



ANED country report on the implementation of policies supporting independent living for disabled people

Country: Poland

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PART 1: EXECUTIVE SUMMARY AND CONCLUSIONS

People with disabilities in Poland are supported through different services which exist in the frame of social security system. However, despite numerous provisions these are often insufficient to support people with disabilities to live as independently as possible, especially people with severe disabilities. The system lacks modern solutions like personal budgets, direct payments, individual budgets, respite services. Moreover, the existing measures are often criticized for lacking a holistic approach, as they are not sufficiently integrated. In fact, the financial support received by people with disabilities is often too low to cover the additional costs of disability and to let them to live an active life.

Personal assistance is a rather new and developing concept. Although in recent years a new profession has been formed - an assistant to a person with disabilities, which supports and advises a person in the rehabilitation process, there is no such service in the frame of the Polish system. The few existing services are offered mostly by NGOs. The main forms of support provided by the public authorities to people with disabilities who want to live in their own homes are care and specialist care services. These, however, tend to be rather schematic and inflexible, of limited time duration and hard to obtain. There is no opportunity for adjusting them to one's individual needs. In fact a services, such as cleaning, shopping, meal preparing and bathing are selected from an already existing service catalogue. . Poland lacks a real policy towards deinstitutionalization. Alternative forms of housing in the community such as small group homes or sheltered apartments are not widespread. Moreover, since 2000, quite large amounts of public funds have been allocated to let residential institutions to meet new standards, and this may create an additional disincentive towards deinstitutionalization. Although a person has to express his/her consent to be placed in residential institution, it may also be done against his/her will. The real problem is a lack of alternatives.

If a person with disabilities needs comprehensive support to lead an independent life, and the family's care comes to an end due to various reasons, there are not a lot of possibilities to live independently for such a person. In some places the NGOs try to fill the gap and offer other alternatives, but then the possibility of leading an independent life becomes a question of one's post code. In practice, in many cases the residential institution is the only alternative. Poland lacks significant new proposals or strategies for future policies to support people living in the community rather than in institutions, as well as supporting families, which put a lot of effort into keeping disabled members living with them as long as possible. The idea of independent living of people with disabilities is promoted mostly by disabled people' organisations. These are also the most important actors in creating new types of services supporting autonomy of people with disabilities, such as personal assistance. In fact, NGOs in Poland play very important role as service providers (very often using public funds) trying to fill the gaps in the system.



PART 2: LEGAL AND POLICY CONTEXT

The Charter of Rights of Persons with Disabilities (1997), which can serve as a catalogue of rights of persons with disabilities, acknowledges that disabled people have the right to an independent, active life, free from discrimination. This is, however, the only place in the Polish legislation where the right of disabled people to independent living is stated so clearly. There is no comprehensive strategy supporting independent living of people with disabilities in Poland, instead, some provisions are scattered in various laws. The most important regulation devoted entirely to people with disabilities – the Act on Rehabilitation (1997) expresses few concerns about independent living of people with disabilities.

People with disabilities are supported through different services which exist in the frame of social security system. Provision is made for social insurance (Pensions Act 1998), family benefits (Act on Family Benefits 2003), social assistance (Act on Social Assistance 2004) and long-term care systems (Act on Health Care Institutions 1991, Act on Health Care Services 2004). No major changes which would have impact on the independent living of people with disabilities have occurred to these provisions in the few recent years. Some other laws are also mentioned later in the report.

Financial support¹ for people with disabilities is available mainly through social insurance, family benefits and social assistance systems². Here, several kinds of cash benefits should be mentioned:

- **Inability to work pension** is paid by the Social Insurance Institution (SII) from the Social Insurance Fund (SIF), which is available to an insured person who is incapable of working and fulfils certain criteria (Pensions Act 1998). Since the 1st of March 2009 the minimum level of the total inability to work pension has been PLN675. If total inability to work is also accompanied by inability to lead an independent life, the pension is complemented with a nursing supplement (Pensions Act 1998). As from 1 March 2009 this has been payable at the monthly rate of PLN173.
- **Social pension** is also paid by the Social Insurance Institution (SII). It is available for every person of a certain age who is totally unable to work due to an impairment which occurred before reaching the age of 18 (or 25 years in specific cases), and who does not fulfill the requirements for inability to work pension. The amount of social pension is fixed and is set at 84% of the lowest amount of the inability to work pension. Since the 1st March 2009 it has been PLN567 (gross) (Act on Social Pension 2003).
- **Nursing allowance** is granted to partially cover expenses related to care and support for a person with disabilities who is unable to lead an independent life. It is not means-tested in relation to family income per person and as from 1st September 2006 it has been PLN 153 per month (Act on Family Benefits 2003).
- **Nursing benefit** is assigned when a parent (or guardian) resigns from work in order to take care of a child with disabilities. The right to nursing benefit is granted if income per person in the family does not exceed PLN583 and the child has a disability certificate (Act on Family Benefits 2003). The amount of the nursing benefit comes to PLN420 a month.
- **Permanent allowance** is provided in the frame of social assistance to a person of certain age if she/he meets specified income criteria and is totally incapable of working due to age or disability.

