



## **Report on the social inclusion and social protection of disabled people in European countries**

**Country:** Poland  
**Author(s):** Ewa Wapiennik

### **Background:**

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



## PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

### 1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

In Poland special emphasis has been placed on integration of people with disabilities, to be achieved mainly through their access to the labour market, developing the social economy and reinforcing links between the guaranteed minimum income and activation instruments. The Polish National Reform Programme, approved by the Council of Ministers in December 2005, defines three priority areas – macroeconomic policy, microeconomic policy and the labour market. Four activities related to social protection are mentioned among activities necessary to improve the situation of the public finance sector within the macroeconomic policy and the activity 1.3: 'Reform of the disability pension system' is strongly connected to the situation of people with disabilities. The National Reform Programme defines also two priorities in the area of the labour market policy. The first one is creation and retention of new jobs and reducing unemployment. Activities within this priority include also the professional activation of people with disabilities (see more MPiPS 2006, pp. 10-11).

As people with disabilities are amongst groups of people at risk of social exclusion they are directly or indirectly included in large number of the activities combating social exclusion, however, this group of people can be treated separately as well. Below are some of the examples, how people with disabilities are included in the National Plan on Social Protection and Social Inclusion (MPiPS 2006).

The National Action Plan on Social Protection and Social Inclusion covers the period from 2006 to 2008, namely the period of the implementation of the National Reform Programme. There are three priorities defined in the National Action Plan on Social Inclusion:

- Priority 1: Support for families with children (see pp. 28-37),
- Priority 2: Inclusion by activation (see pp.37-45),
- Priority 3: Mobilisation and partnership (see pp. 45-49).

The mentioned above actions focused on family and children (Priority 1) includes new programme entitled 'Family support programme before and after childbirth' and the National Disabled Children Support Programme will be an important part of this programme. The National Disabled Children Support Programme will be continuation of the pilot governmental programme called '*Early, multispecialised, complex, co-ordinated, and permanent aid to children threatened with disability, or disabled children, and their families*' implemented in 2005-2007 by the Ministry of Health, Ministry of National Education and Ministry of Labour and Social Policy (see p. 28).

The Priority 1 includes also actions focused on development of care services (see p. 31). In the scope of this objective, the Ministry of Health has planned to prepare by 2007 a bill on nursing care insurance, integrating activities of the social welfare and healthcare systems to improve the care system for older, sick and disabled family members. However, this legislation was proposed by the previous government and is still not in force by now. It is not evident how the new government is going to continue this task (when and how such regulation will be implemented).

The next priority - inclusion by vocational activation includes actions dedicated only to people with disabilities entitled 'Activation and inclusion of the disabled' (pp. 38-39). Initiatives aimed at the development of the social economy sector will be also supported within this priority (p. 41). This direction of activities is aimed at establishing own "alternative" workplaces by people excluded from the labour market, therefore people with disabilities can be beneficiaries of these actions as well.



## 1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

- In 2004 Poland has transposed the provisions of the EU Employment Directive into national legislation. However, the effects on people with disabilities seem to be slight). In the longer term.
- Since 2004 new rules concerning subsidised employment are in force and hence the new concept of “funds follow the person”. An employer employing persons with disabilities is now entitled to a monthly subsidy from the State Fund for the Rehabilitation to finance their salaries (an open market employer is entitled to smaller amounts than a sheltered market employer). Previous rules referred only to employers managing a sheltered workplace.
- Since 2005 a few amendments to the legislation on Promotion of Employment strengthened access to ALMPs for people with disabilities. Changes introduced to the Act on Promotion of Employment and Act on Rehabilitation allow people with disabilities registered in county labour offices as job-seekers use some instruments and labour market programmes so far reserved only for people with disabilities registered as unemployed. These were important changes because previous rules limited access to labour market programmes and instruments for people with disabilities who have the right to disability pensions and/or benefits as they cannot register as unemployed.
- The services of supported employment have started to develop (due to efforts of NGOs). In 2007, the State Fund for Disabled Persons Rehabilitation launched a new targeted pilot program called JOB COUCH aimed at developing a model for supported employment in Poland. Currently, in this program participates 30 NGOs and self-government from all over Poland.
- Changes in the legislation on social employment introduced in 2007, entitled people with disabilities to participate in the activities provided by Social Integration Centres.
- Amendments to the Act on Rehabilitation introduced in 2007 enable employers employing people with disabilities to obtain higher reimbursement of expenses of training people with disabilities, as well as changed the regulation on self-employment of people with disabilities.
- Since 2008, the pilot governmental program called *‘Early, multispecialised, complex, coordinated, and permanent aid to children threatened with disability, or disabled children, and their families’* (2005-2007) will be continue in the frame work of targeted program implemented by the State Fund for Disabled Persons Rehabilitation.

