

## Social protection and people with disabilities in Brazil

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**Abstract** *The article analyzes the social protection policy for people with disabilities in Brazil. It describes the patterns of demand and eligibility for Continued Benefit of Social Assistance (Benefício de Prestação Continuada – BPC) in the 1996-2014 period. The article argues that BPC is a direct result of the social pact achieved by the Brazilian Federal Constitution of 1988. BPC is a social assistance benefit consisting in an unconditional and monthly transference of the equivalent of a minimum wage, to poor people with deficiency and elders with more than 65 years. Disabled person eligibility depends on means-test, and social and medical evaluation by public bureaucracy. The research strategy was based on time series, and cross-sectional data collection and analysis. Dummy qualitative variables were also used to describe the pattern of demand and eligibility. The article demonstrates that BPC has provided income to disabled and elder people. However, systematic barriers were identified to disabled people's access to BPC. The work suggests that the pattern of refusal could be associated to a means testing application by street-level-bureaucracy. In this sense, the work draws attention to the necessary revision of street-level-bureaucracy tools and procedures to increase BPC positive discrimination.*

**Key words** *Social policy, Disabled people, Street-level-bureaucracy, Access, Judicial litigation*

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## Introduction

The purpose of this article is to describe the pattern of demand and eligibility of people with disabilities to the Continued Benefit of Social Assistance (BPC). The article argues that protection policies formulated during the democratization of the 1980s interfered directly in the definition of acceptable welfare conditions in Brazil. The new institutional framework especially favored the development of government social assistance to people in extreme poverty. Thus, the Federal Constitution of 1988 overcame the limitations of the contributory model governing access to social protection to linking the person to the formal market work<sup>1</sup>.

Accordingly, the article challenges the structural-functional theoretical perspective for which the development of social assistance in Brazil has responded to the logic of accumulation and the need for reproduction workforce<sup>2</sup>. This perspective does not recognize the role of democracy, which puts social protection at the center of the public agenda, as observed in other contexts<sup>3</sup>, dissociating it from the strict requirements of the accumulation and management of the workforce. Since then, the Brazilian social protection system has contemplated a series of government initiatives that aim to accomplish, out of the labor market sphere, access to goods, services, and income<sup>4</sup>. The structural-functional theoretical perspective also dispenses the necessary discussion of the advances and limitations of sectoral policy innovations that the Federal Constitution of 1988 allowed in the last three decades.

It should be noted that Brazil imposed, in the 1970s, an income transfer policy for the disabled called Lifetime Monthly Income (RMV), adding functions of social assistance to the Brazilian Social Security<sup>1</sup>. This expanded the scope of Social Welfare inaugurated by the authoritarian regime was substantially strengthened throughout democratization.

Weyland shows in this sense that there was no break in the growth of social security protection in Brazil in the 1990s. In fact, the Social Security public spending has been expanded to welcome universalist criteria that defined the new social rights. The effects of the agenda of the dominant macroeconomic adjustment that decade were mitigated by the lack of political unity of national democratizing elites on the scope of fiscal austerity<sup>5</sup>. Thus, the inclusion of new clienteles in the pension scheme was deliberately incremental options under the social policy formalized in the 1988 Letter.

Through the expansion of entitlements, Brazilian democracy has succeeded to preserve the protective arrangements of the elderly and the world of work as well as constitutionalise social rights of highly vulnerable groups with low functionality to the formal employment requirements.

Indeed, the article No. 203 of the Federal Constitution of 1988 establishes the protection of the family, maternity, childhood, adolescence, elderly, and people with disabilities, regardless of contribution to social security. It ensures the last two segments a monthly benefit of one minimum wage, if they are able to provide for their own maintenance or to have it provided by their families<sup>6</sup>.

The constitutionalization inserted the right of citizenship in social entitlement, formalizing the government protection to the disabled and the elderly who did not contribute to the public entitlement during working life. The constitutionalisation explains the high range of the costs of Social Entitlement in Brazil, which already corresponded to 5.5% of the GDP in 1995 (the benefits to federal civil servants were excluded from the calculation)<sup>7</sup>.