¹ For comparison,:

-the minimum monthly remuneration in Poland since 1st of January 2009 is PLN1.276;
 -the average monthly remuneration in the first quarter of 2009 amounted to PLN3.185;
 - the social minimum for a one-person household in 2008 amounted PLN865;
 -€1 = PLN4,48 (as of 15th of May 2009).

² See the Polish report on the social inclusion and social protection available at the ANED website for more details.



The permanent allowance often plays a complementary role to other pensions and benefits as it is usually provided to individuals who are totally incapable of working but are not eligible for inability to work pension or for social pension. Recipients must fulfil income criteria (the net income for a one-person household can not exceed PLN477, and for a family, PLN352 per person). The amount of the permanent allowance paid makes up the difference between the specified income criteria and the income of the person or family. As from 1st October 2006 it has been payable at a monthly minimum rate of PLN 30 and a maximum of PLN 444 (Act on Social Assistance 2004).

Unfortunately, the financial support received by people with disabilities is often too low to cover the supplementary costs of disability and let them to live as independently as possible. The average amount of inability to work pension is more or less at the level of the minimum monthly wage. In 2007, the average monthly amount of inability to work pension received was PLN1.011 (including nursing supplements), which equated to 44.5% of the average monthly remuneration (SII 2008b). Cash benefits from the social assistance system provide subsistence income and their amounts are very low. The level of social pension is set below the social minimum and generally does not provide enough for living independently. As one NGOs' representative said: "It is commonly known that active life in integration costs more than passive life in isolation. Passive life in isolation may even be related to a lack of need to have e.g. shoes. What is enough then is slippers and sitting at a window or in front of a TV set. There is no need to buy a ticket for public transport, but then one may not have any aspirations. We face the situation of conflict, i.e. conflict of the benefit which was created for another kind of politics in the epoch of care and the epoch where the activity of a disabled person is the greatest value, where it is important to support such a person to help him be active, productive and exercise his rights. For this reason nowadays the old concept of the social pension does not fit the current concepts, to present values which should dominate in the politics of disability" (Wapiennik 2008a). The amount of the nursing allowance which is granted to partially cover expenses related to care and support for a person with disabilities who is unable to lead an independent life is only PLN153 (about €34³). Although there is nursing benefit for the parent who must give up working to look after a disabled child, the amount of this benefit is small and it does not considerably improve the material situation of such families. Moreover, many families are not entitled to this benefit as their income exceeds the income criteria determined in the legislation.

Apart from cash benefits, again in the frame of social assistance, local authorities provide in-kind assistance, social work, special advisory services, and care or nursing services at home or at care centres. Generally speaking, the system of social assistance in Poland, is meant to support those citizens and families, who, for objective reasons, are not able to fulfil their primary necessities of life. People with disabilities are mentioned in the Act on Social Assistance (2004) as one group which can benefit from this system. According to statistics from the Ministry of Labour and Social Policy, in 2008 (MPiPS-03, I-XII 2008, available at <http://www.mpips.gov.pl>), 398 thousand families with disabled members were granted help.

Social assistance is funded and provided by government bodies and local authorities.

Apart from the permanent allowance, a few other social assistance services should also be mentioned as regards independent living of people with disabilities:

- **Care services and specialist care services**⁴ are one of the most important non-cash services available for people with disabilities in the frame of social assistance. A single person is entitled to these services if because of age, illness or other reasons they need other people's help.

³ €1=PLN4.5

⁴ See more: part 4 .



These can be provided in the person's home or in so called support centres. They are institutional forms of support providing various kinds services adjusted to specific needs . 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 and self-help clubs. Assistance may also be granted to a person living with their family if the family's help is insufficient (Act on Social Assistance 2004).