In regards to how disabled people and their organisations (in Poland) are being involved in coordination of these policies, NGOs should be consulted in the development of programs and policies addressed to people with disabilities. For example the National Consultative Council for Persons with Disabilities (appointed by the Government Plenipotentiary for Disabled Persons’ Affairs) is a consultative advisory body where government administration, local authorities and NGOs cooperate for the benefit of people with disabilities. In every province (*voivodeship*) there are Provincial Social Councils for People with Disabilities Affairs appointed by each local authority, while in every county (*poviat*) a Regional Social Council for Persons with Disabilities acts as the consultative advisory body. These councils review programs for people with disabilities at the provincial or county levels, and evaluate their implementation. The provincial and regional authorities are also obliged to cooperate with NGOs working for people with disabilities. In 2003, a new act on public works and volunteerism was adopted which establishes new regulations on the status of non-profit NGOs active in the area of public affairs (Act on Public Utility and Activity of Volunteerism, 24 April 2003). It also mandates that public administrations must conduct their activities in the field of public affairs with the cooperation of NGOs and other organisations specified in the act. This cooperation can take the form of delegation of certain public tasks; sharing of information; consultation on proposed laws; and advisory activities at various levels of Government.



However, despite these rules cooperation is unsatisfactory and NGOs and Government do not always take a joint approach to problem solving (see interviews with NGOs representatives in *Specific Risks of Discrimination*, 2008).

### **1.3 What is the most recent research about disabled people's equality and social inclusion in your country?**

Poland lacks comprehensive studies on disabled people's equality and social inclusion, therefore new research in this area is definitely required. Much more comprehensive research are available regarding the situation of people with disabilities on the labour market (see the Request No. 2), where some information about social inclusion can be found as well (low levels of education, inadequate vocational qualifications, lack of early vocational orientation and appropriate profiling of vocational preparation; lack or limited access to information and low quality of existing information resources which constitute one of the main institutional barrier that makes effective problem-solving for people with disabilities difficult). Interesting information is provided by the CSO statistics (ex. CSO 2007), as well as the annually reports of the Polish Government concerning actions taken for execution of the Resolution of the Sejm of 1 August 1997 "The Charter of Rights for Persons with Disabilities" (Council of Ministers 2008). In generally, people with disabilities are recognised as one of the group particularly exposed to social exclusion and discrimination in Poland. People with severe disabilities and complex needs are in particularly difficult situation. Their situation has been recently described in the report on the Specific risk on discrimination against persons in situation of major dependence or with complex needs (2008). This report underlines among others problems with physical accessibility, lack of of policy towards deinstitutionalisation (there are some community based services in the system of social welfare, but they are insufficient to support independent living of people with severe disabilities; isolation from the society is accepted by the society and policy), insufficient family support services, obsolete regulation on guardianship. Regional differences are also described; families living in rural areas are disadvantaged and access to some services becomes a question of the post code.



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

The most comprehensive information on the financial situation of people with disabilities come from the CSO' statistics.

In generally, people with disabilities in Poland have a disproportionate risk of being poor. A need to incur higher outlays for health care and more limited perspectives on the labour market result in a weaker economic situation of families with disabled members. Households including at least one disabled person achieve significantly lower income than households in general (in 2004, the disposable income was by 17.5% lower). Except for health, expenditures in these families in all basic categories is lower. Level of durable goods, in particular so-called luxury goods (microwave oven, dishwasher) and communication equipment (PC, access to the Internet, cellular phone) is also lower, (MPiPS 2006). In 2005, the risk of poverty based on the minimum subsistence level<sup>1</sup> in households including at least one person with disabilities was by 2,4 percentage point higher than in case of households without persons with disabilities (14% vs. 11,6%) and 4,3 percentage point higher in case of households with disabled person as the head (15,9% vs. 11,6%). Out of households including at least one person with disabilities, 21,2% were living below the relative poverty line<sup>2</sup> (vs. 17% in case of families without persons with disabilities), and 20,5% below the legal poverty line<sup>3</sup> (vs. 17,2%). In particular risk of poverty, are families with disabled children. In 2005, the risk of poverty based on the minimum subsistence level in households with at least one disabled child up to 16 years, with legal disability status was by 6,2 percentage point higher than in case of households without persons with disabilities (17,8% vs. 11,6%). When disability referred to at least one child up to 16 years, with legally confirmed disability, risk of poverty based on the minimum subsistence increased up to 17,8% in 2005 and 30,7% respectively), (CSO 2007). It has to be underlined, that these statistics may underestimate the true extent of poverty among people with disabilities because they do not take into account the additional costs disabled people may incur because of their disabilities.

<sup>1</sup> The subsistence minimum determined by the Institute of Labour and Social Studies takes into account those needs that cannot be postponed and if the consumption level below this minimum leads to biological emaciation. There is no special attention devoted to social contacts which were so important in social minimum. According to that, there are no needs relating to transport, communication and participation in culture, etc.

<sup>2</sup> 50% of the mean monthly expenditure of households estimated with the use of the original OECD equivalence scale.

<sup>3</sup> A monthly income of a household qualifying the household to applying for a social benefit in cash in accordance with the legislation in force.

Households		Share of people living in households with income below:					
		minimum subsistence		relative poverty line		legal poverty line	
		2004	2005	2004	2005	2004	2005
		In %					
<b>Total</b>		<b>11.8</b>	<b>12.3</b>	<b>20.3</b>	<b>18.1</b>	<b>19.2</b>	<b>18.1</b>
Households including at least one person with disabilities		13.7	14.0	23.7	21.2	21.7	20.5
Among these:	households with disabled person as a head	16.5	15.9	26.8	23.2	24.2	21.5
	households with at least one child up to 16 years, with legal disability status	19.0	17.8	31.7	30.7	35.9	35.6
Households without persons with disabilities		11.2	11.6	19.0	17.0	18.3	17.2

Source: CSO, 2007, p. 76.