The expansive trajectory of social spending in the previous decade made it possible for the costs of social entitlement to be raised to 6.08% of GDP in 2002. In 2010, the costs of Social Security were expanded again to 8.2% of GDP. The remarkable participation of Social Security in federal spending was also particularly favored by linking social benefits and pensions to changes in the adjustment to the minimum wage, another crucial decision of the Constituent<sup>7</sup> process.

The BPC was established to transfer income for the elderly and people with disabilities, integrating the Basic Social Protection under the Single System of Social Assistance - SUAS<sup>8</sup>. The institution of the BPC in the Federal Constitution of 1988 was the result of the Popular Amendment No. PE00077-6, one of the initiatives of social movements during the formulation period of the constitutional text. Although the benefit was created in 1988, its regulation only occurred on December 7th, 1993 with the enactment of Law no. 8742, known as the Organic Law of Social Assistance. Its deployment took place in January 1996<sup>9</sup>. In the early years were eligible to benefit from a minimum wage people aged 70 or older and disabled people without condition to provide for their own maintenance and whose families also were not able to do so<sup>9</sup>.

For eligibility purposes, the family is considered without condition to provide the main-

tenance of the elderly or disabled when its per capita income is demonstrably below  $\frac{1}{4}$  of the minimum wage. It is considered as family of the elderly or disabled person a group of people living under the same applicant of the ceiling: the spouse or partner, parents, and, in the absence of one, the stepmother or stepfather, unmarried brothers, the single children and stepchildren.

To calculate the household income is assessed the sum of the self-declared gross income earned monthly by members, composed of wages, salaries, pensions, pension benefits, commissions, fees, other income from self-employment, the informal market income or self-employed and earned the patrimony<sup>10</sup> income. The record of the self-declared income is performed by technicians or insurance analysts, who represent the first contact of the applicant with the INSS structure after telephone scheduling service.

In 2003, with the enactment of the Elderly Statute, the age of eligibility for BPC was reduced to 65<sup>11</sup>. This reduction was ratified by Law No. 12,435 of 2011, which updates the Organic Law of Social Assistance (LOAS). Unlike the elderly, where age is an easily verifiable requirement, people with disabilities have their condition subjected to the evaluation of social workers and medical experts at the National Institute of Social Entitlement (INSS)<sup>12</sup>. The transfer system provides systematic reassessments every two years to verify the persistence of conditions that allowed the eligibility of people with disabilities to BPC.

Under the initial inclusion in the Entitlements structure, BPC kept centralized operational binding in the federal executive. Thus, the BPC is not within the social policy deployment model in the 1990s that, because of the federal pact, was characterized by decentralization to states and municipalities. In fact, the BPC inaugurated the public policy of income transfer on a large scale to vulnerable social groups, run by the central government<sup>13</sup>, eight years before the formation of the BolsaFamília Program (in 2004).

Although centralized in the Executive, BPC management was also particularly curious in the current structure until May, 2016. At the Ministry of Social Development and Fight against Hunger (MDS), through the National Social Assistance Secretariat (SNAS), competed to coordinate, regulate, finance, monitor, and evaluate the BPC. The Ministry of Social Welfare, through the INSS, competing financial operation, concession, maintenance, and review of the benefits, including there medical and social ratings, determining eligibility, or recognition of the right to BPC, the

disabled or elderly applicants. There is no doubt about the relevance of institutional learning propitiated by BPC to central<sup>14</sup> government income transfer initiatives. This learning has been ignored in the evaluation of Brazilian contemporary social policy.