- **Sheltered apartments** are in theory another important provision supporting people with disabilities to live independently. A residence in sheltered apartment can be granted to a person who because of difficult life situation, age, disability or illness needs support to lead his/her daily life but does not need 24 hour services in an institution (Act on Social Assistance 2004). Unfortunately, sheltered housing does not play important role as the number of places is very small⁵.
- **Social welfare homes**⁶ are the main type of residential institution in Poland. These provide services for persons who need 24 hour care because of age, illness or disability (Act on Social Assistance 2004, art. 54). New standards for those institutions have been set (Regulation on social welfare homes 2000, Regulation on social welfare 2005) and these have to be achieved by the end of 2010 (Act on Social Assistance 2004).

Some provisions for supporting people with disabilities are also available in the frame of long-term care, which is financed mainly from the National Health Fund. Here, long-term nursing care is provided for bed-ridden and chronically ill patients staying at home, who require systematic and intensive nursing care but not hospitalisation and who do not want to or cannot stay at long-term care institutions. A person who needs intensive medical care can be directed to chronic medical care homes or to nursing homes as well⁷ (Act on health care institutions 1991).

Similarly to the financial support, the non-cash services are often criticized as being insufficient in their current form to support people with disabilities to live independently⁸.

Legislation in Poland does not particularly acknowledge disabled adults as having the potential for independence, choice and control in their lives. Generally speaking, people with disabilities have the same legal capacity as all other Polish citizens and, in theory, the same right to live an independent life. Nonetheless, disability in Poland, especially severe disability, is connected with severe restrictions in independence. Lack of alternatives, poor accessibility and insufficient support create dependency for many disabled people, or at least restricts their right to choose. For instance, many people do not choose to live in an institution but do so because no other alternatives exist. People with disabilities often have difficulties with access to public buildings and consequently to courts, offices, etc. According to research conducted in 2008, the accessibility of governmental administration and central offices' buildings are far from satisfactory and there is no comprehensive program to change this situation (Office of the GDPD, 2008). Sometimes apparently neutral legislation actually restricts participation in some areas of life, for instance in exercising voting rights. People with severe disabilities who are not able to leave their homes to appear in person at the polling station are in practice totally deprived of their right to vote. This is because in Poland people have to personally participate in elections, and no alternatives exist (Wapiennik 2008a).

Legal capacity can be limited by the imposition of plenary or partial guardianship and this usually applies to people with mental illness, intellectual disabilities and autism.

⁵ See more: part 3.

⁶ See more: part 3.

⁷ See more: part 3.

⁸ See more the following parts of the report.



The legal incapacitation is a form of legal protection and should work for the benefit of the person placed under guardianship; however, it focuses entirely on prohibitions and restrictions.

According to the Civil Code (1964), an individual can be placed under 'plenary' guardianship if he/she cannot "control their behaviour" because of mental health problems, intellectual disability or other "mental disorders", particularly alcoholism or drug addiction. If the circumstances do not warrant 'plenary' guardianship, but a person needs assistance to manage their affairs, he or she can be placed under 'partial' guardianship. People under 'plenary' guardianship do not have the right to conclude any legal acts and any legal action they take is invalid. The legal capacity of a person under 'partial' guardianship is partially restricted. A person under 'partial' guardianship can carry out certain transactions relating to everyday life and administer his or her income without the agreement of the supervisor. In practice, both forms of guardianship restrict person's autonomy in all areas of life. Such persons do not have the right to vote and cannot be members of associations. A person under 'plenary guardianship' cannot even sign an employment contract and therefore cannot take up employment, cannot get married, etc. (Wapiennik 2008a).

Poland lacks significant new proposals or strategies for future policies to support people living in the community rather than in institutions. Strategies for supporting families, which put a lot of effort into keeping disabled members living in the family' environment as long as possible, are also missing. It should be noted that a person with disabilities living in an institution and not in a family home is the exception rather than a norm in Poland (Wapiennik 2008a). For a few years there have been discussions on whether new nursing care insurance might integrate activities of the social welfare and healthcare systems to improve the care system for older, sick and disabled family members. Plans to prepare such a bill were even included in the National Action Plan on Social Protection and Social Inclusion, 2006-2008 (MLSP 2006). Regrettably, such legislation is not in force and it is not clear when and if such legislation will be introduced.