- **What are the lessons for good policy and practice?**

There is definitely the need for changes in the disability pensions and benefits system; the current system does not take into account (almost completely) the disability-related extra costs. The disability benefits policy lack flexibility; definitely, more individualised approach is needed.

- **What new research is needed in your country?**

There is lack of information on the real situation of people with disabilities disaggregated by gender, degree and type of disability, etc. The diversification of this population indicates the need of detailed analysis (based on research) of the situation on people with disabilities.

## 2.2 Type and level of benefits (key points and examples)

### Main benefits payable by Social Insurance Institution:

*Inability to work pensions (other translations in English: disability pensions or invalidity pensions; in Polish: renty z tytułu niezdolności do pracy)*

- Inability to work pension is available to insured person who is incapable of working if she/he meets the following requirements:
  - 1) is incapable of working (in other words received certificate of inability to work issued by the Social Insurance Institution, ZUS);
  - 2) has fulfilled the required insurance periods, in other words has completed the required contributory and non-contributory period – at least 5-year insurance period (contributory and non-contributory periods) during the last decade before applying for the inability to work pension or before occurrence of incapacity for work; in the case if the incapacity for work occurred in the age lower than 30 years, these periods are respectively shorter from 1 to 4 years;



- 3) the incapability to work must have occurred during certain contributory and non-contributory periods or not later than within 18 months after the cessation of these periods; this requirement does not relate to a insured person who has proved the contributory and non-contributory period of at least 20 years for women and 25 years for men and is completely incapable of working.

The inability to work pension in respect of accident at work or occupational disease is granted irrespective of the duration of accident insurance period and irrespective of the date of occurrence of incapacity for work due to accident at work or occupational disease.

The inability to work is evaluated by Social Insurance Institution practitioner (ZUS practitioner) who issues an appropriate decision in this respect. The practitioner's certification of inability to work includes an evaluation of the degree and duration of inability to work and a prognosis concerning re-establishing the capacity for work. The ZUS practitioner can issue certificate on partial inability to work, total inability to work or inability to lead an independent life. Decisions certifying incapacity for work are issued for a period not longer than 5 years or for a longer period, if there is no prognosis to restoration of earning capacity before the lapse of 5 years. The assessment is based on an examination, all previous medical or psychological assessments and any other relevant documentation. The practitioner can also make the assessment without examining the person if the medical specification is sufficient. Before making the diagnosis, the practitioner can commission supplementary documentation, particularly from other doctors, a psychologist, and other medical examinations. The consulting doctor and psychologist base their opinions on the examination of the person with disabilities and by analyzing the medical and vocational documentation. The assessment takes into consideration 1) the degree of the impairment and a prognosis concerning re-establishing the essential functional capacity through medical treatment and rehabilitation and 2) the possibility to continue current job or to take up a new one and usefulness of retraining (considering type of current job, level of education, age and psychophysical predispositions). A person incapable of work means a person who has lost, completely or partly, earning capacity due to disturbance of body fitness and retraining does not promise the restoration of his or her earning capacity. Totally incapable of work is a person who has lost capability for any work. Partly incapable of work is a person who has lost – to a considerable degree – capability for work corresponding to his or her level of qualifications. A person incapable to lead an independent life is a person who needs permanent and long-term care and support to meet essential daily needs. People assessed as being totally unable to work may, however, still be considered able to work under specified conditions related to social and vocational rehabilitation. No other precise scale is evident.

- The pension is payable during a period of certified incapacity for work (indicated in ZUS decision).
- The pension is payable by ZUS from the Social Insurance Fund.
- The amount of inability to work pension depends on the number of years' insurance of the person and his/her level of inability to work as well as the basic amount.
  - The lowest amount of the total inability to work pension is PLN636 (as from 1<sup>st</sup> of March 2008).
  - A pension for a person who is partly incapable of work is payable at the rate of 75% of pension for person completely incapable of work (the lowest amount of the partly inability to work pension as from 1<sup>st</sup> March 2008 is PLN489).
  - If total inability to work is also accompanied by inability to lead an independent life, the pension is complemented with **nursing supplement** (in Polish: dodatek pielęgnacyjny). The nursing supplement is granted to a person entitled to a pension, if such person has been recognized as totally unable to work and lead an independent life, or has reached the age of 75 years. It is payable by ZUS and financed by the Social Insurance Fund. As from 1 March 2008 it is payable at the monthly rate of PLN163.