### **Biomedical model decline, professional bureaucracy, and the judicialization of access to the BPC**

In the mid-1990s, when the BPC was established, the predominant concept of disability was an individual incapacity for work and independent living. This biomedical perspective was widespread by the International Classification of Impairments, Disabilities, and Handcaps of 1980<sup>15</sup>. The decline in biomedical perspective enabled the transition to the “social model” in which the company is liable for the deficiency. According to the social model, disability is not just bodily changes because people experience significant restrictions also under the environmental and economic barriers<sup>15</sup>. Faced with the new orientation, public policy has been pressed to provide accessibility, independent living and employment opportunities and income for the disabled<sup>15</sup>.

In 2001, the proposition of a social paradigm approach to disability and incapacity-affected people at international level with the dissemination of the WHO International Classification of Functioning Disability and Health - CIF. CIF hosts the rehabilitation practices, the idea of social inclusion and the promotion of well-being<sup>16</sup>.

Despite these advances, the criteria for granting the BPC remained in Brazil, subject to the biomedical orientation until the late 2000. It is worth noting that since 1997, when the assessment of disabilities became the sole responsibility of the INSS medical expertise, the access for people with disabilities to BPC required essentially the fulfillment of the criteria of per capita family income, with registration carried out by technical or social insurance analysts and characterization of disability in biomedical terms, while incapacity for work and for independent living, medical expertise responsibility.

The criteria for granting the benefit were amended by Decree 6,214 / 2007, followed by Joint Ordinance MDS / INSS No. 1 of 29/05/2009. There were implemented new instruments and criteria for social assessment and medical for people with disabilities to access the BPC, designed with inspiration from the expanded CIF

biopsychosocial model. This new legislation aimed at expanding the eligibility, especially for replacing the concept of incapacity for independent life and work in force since the 1990s in the INSS assessments. With this decision, the assessment has to be carried out under the INSS by two professional bureaucracies: Social Workers and Medical Experts, with assignments of evaluation of social and environmental barriers, body functions changes, activity limitations, and participation restrictions.

The theoretical professional bureaucracy category describes the situation of individuals in the profession recognized by law to act legitimized the accrual monopoly in government agencies. The values and training of this street-level-bureaucracy influence through formal and informal, the scope and the development of public policy<sup>17</sup>. It is worth noting that the professional judgment of these is an important part of the BPC eligibility process according to the test requirement means for obtaining benefit, especially the request of a person with disabilities.

The direct intermediation of bureaucratic and professional communities in the eligibility process to BPC has been subjected to inquiries and reviews. It should be noted, in this case, the judiciary's role in the open contestation of eligibility assessments, especially the lace cut. In Brazil, the judiciary can claim the guarantee of constitutional rights in the social and political context, imposing their preference. Judicialization gives the permanent veto power exercised by judiciary officials in matters which would be the sole executive assignment, but are likely to challenge the merits or unconstitutionality<sup>18</sup>.

## Material and Methods

To facilitate the understanding of the effects of constitutionalization and decision-making arena divided by the judicial intervention on the scope and eligibility condition BPC, the article uses the information on the evolution of the quantity of beneficiaries and expenditure of the federal government with series data time from 1996 to 2014. According to the model proposed by Wooldridge, the information in time series data format provide to analyze the development of government policies<sup>19</sup>.

The categories used in the standard description of the demand and the eligibility of the BPC are: 1) required benefit or demand to the INSS, designating the request of formal benefit to the

INSS; 2) benefit granted: the formalization of monthly financial transfer of one minimum wage to individuals after analysis process in the INSS or judicial review, and 3) dismissed benefit designating the benefit required now by the INSS review process and was refused.

Descriptive indicators of social demand for BPC (requirements), refusal by the INSS (rejections), and judicial review will be calculated from time series data for the years of 2004-2014. The demand indicator describes the amount of the Brazilian population between 2004 and 2014, that succeeded in processing the complex documentation required and apply for BPC in disabled or elderly people to the INSS. The article made the calculation of demand indicator from the equation  $[(\text{applicant} / \text{pop\_year}) * 100 \text{ inhabitants}]$ . The applicant term represents the amount of people with disabilities and seniors who applied for the BPC. The pop\_year term represents, respectively, the age group under 65 years old, and 65 or more of age resident in the country projected by IBGE, whose estimates are available in the DATASUS site<sup>20</sup>. These age groups are the reference populations of both types of benefits granted by the BPC.