The idea of independent living of people with disabilities is promoted mostly by disabled people' organisations. They are also the most important actors in creating new kinds of services supporting autonomy of people with disabilities, such as personal assistance. In 2003 a new Act on Public Works and Volunteerism was adopted, which established new regulations on the status of non-profit NGOs active in the area of public affairs. The act mandates that public administrations must conduct their activities 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. In fact, NGOs in Poland play very important role as service providers (very often using public funds) to try to fill gaps in the system.

However, despite these rules, cooperation is unsatisfactory and NGOs and Government do not always take a joint approach to problem solving (Wapiennik, 2008a). Moreover, currently there is no serious work on independent living in progress.

Generally speaking, the system which should support people with disabilities is often criticized as it lacks holistic approach. According to Mrs. Wojtowicz-Pomierna Director of the Office of the Government Plenipotentiary for Disabled Persons "Each sector is only responsible for only one sphere, i.e. one for welfare, another for pension bodies, another for local governments and still another for health service etc. Their activities are not integrated at all, even financially. We have various ways of financing different activities which do not necessarily meet. Local governments are often not allowed to spend their means on integrated activities but must spend them on the activities specified in particular regulations. What we have to deal with is some sectoring of policies and finances which results in some sectoring of thinking of the problems characteristic for people with disabilities.



Consequently it may prevent from e.g. preparing a complex and individual support program for a disabled person.” (Wapiennik 2008a, p. 285).



PART 3: PROGRESS TOWARDS INDEPENDENT COMMUNITY LIVING

The majority of people with disabilities in Poland live with their families as to place a person in an institution is rather an exception than a rule among Polish families. In fact, alternative forms of housing in the community such as small group homes or sheltered apartments are not widespread and are organized often only on the initiative of NGOs. According to the social assistance regulations, a person who because of difficult life situation, age, disability or illness needs support to lead his/her daily life but does not need 24 hour support services in an institution, can be granted a residence in sheltered apartment. This applies particularly to persons with mental health problems, those leaving foster families (and other facilities for children and young people) and to refugees (Act on Social Assistance 2004). In fact, the number of such facilities in the frame of social assistance, although increasing every year, is small and unfortunately sheltered housing does not play an important role in disability policy (406 sheltered apartments with 1701 places in 2008), (MPiPS-03, I-XII 2008). Moreover, social community-based services for families are insufficient and the financial support received by people with disabilities is often too low to cover the supplementary costs of disability (See more in the part 4).

The main type of residential institution in Poland is a social welfare home, which provides services for persons who need 24 hour care because of age, illness or disability (Act on Social Assistance 2004, art. 54). There are six kinds of such homes: 1)for children and young persons with intellectual disabilities up to 30 years old; (however, in particular situations people can remain after age 30, for example if they have difficulty adapting to changes in environment), 2)for adults with intellectual disabilities, 3)for the elderly, 4)for persons with chronic diseases, 5)for persons with chronic mental illness, 6)for persons with physical disability (Act on Social Assistance 2004, art. 56).

Social welfare homes are rather fossilized structures, with several dozen residents and more. Although newly established homes cannot have more than 100 residents (Regulation on social welfare homes, 2005), this requirement does not apply to facilities established before the year 2000, therefore there are still institutions with more than 100. Despite the fact that new standards were set in 2000 (Regulation on social welfare homes, 2000) and have to be achieved by the end of 2010 (Act on Social Assistance 2004, art. 152), some of the institutions still have a lot to do to meet these. In fact, only in 2006 all the social welfare homes controlled by the Supreme Chamber of Control did not provide services in accordance with these standards and living conditions in some of them restricted residents' senses of intimacy, privacy and independence. In 60% the living surface area per person was lower and in 55% the number of persons sharing one bathroom was higher than set in the standards. There have been homes where up to 20 residents have lived in one room (according to the standards it should not be more than 4) and 22 persons have had to share one bathroom (according to the standards the maximum should be 5) (Supreme Chamber of Control 2006).

According to the CSO data (2008), there were 1.092 residential institutions for people with different types of disability and for the elderly with ca 82 thousand residents in 2007 (see more details in the table no. 1). It is, however, difficult to estimate the level of institutionalization in Poland as the data provided by the CSO on the number of people with different types of disabilities in Poland (CSO 2006b) cannot be compared with the statistics on residents in stationary welfare institutions (CSO 2008). However, that the highest level of institutionalization concerns people with intellectual disabilities; one can estimate, with a fairly high margin of error, that ca 15% of adults with intellectual disabilities (with legal disability status) in Poland live in institutions.

Tab. 1. Stationary social welfare facilities by type and groups of residents* in 2007.