- A person meeting the conditions for receiving the inability to work pension, who has received a decision on the advisability of vocational retraining due to incapacity for work in earlier occupation, can receive a **training pension**. This pension is granted for a period of 6 months, which may be reduced or extended (not longer than by 30 months, in other words, the training pension may be received for a maximum period of 36 months). The training pension is payable at the rate of 75% of the basis of assessment (but cannot be lower than the amount of the lowest partial inability to work pension).
- The inability to work pension is reduced when the person has an income (for instance from employment) higher than 70% of the average monthly wage and it is suspended when the income is higher than 130%. The training pension is not payable if the pensioner receives remuneration or income (irrespective of its level).
- In 2007 inability to work pensions were paid on average to 1.474 thousand persons (6,1% - total inability to work and lead an independent life pensions, 29,6% - total inability to work pensions, 64,3% - partial inability to work pensions), and an average monthly amount of the inability to work pension was PLN1.011 (counted with nursing supplements), (ZUS 2008b). In 2005 training pensions were paid to 573 persons, and an average monthly amount of the training pension was 1333.88 PLN (ZUS 2006). The average number of inability to work pensions is systematically decreasing every year (for instance in 2006 inability to work pensions were paid on average to 1.556 thousand persons, in 2005 – 1.975 thousand and in 2004 – 2.119 thousands persons), (ZUS 2008b).
- Details on inability to work pensions are specified in the Act on Old Age Pensions and Other Benefits from the Social Insurance Fund (SIF) of 17 December 1998 (with later amendments). The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the inability to work pensions are available (with the statistics) on the website of the Social Insurance Institution ([www.zus.pl](http://www.zus.pl)) and the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Information are also available from [MISSOC](http://www.missoc.gov.pl).

#### *Social pension (in Polish: renta socjalna)*

- Social pension is available for every person of certain age who is totally unable to work due to an impairment which occurred before reaching the age of 18 (or 25 years in case of full-time students or in the course of doctoral studies or scientific post-graduate studies).
- The decision on granting the social pension is issued and the benefit is paid by the Social Insurance Institution (ZUS). Social pensions are financed by the State budget.
- A person can receive permanent or temporary social pension depending on the duration of his/her inability to work. In the case of temporary inability to work the temporary social pension is granted for a period indicated in a decision issued by the ZUS practitioner.
- The amount of social pension is fixed and set at 84% of the lowest amount of the inability to work pension and since 1<sup>st</sup> March 2008 comes to PLN534 (gross). The social pension is suspended when a person receives monthly income (for instance from employment) that is higher than 30%. People who are totally incapable to work because of a disability developing in childhood and who have the right to social pension usually do not have the possibility to get in the future inability to work pension. These persons do not fulfil the third condition required in the Act on Old Age Pensions and Other Benefits from the SIF.
- In 2007, social pensions were paid on average (monthly) to 238 thousand persons and ZUS paid an amount of PLN1.443 million in respect of social pensions (ZUS 2008a).





- Details on social pension are specified in the Act on Social Pension of 27 June 2003 (with later amendments; in Polish: ustawa z dnia 27 czerwca 2003 roku o rencie socjalnej). The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the social pension are available (with the statistics) on the website of the Social Insurance Institution ([www.zus.pl](http://www.zus.pl)) and the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Information are also available from [MISSOC](#).

### **Benefits from the Agricultural Social Insurance Institution (KRUS):**

- People with disabilities can benefits also from the social insurance system for farmers, which include, among others, disability insurance. The old-age and disability insurance are financed from the pension fund, which is financed from the contributions for the old-age, disability and survivor insurance, paid by the insured farmers and from the State budget subsidies. That subsidies constitute about 94% of the revenues of the KRUS. In 2006, the number of pensioners receiving farmer disability pensions from KRUS amounted to 295 thousand and the average disability pension paid out from KRUS in 2006 amounted to PLN638 (MPiPS 2007).
- Details on farmer disability pension in case of inability work are specified in the Act on Social Insurance of Farmers of 20 December 1990 (with later amendments; in Polish: ustawa z dnia 20 grudnia 1990 roku o społecznym ubezpieczeniu rolników). The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the farmer disability pension in case of inability work are available on the website of the Agricultural Social Insurance Institution (KRUS): [www.krus.gov.pl](http://www.krus.gov.pl).

### **Main benefits payable in the scheme of social welfare:**

#### *Permanent allowance (in Polish: zasiłek stały)*

- A person of certain age who is totally incapable of working can also apply for permanent allowance from the social welfare system, if his/her income is lower than the income criteria specified in the social welfare regulations. In such a situation can be people who are totally incapable of working but are not eligible neither for inability to work pension nor for social pension. In 2007, the net income for a one-person household could not exceed PLN477, and for a family, the net income per person could not exceed PLN351.
- A person is eligible to permanent allowance if she/he meets the income criteria and is totally incapable of working due to age or disability (in other words the person received the disability certificate in moderate or significant degree issued by the Disability Assessment Boards or total inability to work certificate issued by the ZUS practitioner or reached the age 60 (women) or 65 (men).
- The amount of the permanent allowance makes up the difference between the specified income criteria and the income of the person or family. As from 1<sup>st</sup> October 2006 it is payable at the monthly rate minimum PLN 30 and maximum PLN 444. In 2007, the permanent benefits were granted to 184.300 persons (MPiPS-03, I-XII 2007).
- Permanent allowances are financed from the State budget and paid by local self-governments.
- Details on permanent benefit pension are specified in the Act on Social Welfare of 1 May 2004 (with later amendments; in Polish: ustawa z dnia 1 maja 2004 roku o pomocy społecznej). The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the permanent allowance are available (with the statistics) on the website of the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Some information are also available from [MISSOC](#).