Based on cross-sectional data in 2014, the calculation of the proportion of the applicant, disabled or elderly, who had dismissed benefits describes the purpose of assessing the income or that carried out by medical experts and social workers on demand. The rejection is the objective result of the application of the evaluation criteria of social and environmental barriers, body functions changes, activity limitations, and participation restrictions according to the conception of CFI. The formula for calculation is:  $[(\text{rejection} / \text{application year}) * 100]$ .

The calculation of the legalization effect describes the amount of disabled or elderly applicants who had the benefit granted under the judicial intervention in the period of 2004-2014. The equation used to measure the effect of the paper review of decisions of the INSS technical community is:  $[(\text{justice} / \text{concession year}) * 100]$ , where justice is the amount of benefits granted by judicial decision. The term concession expresses the amount of benefits required by people with disabilities or elderly who have gone through the review process with the decision recognizing the right to BPC.

Based on Agresti & Finlay<sup>21</sup>, the article refers to the calculation of the relationship between the two conditional probabilities to measure the likelihood of people with disabilities - for the elder-

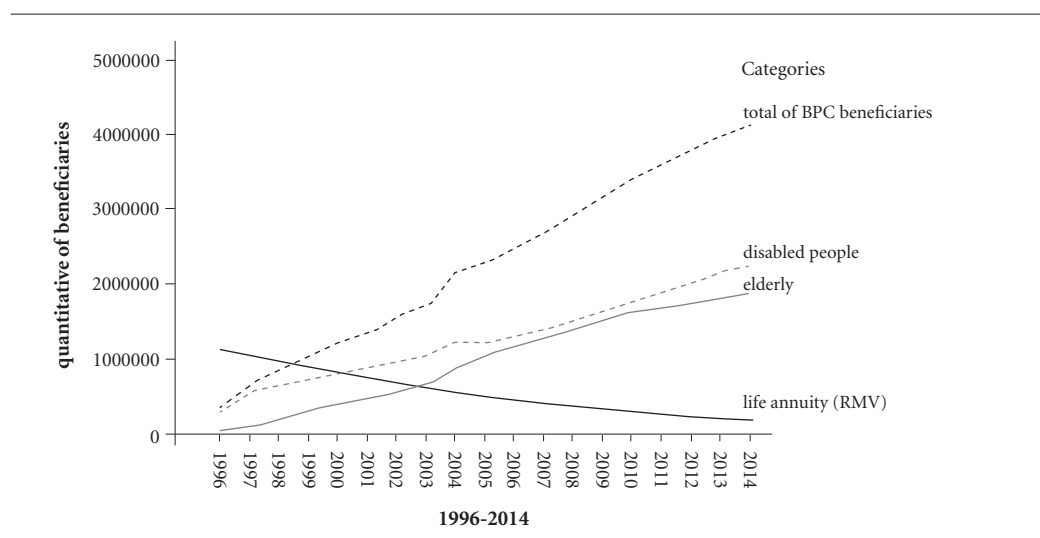
ly –of having the benefit request rejected by the equation  $P(A | K) = P(A) \times P(Q | A) / P(A) \times P(Q | A) + P(B) \times P(Q / B)$ .  $[P(A | K)]$  is the probability that a person with disabilities have dispatched and dismissed the application. In the equation the term  $P(A)$  represents the proportion of people with disabilities that required benefit of the BPC;  $P(Q | A)$  is the proportion of persons with disabilities who had dispatched and dismissed benefit; the term  $P(B)$  corresponds to the proportion of people over 65 who applied for the benefit of the BPC and the term  $P(Q / B)$  the proportion of people over 65 who have had the benefit dispatched and dismissed.