Specification	Total	Institutions for:					
		The elderly	Individuals who are chronically ill	Adults with intellectual disabilities	Children and young people with intellectual disabilities	Individuals who are chronically mentally ill	Individuals with physical disabilities
Type of institution (in numbers)							
Total	1 092	322	257	174	113	195	31
Social welfare home	942	215	244	169	110	177	27
Other	150	107	13	5	3	18	4
Number of residents							
Total	82 191	16 617	21 757	14 422	7 940	19 628	1 827
Social welfare home	78 407	14 043	21 245	14 324	7 759	19 248	1 788
Other	3 784	2 574	512	98	181	380	39
Residents by gender (in numbers)							
Women	42 355	10 675	12 614	5 749	3 561	8 787	969
Men	39 836	5 942	9 143	8 673	4 379	10 841	858
Residents by age (in numbers)							
Up to 18	1 890	-	2	68	1 774	2	44
19-40	11 723	112	475	4 361	4 504	2 055	216
41-60	24 691	1 347	4 196	7 002	1 615	10 037	494
61-74	17 688	3 890	5 956	2 157	38	5 153	494
75 and more	26 199	11 268	11 128	834	9	2 381	579

*Excluding residential facilities for the homeless and mothers with young children

Source: "Basic data on health service in 2007", Central Statistical Office, Warsaw 2008, pp. 158-170

A person who needs intensive medical care is directed to chronic medical care homes or to nursing homes which are part of the long-term care system. The chronic medical care homes and nursing homes provide 24 hour health services (nursing, care and rehabilitation) and treatment for individuals who do not require hospitalization. They are intended for people who are unable to provide self-care and require medical control, professional nursing and rehabilitation and periodical intensive nursing (Act on health care institutions 1991). According to data from the CSO (2008) as of the 31st December 2007, there were 286 medical care homes with a total of 16.625 beds, and 122 nursing institutions with 4.918 beds.

To be placed in a social welfare home or in a long-term care institution, the person has to give his/her consent. There is, however, a possibility that a person may be placed in a residential institution against his/her will. According to the social assistance regulations, 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 and the decision is then taken by the family court (Act on Social Assistance 2004). The real problem is, however, lack of alternatives. If a person with disabilities needs comprehensive support to lead an independent life, and family care due to various reasons comes to its end, there are not a lot of possibilities to live independently. In some places the NGOs try to fill the gap and offer other alternatives, but then the chance of leading an independent life becomes a question of one's post code. In practice, in many cases the social welfare home is the only alternative (Wapiennik 2008a).



Unfortunately, it is difficult to compare the expenditure for institutional support versus support for people living independently in the community. There is some data on the state budget and local authority budget expenditure on social assistance provided by the CSO (2008). For instance, in 2007 the state spent nearly 1,19 billion PLN on social welfare homes, this being 9,3% of the total expenditure on social assistance. In the same year, 0,38% of the total social assistance state budget (PLN48,4 million) was spent on care and specialist care services. In 2007 local authorities spent more than PLN2 billion on social welfare homes and approximately PLN311 million on care and specialist care services. Although care services are the most important social assistance provision as regards support daily living at home for people with disabilities, we have to be aware that these examples do not exhaust the subject.

To sum up, one can conclude that Poland lacks a real policy towards deinstitutionalization. Moreover, since 2000, quite large public funds have been allocated for social welfare homes to reach the new standards . Local authorities' expenditure on social welfare homes has increased every year (CSO 2006a, 2008). This, in fact, may create additional disincentive towards a real deinstitutionalization policy in Poland (Wapiennik 2008a).



PART 4: TYPES OF SUPPORT FOR INDEPENDENT LIVING IN THE COMMUNITY

As already mentioned, the main form of support provided by the public authorities to people with disabilities if they want to live in their own homes are care and specialist care services. These services are forms of social assistance provided to individuals who because of age, illness or other reasons need other people's help. Care services can also be granted to a person living with their family if the family's help is insufficient (Act on Social Assistance 2004, art. 50); thanks to this the family may get some help in providing care to the disabled member of the family.

Care services include: help with fulfilling daily needs (tidying up, washing, shopping, cooking), hygiene, nursing care (according to the doctor's advice), and, if possible, contacts with the environment. Specialist care services are services based on specific needs arising from particular disease or disability and are provided by staff with professional qualifications. Care services are granted on the basis of an administrative decision by social assistance centres and are free of charge only for those individuals who meet the income criteria. It is the responsibility of each municipality to set conditions for granting and paying for these services. (Act on Social Assistance 2004, art. 50; Regulation on specialist care services 2005). The amount of payment for these services depends on the person's monthly income. In 2008, care services and specialist care services provided at home were granted to nearly 92.5 thousand persons and specialist care services for people with mental health problems were granted to 10.2 thousand persons (MPiPS-03, I-XII 2008).