### Main benefits from the family benefits system:

- People with disabilities (with a legal disability status) can also benefit from the family benefit system that is available to all families with children receiving low income.
- Family benefits are financed from the State budget and paid by local self-governments. The income criteria for family with disabled child are higher than in the case of other families. The right to the family allowances is granted if income per head in a family does not exceed PLN504 or PLN583 if there is a child with disabilities in a family. The amount of the family allowance depends on the child's age and is payable at the monthly rate of PLN48 per child up to the age of 5, PLN64 per child between the age of 5 and 18, and PLN68 per young person between the age of 18 and 24 (as from 1<sup>st</sup> September 2006).
- A number of supplements may be granted in addition to the family allowance. One of them is the **education and rehabilitation of child with disabilities supplement** (in Polish: dodatek z tytułu kształcenia i rehabilitacji dziecka niepełnosprawnego). This supplement is granted for a child with disabilities up to the age of 16 and for a person with disability status in moderate or significant degree between the age of 16 and 24. It is granted for covering increased spending on rehabilitation and education of the child. The supplement is payable at the monthly rate of PLN60 per child under 5 years of age and PLN80 per child aged under 24 years (as from 1<sup>st</sup> September 2006). A monthly average of approximately 218 thousand education and rehabilitation supplements were paid in 2007 (MPiPS 2008).
- The family benefits system include two other benefits important for people with disabilities and their families: nursing allowance and nursing benefit.
  - **The nursing allowance (in Polish: zasiłek pielęgnacyjny) is** granted to partially cover expenses related to care and support for a person with disabilities who is unable to lead an independent life. Entitlement to a nursing allowance is not means-tested on family income per person. The nursing allowance is granted to: 1) a child with disabilities, holding a certificate of disability and requiring permanent assistance from another person; 2) a person aged 16 and more holding a certificate of disability in significant degree; 3) a person aged 16 and more holding a certificate of disability in moderate degree if the disability manifested itself before the age of 21; 4) a person who has reached the age of 75. A person who is entitled to nursing supplement cannot receive nursing allowance. As from 1<sup>st</sup> September 2006 the monthly amount of nursing allowance is PLN 153. In 2007, the number of nursing allowances paid monthly came to 728 thousand (MPiPS 2008);
  - **The nursing benefit (in Polish: świadczenie pielęgnacyjne) is** assigned on the basis of one of the child's parents (or guardian) resigning from work in order to take care of a child with disabilities. The right to the nursing benefit is granted if income per head in family does not exceed PLN583. The amount of the nursing benefit comes to PLN420 a month. -In 2007, nursing benefits were paid on average (monthly) to 70 thousand persons (MPiPS 2008).
- Details on benefits from the family benefit system are specified in the Act on Family Benefits of 28 November 2003 (with later amendments; in Polish: ustawa z dnia 28 listopada 2003 roku o świadczeniach rodzinnych). The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the family benefit system are available (with the statistics) on the website of the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Some information is also available from [MISSOC](#).

It is difficult to give the amounts of benefits in Euro currency as the Euro exchange rate is lately very instable. The Euro exchange rate as for 14 November 2008 is about PLN3.7.



### 2.3 Policy and practice (summary)

Some rules concerning disability pensions provide disincentives to employment for people with disabilities (benefit gap).

The inability to work pension is reduced when the person earns additionally more than 70% of the average monthly wage and it is suspended when this income exceeds 130% of the average wage. This can lead to situation when people with disabilities receive salaries under their vocational qualifications in order to maintain the full amount of the pension as well as can decrease their interested in seeking employment. This mechanism is even more visible in case of people entitled to social pension (in other words people who are totally incapable of working since childhood). When a person with disabilities receives a monthly income (for example from employment) that is higher than 30% of the average monthly wage, the pension is suspended. This means that such a person cannot undertake full-time job. Additionally, such a person do not have the possibility to get in the future inability to work pension because does not fulfil the third condition required in the Act on Old Age Pensions and Other Benefits from the SIF. This definitely do not encourage younger people with disabilities whose disability developed during their childhood to work in paid employment (see more about the employment opportunities for younger people with disabilities in the Request No. 2). At the same time, in the age group over 44 years, the vocational deactivation trend can be identified. The deactivation of the general population of older people in Poland was supported by the policy aimed at mitigating effects of economic transformation. Several opportunities were created to use social welfare provided by the state, which encouraged vocational deactivation and leaving the labour market. Disability pensions for people with disabilities are one of the elements of this system. Poland has the highest rate of people with disabilities in Europe, which to some degree results from older people with confirmed disability leaving the labour market (MPiPS 2006).

As mentioned above, people with disabilities have a disproportionate risk of being poor. Amounts of the disability financial services in Poland are set in a very low level and non-earned sources (for instance disability pensions) are the main sources of income for 84% people with disabilities. The number of people with disabilities receiving income from employment is only 8%. Currently, a person who is entitled to social pension and to nursing allowance receives monthly approximately PLN600 (net). Admittedly, this is above the minimum subsistence estimated by the Labour and Social Studies (about PLN386 for a household with one person in 2007), and above the legal poverty line (PLN477) but below the social minimum<sup>4</sup> (about PLN820 for a household with one person in 2007), (see: [http://www.ipiss.com.pl/opracowania\\_min.html](http://www.ipiss.com.pl/opracowania_min.html)).