## Results

The inclusion of new beneficiaries in BPC was sustainable over the decades of 1990 and 2010, as shown in Graph 1, indicating that governments with different macroeconomic guidelines ratified the constitution for the new policy of social assistance. Graph 1 shows that between 1996 and 2014, the inclusion of people with disabilities and elderly BPC was also up. In 2014, the BPC registered 4 million beneficiaries citizens in dis-

abled and elderly people. This year, people with disabilities represent 55% of this universe of beneficiaries. Graph 1 also shows the expected reduction in the quantity of people covered by life annuity (RMV) because of the suspension of new entrants for the implementation of BPC in 1996 and the deaths of beneficiaries of the inclusion policy introduced in the 1970s.

Graph 1 is also noteworthy because the first seven years of implementation (1996-2003), the BPC policy included, in relative terms, more people with disabilities than older people. In the following decade elderly eligibility had a significant increase in benefits paid, reaching 49% of total assets in 2009. Benefits The Elderly Statute instituted in 2003 was crucial in this increase due to two aspects: the reduction of eligibility age to 65 years of the elderly in financial vulnerability and exclusion of social benefits received by the elderly in the calculation of household income in the case of a second request for BPC elder. The proportionate share of the disabled person with active benefits in BPC returned to growth only slightly from 2010, perhaps reflecting the change in the eligibility criteria proposed by the social assessment and the active intervention of the Judiciary, which is commented after.



**Graphic 1.** Evolution of the quantitative of the beneficiaries of BPC and RMV: 1996-2014.

Graph 2 shows the evolution of incremental funding for BPC between 1996 and 2014. The BPC expended 35 billion reais (in nominal value) for direct transfer to the disabled and elderly in 2014. The expanded spending of the BPC explain the significant participation social welfare expenditure of the federal government in recent decades<sup>8</sup>.

Graph 3 shows that the average per capita BPC benefit remained with high correlation with the value of the minimum wage between 1996 and 2014, ensuring reasonable purchase amount of income transferred by controlling the strength of inflation practiced in the years of 1990 and 2000. It is important noting in this regard that the redistributive effect of income transfer policy is strongly dependent on the preservation of the purchase value of the currency, and is therefore affected by persistent inflationary acceleration situations.

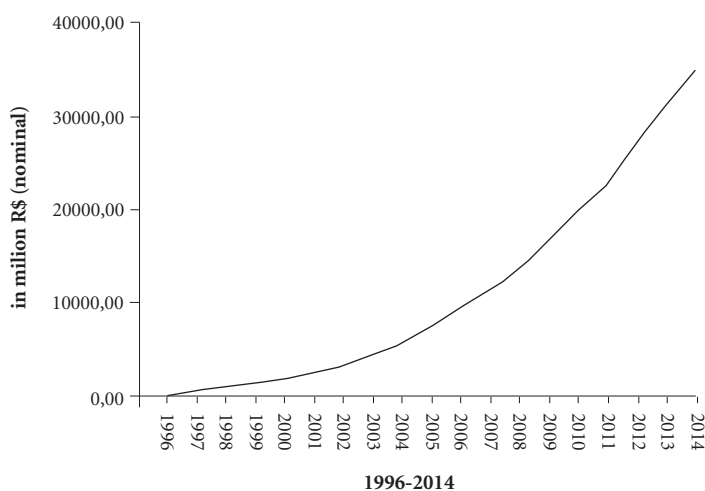
Table 1 shows that, despite the incremental development in the number of beneficiaries and financing, the social demand for the BPC has been relatively low in population groups targeted by the policy.

In the period between 2004 and 2014, the elderly who demanded BPC represented on average only 2% of the population aged over 65 years in Brazil. The demand pattern BPC disabled people - belonging to the age group under 65 - was even more residual: only 0.25% applied for the benefit.