Care services and specialist care services can also be provided in so called support centres. These are institutional forms of support providing various kinds services adjusted to the specific needs of 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 and self-help clubs (Act on Social assistance 2004). As far as people with disabilities are concerned, the most important 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 2008, there were 605 such homes with 19.299 places (MPiPS-03, I-XII 2008).

In fact, the current form of care services in Poland is often criticised. Former President of the Polish Association for Persons with Mental Handicap, Mrs. Mrugalska has stated: "All care services provided at home are of limited time duration and are hard to obtain, moreover they tend to be rather schematic and non-elastic enough. There is no possibility to adjust a service to one's individual needs, in fact a service is selected from the already existing service catalogue like cleaning, shopping, meal preparing, bathing. Whereas, there is no money for more sublime services, particularly the ones connected with participation in social life. What is more they are not of obligatory character. The services are granted on the grounds of a separate administrative decision and as such may not be granted. Needless to say, it is not a system in which one feels safe" (Wapiennik 2008a, p. 292).

People with disabilities and their families can also get assistance from the family benefit system. Here, the nursing allowance is granted to partially cover expenses related to care and support provided by others for disabled persons who are unable to lead an independent life. The word 'partially' is very important in this provision as the monthly amount of this benefit is very low – PLN 153 (as from 1st September 2006). Entitlement to a nursing allowance is not means-tested on family income per person. In the case of adults with disabilities this benefit is granted to a person holding a certificate of disability in significant degree or in moderate degree (if the disability manifested itself before the age of 21). The nursing allowance is also granted to every person who has reached the age of 75 (Act on Family Benefits 2003). In 2007, the number of nursing allowances paid monthly came to 728 thousand (MLSP 2008).



A nursing benefit is also available as part of the family benefit system. It is assigned on the basis that one of a child's parents (or guardian) resigns from work in order to take care of a child with disabilities. The right to nursing benefit is granted if income per head in family does not exceed PLN583, the child has a disability certificate, or a disability certificate in severe degree when he/she is of age (Act on Family Benefits 2003). The amount of nursing benefit comes to PLN420 a month. In 2007, nursing benefits were paid on average (monthly) to 70 thousand persons (MLSP 2008). Again, it must be said that "firstly, the amount of such benefit is small and it does not improve considerably the material situation of such family; secondly; many persons are not entitled to such benefit as their income per person exceeds the income criterion determined in proper regulations (whose threshold is very low); and obviously such family incurs additional costs related to the disability of one of its members" (Wapiennik, 2008a, p.289).

Some other services are provided by various NGOs working on behalf of people with disabilities. The scope and form of these services depends, however, on particular organizations and it is very difficult to gain a consistent overview. It must be, , stressed however that in many places in Poland only services provided by public authorities are available.



4.1: PERSONAL ASSISTANCE SERVICES

Personal assistance is a rather new and developing concept in Poland. In recent years new profession has been formed - an assistant to a person with disabilities, who supports and advises them in the rehabilitation process. However, there is no such service in the frame of the Polish system (Bojarska, Karlińska 2007). Plans to introduce the profession of personal assistant in the social assistance regulations ended at the same time as the previous Parliament' (Stanisławski 2008).

Currently there are few personal assistants. According to Stanisławski (2008) there are about 100 personal assistants in the entire country, usually employed by non-governmental organisations and paid from the resources of European Social Fund or the State Fund for Rehabilitation of Disabled Persons. The biggest NGOs offering personal assistance are as follows: the Foundation of People with Muscular Disorders, Foundation for Children and Young People "Hej Horsie!", "Synopsis" Foundation, Polish Society of Multiple Sclerosis and Polish Association for Persons with Mental Handicap. All of them employ personal assistants for their members using different application procedures, eligibility criteria and payment conditions (Stanisławski 2008).

Generally speaking, there are two models of personal assistance in Poland. The first approach assumes that a personal assistant is not supposed to take decisions for a person with disability, but to help by putting into practice a decision taken by this person. The assistant should not become a substitute for social relations, but make them possible. This model is adopted for instance by the Foundation of People with Muscular Disorders. Due to this a personal assistant in this organisation is often called "an intelligent prosthesis", and his work is often compared to the work of a translator. The Executive Board of the Foundation decides on granting the service and the level of payment, which is often symbolic. Both services and payment for them are adjusted to individual needs of the client and the resources of the Foundation (Wapiennik 2008b).