In 2006, the total expenditures for social purposes constituted 36,6% of all expenditures of the state budget. This share was higher by 0,7% than in 2005 (and higher by than in 2004). In the social expenditures of the state, 84% of social expenditures of the state constituted subsidies (subsidies for the Social Insurance Fund, the Labour Fund, KRUS and others). The remaining social expenditures of the state budget are the costs of family and nursing benefits (about 10,7%), and expenditures for social welfare (about 5,5%), (MPiPS 2007). It can be estimated, that in 2006 more than 10% of total social expenditures was directed towards disability pension expenditure (approximately 2,1% of GDP), (Chłoń&Domińczak 2007). According to Ministry of Labour and Social Policy, due to the identified ageing of population, in the future more persons will receive old-age and disability pensions, while spending on health and long-term care will increase. Social expenditure projections in the case of Poland indicate that as a result of the implementation of the pension reform expenditure on old-age pensions (expressed as % of the GDP) would start to

<sup>4</sup> Social minimum is the social category that specifies expenses of households in accordance with basic consumer-subistence needs. It is the line of households that measures suitable level of subsistence. That is why the social minimum contains not only goods providing subsistence needs (food, clothes, flat, health protection and hygiene) but also possibilities to work (local transport and communication), education (education of children), support for family and social contacts/bonds and participation in culture.



gradually decrease from one of the highest levels in EU-25, provided that no new solutions significantly increasing spending of the social insurance system are introduced (MPiPS 2006). Since 2000, the number of disability pensions has been systematically decreasing. Between the years 2000 and 2006, the number of disability pensions financed from SIF dropped significantly (from 2.640 thousand to 1.556 thousand), (MPiPS 2007), however, the reason behind this was rarely due to undertaking employment. It was accompanied by a increase in the number of earlier old-age pensions and pre-retirement benefits (Chłoń&Domińczak 2007). As from 1 January 2006 an institution of ex officio old-age pensions has been introduced for persons who have reached the statutory retirement age and had been receiving a disability pension, as well as had completed any contributory and non-contributory period (even shorter than 20 years for men and 15 years for women): in their case the disability pension is automatically converted to old-age pension (ZUS 2006).



## SECTION THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

Poland lacks comprehensive studies on disabled people's equality and social inclusion, therefore new research in this area is definitely required.

### 3.2 Types of care and support (key points and examples)

The system of social assistance in Poland is financed from resources of the State budget, and from the funds of the local authorities (self-governments). As one of the elements of the social policy of the state, the social assistance system is meant to support those citizens and families who, for objective reasons, are not able to fulfill their primary necessities of life. Social assistance is provided by bodies of government and self-government administration, which cooperate with social organizations, individuals and legal persons. A person is entitled to financial services from the social assistance system if his/her income is lower than the income criteria specified in the social welfare regulations (in 2007, the net income for a one-person household could not exceed PLN477, and for a family, the net income per person could not exceed PLN351). The social assistance benefits are broken down into mandatory (obligatory) and non-mandatory (facultative). Guaranteed, permanent allowance (see above) is provided to those groups of persons who for many reasons (age, disability) are incapable of work. Other cases of difficult situation and hardships qualify for the facultative forms of assistance. Aside from cash benefits, the municipalities provide also in-kind assistance, social work, special advisory services, care or nursing services at place of residence or at care centers.

A single person who because of age, illness or other reasons needs other people's help is entitled to care services or specialist care services. Those services can be also granted to a person living in family if the family cannot provide sufficient help. Care services include: help in fulfilling daily needs (tidying up, washing, shopping, cooking), hygienic care, nursing care (according to the doctor's order), and, if possible, contacts with environment. Specialist care services are services adjusted to specific needs arising from particular disease or disability and are provided by staff with professional qualifications. These services are granted on the basis on an administrative decision and are free of charge only for those individuals who met the income criteria specified in the social welfare regulations. The amount of payment for these services depends on the person's monthly income. In 2007, care services and special care services were granted to approximately 90 thousand persons and special care services for people with mental health problems were granted to nearly 10 thousand persons (MPiPS -03, I-XII 2007). Care services and specialist care services can be also provided in so called support centres. Care centres are institutional forms of support providing various kinds services adjusted to the specific needs of their participants. There are several types of support centres: community self-help homes, day homes, homes for mothers with young children and pregnant women, shelters for the homeless, self-help clubs. The most important form of support centre in case of people with disabilities are community self-help homes – support centres for people with mental disorders (in other words for people with mental health problems and people with intellectual disabilities). In 2007, there were 573 such homes with 18.076 places (MPiPS-03, I-XII 2007).

A person who because of difficult life situation, age, disability or illness needs a support to lead his/her daily life but does not need services as in 24 hours institution, can be granted a residence in sheltered apartment. This apply particularly to persons with mental health problems, those leaving foster families (and some other facilities for child care and youths) and to refugees. However, in case of people with disabilities, the sheltered housing do not play an important role as the number of such facilities financed from the self-governments' budget in the framework of social assistance is small (368 sheltered apartments with 1484 places in 2007), (MPiPS-03, I-XII 2007).