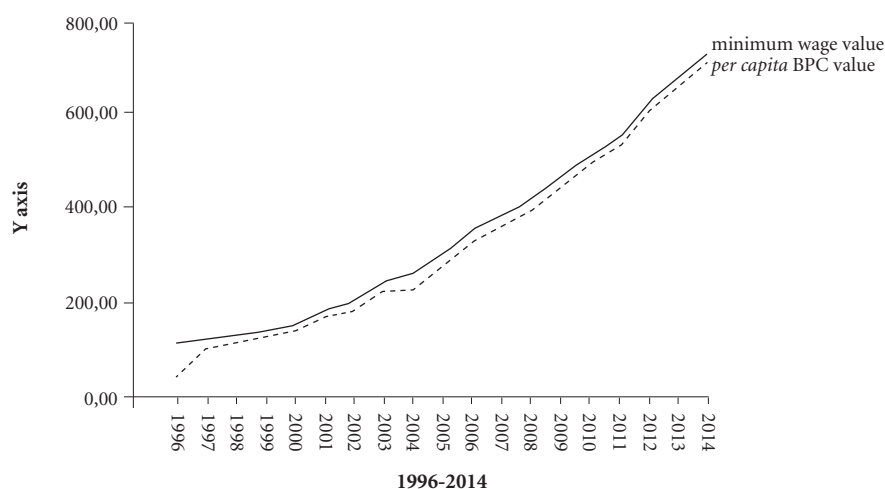
The potential demand for the BPC of people under 65 years should be considered in light of the Census information of 2010 that 10,875,000 respondents reported great difficulty or impairment to vision, hearing, or mobility, as well as important mental deficiency. These respondents accounted for 6.15% of the population under the age of 65 in 2010<sup>22</sup>.

Table 1 shows, in summary, that older people applied seven times more to the BPC than people aged under 65 likely to access the BPC in people with disabilities. It is possible to conjecture that earlier access barriers to the application of the eligibility criteria for the professional bureaucracy INSS (geographical, transportation, environmental, et cetera) may be preventing people with disabilities to require the BPC and thus limiting the institutional reach of income transfer policy for people in a condition of extreme vulnerability.

If this access barrier is difficult to measure, the same does not occur with the record of the interaction of applicants for the BPC to the INSS. The analysis of the requirements rejection pattern – for non compliance with the criteria of income or framework in CIF parameters – allowsto indicate the most frequent chance of rejection of an application of a person who declares itself as deficient when compared to elderly rejecting standard the condition of social and economic vulnerability (Table 2). Information on the 2004-2014 dispatches show, for example, that the total number of applicants to the BPC in the self-de-



**Graphic 2.** Evolution of federal government expenditure on BPC: 1996 -2014.



**Graphic 3.** Variation of BPC average value and minimum wage: 1996-2014.

Source: Boletim Estatístico – MDS 2014 and Revista Conjuntura Econômica.

**Table 1.** Requirements of BPC according to age groups in Brazil: 2004-2014.

Years	% BPC requirements for the elderly in the population that are 65 or older (A)	% BPC requirements for people with disabilities in the population under 65 (B)	(A-B)/B
2004	3,69	0,23	15,0
2005	2,08	0,23	8,0
2006	1,93	0,24	7,0
2007	1,90	0,24	6,9
2008	2,08	0,28	6,4
2009	2,02	0,23	7,8
2010	1,73	0,28	5,2
2011	1,60	0,26	5,2
2012	1,62	0,25	5,5
2013	1,65	0,26	5,3
2014	1,51	0,26	4,8
Average 2004-2014	2,0	0,25	7,0

Source: Boletim Estatístico – MDS 2014 e Ministério da Saúde – DATASUS, 2015.

clared status of people with disabilities was 4 million and 956,000 individuals (Table 2). Of this total, 3 million and 100 thousand (63%) had the application rejected by the INSS. In the case of the elderly, in the same period, two million seven hundred thousand people over 65 years required BPC and only seven hundred thousand elderly (26%) had their applications refused.