On the other hand, the personal assistance profession in Poland assumes that the assistant is rather someone who supports, advises, inspires, and encourages activity; he/she is the person helping establish social relations or even acting as a friend and teacher. This model is often adopted by organizations providing personal assistance services to people with mental disability (Bojarska, Karlińska 2007; Stanisławski 2007; Wapiennik 2008b).

A few of the self-governments (e.g. Warsaw and Biłystok) also offer a kind of assistance service called "disabled person's assistant"⁹. The main goal of the Warsaw programme is social activation of people with disabilities living in Warsaw. The service is provided seven days per week from 8 am to 10 pm. Assistants employed in this programme can assist people to go shopping, to go for a walk, explore the city, get to work or to rehabilitation programme and carry out errands; they do not offer care services. One person can use the service twice a week up to 3,5 hours per day for a nominal fee – just PLN4 per 3,5 hours. To apply for this service one has to be of a certain age and hold a disability certificate for a significant or moderate degree. In August 2007, 500 regular clients were in the database of this programme and on average 40-50 people used this assistance service on a daily basis.

Additionally there are some tax deductions for disabled taxpayers who can deduct some expenses for rehabilitation and daily activities from their income. For instance they may pay up to PLN2280 for a guide to a blind person and to a person with mobility disability (Act on Personal Income Tax, 1991, art. 26).

⁹ Detailed information on the Warsaw service can be found at <http://www.asystem.warszawa>.



4.2: ASSISTIVE EQUIPMENT AND ADAPTATIONS

Several provisions exist in Poland as regards assistive equipments and adaptations. First of all people with disabilities can apply to the National Health Fund for orthopaedic and assistive devices (medical) such as orthopaedic prosthetics, shoes, callipers, walking sticks and crutches, wheelchairs, lenses, hearing aids, etc. (Act on Health Care Services). To apply for these services, a written order from an authorized practitioner is needed. Reimbursement for particular article or equipment is granted for a certain period (for instance 2, 3, 5 years) and in relation to particular impairments. The Minister of Health determines the maximum reimbursement as well as a detailed catalogue of orthopaedic articles and assistive means (Regulation on detailed catalogue on orthopaedic articles 2004, Regulation on price limit of orthopaedic articles 2004). The National Health Fund reimburses the expenses but only up to a certain amount. At least 50% of the price set by the Minister of Health is reimbursed and the rest has to be paid by the person concerned (for instance the remaining 50% and the difference between the shop' price and the price limit set in the regulation). In 2007 the National Health Fund spent approximately PLN540 million on orthopaedic articles and assistive means (CSO 2008) but there is no data how many people with disabilities benefited from this type of service.

Additionally, a person with disabilities granted reimbursement for orthopaedic articles and assistive means from the National Health Fund can apply to County Family Assistance Centres to cover the remaining sum. The applicant has to hold a disability certificate and fulfil income criteria; her/his monthly income cannot exceed 50% of the average monthly remuneration or 65% in case of single person (Regulation on county' tasks 2002). The reimbursement may be up to 100% of the person's share in the price limit or up to 150% of the sum total of the price limit and the person's share if the shop price is higher than the price limit (and it often is). While payment is made by the County Family Assistive Centres, funding for this comes from the resources of the State Fund for Rehabilitation of Disabled Persons on the basis of the Act on Rehabilitation (1997).

On a similar basis, the county self-governments may also reimburse expenses for rehabilitation equipment (Regulation on county tasks 2002). Here the reimbursement amounts up to 60% of the costs, providing it is not more than five times average monthly remuneration. To apply for these services, a written order from an authorized practitioner is needed, where it is stated clearly that the equipment is necessary and that the person concerned does not have an opportunity to use such equipment at the nearest clinic.

In 2007 the county self-governments partially financed expenses for rehabilitation equipment, orthopaedic articles and assistive means for 190 thousand persons with disabilities and spent PLN164,5 million on this, an average of PLN866 per person (Council of Ministers 2008). It means that in 2007 approximately 4% of people with legal disability status were granted this kind of reimbursement from county self-governments and that the average reimbursement was less than the minimum monthly remuneration.