In practice, if a family cannot take care of a person with disabilities and such a person needs 24 hours care and cannot lead an independent life (and for who the necessary help in form of care services is not sufficient) there is only one possibility – the social welfare home which provides 24 hours care. The person is referred to the nearest home of a relevant type. There are six kinds of social welfare homes in Poland: for children and young persons with intellectual disabilities (up to 30 years old; however, in particular situations people can remain in the home after the age 30, for example if they have difficulty adapting to changes in the environment), for adults with intellectual disabilities, for old persons, for persons with chronic diseases, for persons with chronic mental illness, and for persons with physical disability. A person who needs intensive medical care is directed to chronic medical care homes or to nursing care homes. According to law, if a person who absolutely needs help does not agree to be placed in a social welfare home, the welfare authorities are obliged to notify the relevant court or public prosecutor; then the decision is taken by family court. According to the CSO data, the total number of residents in residential facilities in 2005 in Poland was nearly 90,000. Although newly established homes cannot have more than 100 residents, this requirement does not apply to facilities established before the year 2000. Therefore there are still social welfare homes with more than 100 of residents.

Generally, accessibility of services promoting independent living of people with disabilities and supporting their families is far from satisfactory. There are no family respite care services. Personal assistance is still a new and developing concept. Although some NGOs and local authorities provide personal assistance services, access to them as well as the form of these services is very limited. Some services explicitly exclude persons with specific disabilities. Even though NGOs try to fill the gap, the support for people with disabilities and their families is in many cases insufficient. There is no policy towards deinstitutionalization in Poland. The recent report of a European study on *The Specific Risks of Discrimination Against Persons in Situation of Major Dependence or with Complex Needs* (2008) underlined that living in an institution - not freely chosen, but because of the absence of alternatives - curtails the civil rights of a person. There is also no personal assistance budgets or direct payments (however, people with disabilities and their guardians can benefit from the social security system described above, for instance from the nursing allowance which is granted to partially cover expenses related to care and support and from the nursing benefit which is assigned on the basis of one of the child's parents (or guardian) resigning from work in order to take care of a child with disabilities).

Another issue is the accessibility of the physical environment. People with disabilities can benefit also from the resources of the State Fund for Rehabilitation of Disabled People and apply for funds to eliminate barriers – architectonics, technical and in communication. In 2007, such funds were granted to 33,600 persons (Council of Ministers 2008). In the framework of one of the targeted programmes of the State Fund for Rehabilitation of Disabled People - 'Pegaz' – there is possibility to apply for finances to meet the cost of buying adapted vehicles (*ibid.*). However, current measures are not sufficient and people with disabilities still face lots of barriers in built environments, among other things in their own homes (see ex: *The Specific Risk of Discrimination* 2008). According to transportation, in the best situation are children and young people as the communities are obliged to provide free of charge transportation to kindergartens and schools for children with disabilities. In much more difficult situation are adults with disabilities particularly in rural areas.

In the work document "[Quality of social services of general interest \(SSGI\)](#)", page 3 emphasizes that "Access to social services by people with disabilities means that those services are affordable, available and accessible"<sup>5</sup>. The expert has no information regarding whether or not any work on quality indicators for social services (for people with disabilities) is currently in progress. However, the 2008-2010 National Strategy Reports for Social Protection and Social Inclusion contains *the third priority - access to quality social services*.

<sup>5</sup> See [http://ec.europa.eu/employment\\_social/index/final\\_mainstreaming\\_en.pdf](http://ec.europa.eu/employment_social/index/final_mainstreaming_en.pdf). Section 4.4 & Section 4.5 provide information about the quality indicators



As to the common key features and corresponding criteria for quality of social services to people with disabilities described in the work document "Quality services of general interest (SSGI), the current situation in Poland is far from being satisfactory (as for all the indicators included in the document).



## **PART FOUR: SUMMARY INFORMATION**

### **4.1 Conclusions and recommendations (summary)**

The situation of people with disabilities in Poland is improving; however a lot of changes are required. As Poland lacks comprehensive studies on the social inclusion and discrimination of people with disabilities, more research is also needed. In very difficult situation are people with severe disabilities and complex needs and the system supports insufficiently particularly this group of people. Poland needs to launch and implement the policy of de-institutionalisation. Living in an institution, not freely chosen but for absence of alternatives, curtail civil rights. There is a need to create a real system of community based services with modern forms of support. This system should allow people with disabilities (especially people with complex needs) live as much independently as possible and not to condemn them to live in residential institution when the support of families is no longer possible. The reform of the social security system is also required to reduce the extent of poverty among people with disabilities.

### **4.2 One example of best practice (brief details)**

This example of good practice will introduce the personal assistance services provided by the Foundation of People with Muscular Disorders (latter referred as the Foundation). The services of a personal assistant have been provided by the Foundation since 2000. Since 2004 this service constitutes a part of a larger project "Lift to Work", which is realized within the framework of the EQUAL initiative. At its realization the Foundation cooperates with partners in the whole country (see: <http://www.miesnie.szczecin.pl/equal/strgl.html>). A pattern for the service of a personal assistant is provided by the solutions applied in the Scandinavian countries and the author of the concept to realize these services in Poland was Fuga Mundi Foundation from Lublin. These services are meant for people with a severe movement disability (intellectually efficient), caused with muscular and nervous system disorders, which often require 24-hour care. They are helped in leading independent lives by their personal assistants. Persons who have succeeded in the recruitment process and have done well at personality tests can be employed as personal assistants. The Foundation does not require any special qualifications.