One has to emphasize the interpretation of Table 2, for the elderly, in addition to the income

cut, the eligible age is objectively verifiable and easily documentary evidence, functioning as a filter order to demand requirements. As for the disabled there are no clear limits to eligibility for potential applicants, allowing all interested Brazilian citizens to apply to the evaluation process, regardless of the degree of bodily impairments, environmental barriers and intensity of the limitations and constraints experienced. Still, if expanded to the minimum level of family income,

**Table 2.** BPC rejection by age and disability in Brazil: 2004-2014.

Years	Application frequency of people with disabilities (PCD)	Approval frequency (PCD)	% of Approval	Application frequency of elderly	Approval frequency	% of Approval
2004	403.978	141.554	35	404.640	317.157	78
2005	394.734	132.986	34	234.459	185.223	79
2006	423.845	132.282	31	224.522	173.960	77
2007	418.688	145.829	35	223.998	181.528	81
2008	498.119	179.572	36	257.165	198.763	77
2009	411.810	167.648	41	258.197	195.507	76
2010	501.600	208.214	42	229.692	169.375	74
2011	473.770	186.855	39	219.857	155.725	71
2012	455.672	174.887	38	230.814	153.376	66
2013	487.530	186.919	38	245.287	169.420	69
2014	486.627	184.383	38	234.415	160.504	68
Total	4.956.373	1.841.129	37	2.763.046	2.060.538	74

Source: Boletim Estatístico – MDS 2014.

the demand for the BPC may be even more significant considering the census information about high social perception of disability among Brazilians, as commented.

It is worth noting further that the absence of clear limits of eligibility for people with disabilities also enables the decisions of public officials to be decisive. In this context, professional bureaucracy of measurement errors can interfere with the definition of eligibility, setting a real barrier to access to the disabled eligible for the BPC and can formalize the request for inclusion in the branches of the INSS. Broadening the criteria for recognition of disability and disabled person's condition was an important signal about the need for government failure correction in the selection process.

The result of the implementation of the conditional probability model shows that the applicant as a person with disabilities has a 89% chance of having the application for benefits rejected when compared to the elderly applicant. The likelihood of rejection to the applicant in the old condition is only 11% compared to the requesting person with disabilities. The calculation was based on the total information of people with disabilities and elderly applicants to the benefits that were shipped and resulted in denials and deferrals in 2014, according to Table 3.

Given this situation, it is no surprise that the judicial activism has found favorable conditions to play the role of arbitration in favor of the applicants. The amount of benefits granted

by court order in relation to the total benefits for the elderly and the disabled proves crucial the revisionist role of the judiciary. Between 2004 and 2014 the benefit concessions by court order reached a total of 325,000 people with disabilities - 17% of all concessions in the period (Table 4). The participation of the judiciary in the INSS's decision to deny review to grant the elderly applicants was also important, although not as significant in the same period. These favorable reviews of the granting of concessions totaled 81,054 deferred for seniors - 4% of the total period of 2004-2014.

It is noted from Table 4 that the intervention of the Judiciary has grown in the last two years of the series, especially when reviewing the rejections made by the INSS to the requirements of people with disabilities. It can also be seen in Table 4 that the judicial reviews reached the highest level in 2014. This year, respectively 24% of BPC award decisions for people with disabilities and 8.5% for the Elder in 2014 were via judicial. These ratios are important because the intervention of the judiciary reached respectively only 6.7% and 0.7% of the person's requirements with disabilities and elderly people ten years ago.

It is important to stress that if not for the proofreader intervention of the judiciary, granting of benefits to people with disabilities would be even lower, around 20% of all applicants in this condition. It is again pointed out that in the period of 2004-2014, the deferrals of people with disabilities were on average of around 37% (Ta-



ble 2). In the case of the elderly, the revisionist incidence would impact substantially less because the INSS have granted the BPC on average to 70% of elderly requirements in the period 2014-2014. Nevertheless, the intervention of justice made the proportion of deferrals demands BPC vary positively by 4 percentage points (to 74%), as shown in the same Table 2.