Resources of the State Fund for Rehabilitation of Disabled Persons are also used for the elimination of barriers (architectural, technical and communication) in and outside the home to help people with disabilities perform daily activities or facilitate communication. Again reimbursement is made by the county self-government (the concerned person has to submit a written request to the County Family Assistive Centre - CFAC) Up to 80% of the cost may be reimbursed but no more than fifteen times the average monthly remuneration. Architectural barrier removal may be granted to a person with mobility difficulties and for technical and communication barriers if such needs arise. The elimination of technical and communication barriers cannot be reimbursed more often than every three years. Every CFAC provides a detailed catalogue on equipment, materials and works which can be reimbursed.



In 2007, people with disabilities submitted 59.566 applications for the elimination of barriers; of these, 34.114 were accepted and 33.600 contracts were executed (11.252 – architectural, 15.227 – in communication, 7.121 – technical). County self-governments spent PLN 130,8 million in total and average reimbursement per person amounted to : 1) PLN7.551 for architectural barriers; 2) PLN2.031 for barriers in communication; and 3) PLN2.094 for technical barriers (Council of Ministers 2008). In fact, this money is a drop in the ocean. The problem lies not only with lack of resources. For many people the 20% which has to be paid out of one's own pocket is unaffordable and bureaucratic procedures create additional barriers (Stanisławski 2004).

Complementary to the provisions described above are the programmes of the State Fund for Rehabilitation, as some of them concern assistive equipment and adaptations for individuals¹⁰. Programmes worth noting : 'Pegaz', 'Computer for Homer' and 'Pythagoras 2007'.

Additionally there are some tax allowances for disabled taxpayers, who can deduct some rehabilitation expenses from their income, for instance expenses for: 1) home adaptation and special needs equipment; 2) car adaptation; 3) purchase and repair of appliances necessary for rehabilitation and life activities (Act on Personal Income Tax, 1991, art. 26).

¹⁰ These are described in detail on the website of the State Fund at <http://www.pfron.org.pl>.



PART 5: EVIDENCE OF GOOD PRACTICE IN THE INVOLVEMENT OF DISABLED PEOPLE

There are several rules which should ensure that people with disabilities and their organizations are involved in the development of strategies and policies for independent living. Above all, according to the *Regulation concerning the rules for developing new legislation* (2002), before arriving at a decision on preparing new legislation, the groups interested in the proposal should be consulted and the proposals published on the internet. It is, however, the choice of the group preparing the proposals as to which social partner they will approach, to what extent consultations will be conducted, as well as which opinions will be expressed (OSI 2005).

Secondly, there is system of consultative advisory councils, appointed at the government and self-government levels, through which government administration and/or local authorities and NGOs cooperate for the benefit of people with disabilities. At the government level it is the National Consultative Council for Persons with Disabilities appointed by the Government Plenipotentiary for Disabled Persons' Affairs. In every province Provincial Social Councils for People with Disabilities Affairs are appointed by each local authority, while in every county a Regional Social Council for Persons with Disabilities acts as the consultative advisory body. These councils review programs for people with disabilities and evaluate their implementation (Act on Rehabilitation 1997, art. 42-44c). The provincial and regional authorities are also obliged to cooperate with NGOs working for the benefit of people with disabilities (Act on Rehabilitation 1997, art. 35&35a).

Moreover, in 2003 an Act on Public Works and Volunteerism was adopted, which established new regulations on the status of non-profit NGOs active in public affairs. The act mandates that public administrations must conduct their activities with the cooperation of NGOs and other organisations specified. 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 (Wapiennik, 2008a). Moreover, currently there is no serious work on independent living in progress.

Due to the fact that the idea of independent living is hardly visible in official policies, organisations working for the benefit of people with disabilities are definitely the most important actors promoting this concept. Most of them are in fact organisations of disabled people themselves, their families and friends; therefore to some extent people with disabilities provide support, advice, information or advocacy services for independent living. These organizations may work at the local or national level. The Foundation of Active Rehabilitation (FAR) seems to be a good example in this regard. The main goal of this organization, as we can read on its website (<http://www.far.org.pl>), is to teach people how they can live a normal life after spinal cord injury, fulfill their dreams and achieve the goals they had before the accident. FAR instructors are in most cases disabled people using wheelchairs. The Polish Association for Persons with Mental Handicap also carries out interesting programmes. There, a platform for self-advocates has been formed. More information about this programme is available at www.psouu.org.pl. Certainly, these are just some examples and there are more such initiatives by NGOs.



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