The support of the service clients is determined on an individual basis. Each client completes a special questionnaire. Each of them is also interviewed. On this basis the client is offered a package of services provided by the Foundation. A decision on granting the services is taken by the Executive Board of the Foundation. The Executive Board also decides on the level of payment which is often of a symbolic nature. Persons benefiting from the services within the framework of the project "Lift to Work" receive the services for free. Both the services and payment for them are adjusted to the individual needs of the client and the possibilities of the Foundation. For many people with movement disability personal assistant's services constitute the only chance to have an independent life. Unfortunately, they are not very frequent in Poland. EQUAL and its tools also create a possibility of dissemination, thanks to which the service is being popularized in counties self-governments all around Poland. Personal assistant's services provided by the Foundation are of a unique nature. In Poland there is a profession of an assistant to a disabled person, who supports and advises a person with disabilities in the rehabilitation process. To differentiate from this, the Foundation calls the service provided by it a personal assistant. A personal assistant in the Foundation is often called "an intelligent prosthesis", and his work is often compared to the work of a translator. A personal assistant is not supposed to take decisions for a person with disability, but to help with the realization of a decision taken by this person; an assistant cannot substitute for social relations, but only make them possible. The Foundation has managed to create a model solution. Several years of the project duration allowed them to learn about the threats and problems relating to the services of a personal assistant. The Foundation is also fighting the stereotype of a poor and helpless disabled person. Many very active persons with disabilities, making decent money, benefit from personal assistant's services provided by the Foundation (Source: Wapiennik 2008).





### 4.3 References

Council of Ministers (2008). *Informacja Rządu Rzeczypospolitej Polskiej o działaniach podejmowanych w 2007 roku na rzecz realizacji postanowień uchwały Sejmu Rzeczypospolitej Polskiej z dnia 1 sierpnia 1997r. „Karta Praw Osób Niepełnosprawnych”* [In English: Information of the Polish Government concerning actions taken for execution of the Resolution of the Sejm of 1 August 1997 "The Charter of Rights for Persons with Disabilities"]. Warsaw, June 2008 (available at: <http://www.mps.gov.pl/bip/download/karta%20praw%20osob%20niepelnosprawnych%2014%2007%2008.pdf>).

CSO (2007). *Warunki życia ludności Polski w latach 2004-2005*. [In English: Living conditions of the Polish population in 2004-2005]. Warsaw: Central statistical Office, Social Statistics Division (available at: [http://www.stat.gov.pl/gus/45\\_3218\\_PLK\\_HTML.htm](http://www.stat.gov.pl/gus/45_3218_PLK_HTML.htm)).

MPiPS (2006). *National Report on Strategies for Social Protection and Social Inclusion for 2006-2008*. Warsaw: Ministry of Labour and Social Policy.

MPiPS (2007). *Polska 2007. Raport o rynku pracy i zabezpieczeniu społecznym*. [In English: Poland 2007. Report, Labour Market and Social Security]. Warsaw: Ministry of Labour and Social Policy.

MPiPS (2008). *Informacja o realizacji świadczeń rodzinnych w 2007 r.* [In English: Information on family benefits in 2007]. Warsaw: Ministry of Labour and Social Policy (available at <http://www.mps.gov.pl/index.php?gid=679>).

*The specific Risks of Discrimination Against Persons in Situation of Major Dependence or with Complex Needs. Vol. 1-4.* (2008). Brussels: Inclusion Europe, p.43-44 (available at: [www.inclusion-europe.org](http://www.inclusion-europe.org)).

Wapiennik (2008). The Foundation of People with Muscular Disorders (Poland). In: *The specific Risks of Discrimination Against Persons in Situation of Major Dependence or with Complex Needs. Volume 4: Examples of Good Practice*. Brussels: Inclusion Europe, p.43-44 (available at: [www.inclusion-europe.org](http://www.inclusion-europe.org)).

ZUS (2006). *Social Insurance in Poland, information, facts*. Warsaw: Social Insurance Institution (available at: <http://www.zus.pl/files/english.pdf>).

ZUS (2007). *Statistical Yearbook of Social Insurance (non-agricultural system), 2003-2005*. Warsaw: Social Insurance Institution (available at: <http://www.zus.pl/files%5CRocznik%20Statystyczny2003-2005.pdf>).

ZUS (2008a). *Informacja o świadczeniach pieniężnych z Funduszu Ubezpieczeń Społecznych oraz niektórych świadczeniach z zabezpieczenia społecznego. IV kwartał/ okres I-XII 2007r.* [In English: Information on financial services from Social Insurance Fund and some other benefits from social security system, IV quarter / period of I-XII, 2007]. Warsaw: Social Insurance Institution (available at: <http://www.zus.pl/files/biul0407.pdf>).

ZUS (2008b). *Ważniejsze informacje z zakresu ubezpieczeń społecznych, 2007r.* [In English: More important information on social insurance In 2007]. Warsaw: Social Insurance Institution (available at: <http://www.zus.pl/files/dane2007.pdf>).