## Discussion

The Constitutionalisation supported the consolidation of the BPC in the social performance of the Brazilian central government. Although the

international literature classifies the Brazilian social protection to people with disabilities as liberal-informal profile due to the negligible provision of housing, education, and health<sup>23</sup>, the BPC has unique characteristics income transfer rarely seen in middle-income countries. Qualitative research identified ownership of benefits with increasing social and financial independence of them in relation to their families, contributing to the expansion of autonomy and citizenship notions<sup>24</sup>.

The successful development of the BPC over the past three decades is reflected in the incremental evolution of the number of beneficiaries and public funding. Support to the purchasing power of the benefit, by indexing the variation above the minimum wage value has also been an important component of the scope of income transfer through the BPC.

The work demonstrates the high sensitivity of the BPC to reach the population of older people, increasing the transfer capacity of a minimum income to the group of people 65 and older in the country.

The same sensitivity is not observed in the eligibility of the disabled people. Faced with the high discrepancy in standards requests rejection of people with disabilities, the review of parameters and evaluation tools of applicants BPC should have priority on the government agenda.

**Table 3.** Prevalence of requirements rejections by elderly and people with disabilities: 2014.

Variable	Frequency	Proportion
Application of people with disabilities	486.627	0,675
Application of elderly	234.415	0,325
Rejections of people with disabilities	302.244	0,804
Rejections of elderly	73.911	0,196

Source: Boletim Estatístico – MDS 2014.

**Table 4.** Evolution of BPC granted by court order in relation to the total benefits for the elderly and disabled: 2004-2014.

Years/categories of the beneficiaries	Application frequency of people with disabilities (PCD)	% of legal concessions in relation to PCD approval	Application frequency of elderly	% of legal concessions in relation to elderly approval
2004	9.497	6,71	2.302	0,73
2005	16.069	12,08	4.122	2,23
2006	19.423	14,68	4.766	2,74
2007	25.321	17,36	5.342	2,94
2008	28.545	15,90	5.870	2,95
2009	31.340	18,69	6.650	3,40
2010	31.530	15,14	7.547	4,46
2011	33.088	17,71	8.548	5,49
2012	35.208	20,13	9.831	6,41
2013	41.060	21,97	12.382	7,31
2014	44.525	24,13	13.694	8,53
Total and average % in relation to concessions between 2004-2014	315.603	17,14%	81.054	4%

Source: Boletim Estatístico – MDS 2014.

The article demonstrates further that the BPC eligibility has been increasingly influenced by the judiciary practice. The option for the rejection essentially because of the income cut, but also the biopsychosocial condition is not peacefully accepted by this crucial participant in the decision-making arena of social assistance, which is increasingly repudiating the normative function of street-level-bureaucracy INSS.

The review of the parameters and assessment tools for people with disabilities, increasing the sensitivity of the assessment of the INSS can be problematized considering two central issues: the revision of the per capita family income criteria and improvement of social and medical evaluation procedures.

It is necessary to recognize the institutional challenge associated with the fact that the judiciary adopts a proper and controversial decision-making<sup>25</sup> standard for the criterion of per capita family income of up to ¼ of the minimum wage and the analysis of the INSS of vulnerable and low autonomy of applicants .

Still, BPC management in central government can not ignore the fact that the plaintiffs before the “negative” institutional, resort successfully to Judiciary. Based on Article 203 of the Federal Constitution of 1988, the judiciary has often made the right of individuals to transfer income prevail, indicating that the transition to the social model, despite being an improvement over the previous model, has not quite been successful in identifying the disabled person liable to host the BPC.

### **Collaborations**

NR Costa contributed to the conception, data mining, preparation, and final drafting of the article. MA Marcelino and CMR Duarte contributed to the conception, research, and development of the article, and D Uhr to the conception, research, and review of the article.

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