mention that students with disabilities are prioritised in getting the computers.

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<sup>46</sup> <https://observador.pt/2021/01/12/mais-de-335-mil-computadores-vao-comecar-a-chegar-as-escolas-segundo-ministro-da-educacao/>.

## 13 Working and employment

### [Article 27 – Work and employment](#)

#### 13.1 Emergency measures

The Ordinance 206/2020<sup>47</sup> issued on the 27 August 2020, introduced special measures related to employment. This measure was implemented to promote the inclusion of young people in the labour market, and to provide vocational training for long-term unemployed people through an internships programme (*Estagios ATIVAR.PT*). These internships target all age groups including young people (up until 30 years of age), the long-term unemployed (above 31 years), and people over 45 years of age. Persons with disabilities are explicitly identified as beneficiaries of this measure (Article 3). The duration of the internship is 9 months for the general population and 12 months for specific groups, including persons with disabilities (Article 8). Interns are entitled to a monthly individual grant (that also covers insurance and food subsidy) and a transportation subsidy (in the case of persons with disabilities) (Articles 11 and 12). If employers provide the intern a permanent employment contract within a maximum period of 20 working days from the end date of the internship, they are entitled to an award (*Prémio ao Emprego*), whose amount varies and can reach up to 5xIAS (EUR 2 194,05) (or, until 30 June 2021, up to 7xIAS = EUR 3 071,67).

By the same token, the Ordinance 207/2020<sup>48</sup> issued on the 27 August 2020, regulates the programme *Incentivo ATIVAR.PT*, which consists of granting financial support to employers that celebrate contracts with people who are registered as unemployed in the National Employment Institute (IEFP) according to specific criteria, including the length of the unemployment situation. However, regardless of the duration of unemployment, persons with disabilities are explicitly identified as beneficiaries of this measure (Article 6). The measure covers employment contracts without a term or, in specific cases such as persons with disabilities, short-term contracts, provided they have an initial duration of 12 months or more (Article 7). If an open-ended contract is celebrated, the financial support given to the employer is 12xIAS (EUR 5 265,72). If it is the case of a short-term contract, the financial support is 4xIAS (EUR 1 755,24). If hiring a person with a disability, the amount of the support is increased by 10 % (Article 11). In the event of conversion from a short-term contract into a permanent contract, the employer is granted a conversion award, whose amount varies and can reach up to 5xIAS (EUR 2 194,05) (or, until 30 June 2021, up to 7xIAS = EUR 3 071,67) (Article 12).

#### 13.2 Impact of the COVID-19 crisis

Regarding unemployment, as it is mentioned by the Observatory of Disability and Human Rights in its annual report *People with disabilities in Portugal: Human Rights indicators 2020*,<sup>49</sup> the number of people with disabilities registered in the employment services of the Institute for Employment and Vocational Training increased by 10 %

<sup>47</sup> Ordinance 206/2020 of 27 August 2020. <https://data.dre.pt/eli/port/206/2020/08/27/p/dre>.

<sup>48</sup> Ordinance 207/2020 of 27 August 2020. <https://data.dre.pt/eli/port/207/2020/08/27/p/dre>.

<sup>49</sup> *People with disabilities in Portugal. Human Rights indicators 2020*. Observatory of Disability and Human Rights. University of Lisbon. <http://oddh.iscsp.ulisboa.pt/index.php/pt/2013-04-24-18-50-23/publicacoes-dos-investigadores-oddh/item/483-relatorio-oddh-2020>.

just during the first semester of 2020, compared to the global data from 2019. That suggests an evident negative impact of the pandemic on people with disabilities.

## **14 Good practices and recommendations**

### **14.1 Examples of good practice**

Examples of good practice include:

1. The Government introduced exceptional and temporary measures for parents with children with disabilities, including justification of absences from work if motivated by unavoidable assistance to a child or other dependent under 12 years of age, or, regardless of age, with disabilities or chronic illness, resulting from the suspension of teaching and non-teaching activities in school or early childhood support equipment or disability. Employees and independent workers can access a subsidy: Two-thirds of the monthly salary for the first ones, and one-third of the income registered during the first trimester of the year for the last ones. (Section 5. Income and access to food and essential items)
2. For citizens with hearing impairments, the government prepared information in Portuguese Sign Language on prevention and care to be taken during the pandemic and created a new channel with video call and chat options available in the national health system SNS24 line. (Section 4.4 Public health promotion and testing during the pandemic)
3. Social responses that were suspended during the first stage of the pandemic such as the Occupational Activity Centres were in charge of providing food to their most needed users (Section 5. Income and access to food and essential items).

### **14.2 Recommendations**

Recommendations for disability-related reforms include:

1. Active participation of people with disabilities might be included within the Recovery Planning Strategies, avoiding their inclusion as passive citizens. Activating social and public networks at the community level can improve people's independent living in possible emergency cases, find support in their closer communities, and get other citizens involved to assist people with disabilities and/or their families.
2. Monitoring the impacts of the pandemic on persons with disabilities and their caregivers as well as collecting data on persons with disabilities on a number of equality indicators (e.g. in education, employment, risk of poverty,...) in a systematic way. Without disaggregated data it is hard to assess needs and design good and effective policies.
3. Alternatives for rehabilitation activities and other responses that affect people with disabilities' social inclusion during an emergency state need to be improved. Protecting life in emergency cases needs to include dignity that guarantees the continuity of social inclusion processes.

### **14.3 Other relevant evidence**

Not applicable.

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