



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

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### **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 the Slovak Republic we can consider about **twofold shape** of documents/plans dealing with social protection and social inclusion of persons with disabilities agenda. First of them is **"generally-based"** approach boded within The Slovak National action plan of Social Inclusion (2004) aimed to all group of persons being in any risk of poverty and social exclusion. Persons with disabilities have been taken as persons belonging to the main of citizens groups in a high risks of poverty and social exclusion, primarily persons with disabilities in high level of the long-term care dependency. Measures to increase social integration (inclusion) of the persons and their families are focused on increasing of their employability; to support their income-situation through the compensation system; to ensure an integrative health-social approach to long-term care for dependent persons; to ensure the barrier-free public environment (access to post-offices, hospitals, schools, leisure-time facilities, etc); to encourage family solidarity by facilitation of family caregivers; supporting of ICT-literacy (assessment of measures implementation was worked-out within the document "Národná správa o stratégiách sociálnej ochrany a sociálnej inklúzie pre roky 2006-2008", [www.employment.gov.sk](http://www.employment.gov.sk) and within the working-out "Návrh národnej správy o stratégiách sociálnej ochrany a sociálnej inklúzie na roky 2008-2010).

The connected document "The National reform program of the Slovak Republic 2006-2008 (NRP)" pays serious attention to people with disabilities as a disadvantage group at the labour market where employment has been understood as a key element of social inclusion. Part III.2 of NRP called "Achievement of high employment rate" points out: "As regards support of employment, the Slovak Republic will continue its focus mainly on disadvantaged groups of job applicants, which will be in conformity with Guideline of the EU Council NO. 19 ensuring inclusive job market..." (Page 15) and part III. 4 of NRP called "Inclusive labour market and inclusive society" underlines: "A serious issue of the labour market in the Slovak Republic represents a limited opportunity of employment for unprivileged and marginal groups of citizens. However, during the next period, it is inevitable to focus the intensive efforts on the support of inclusion of multi –unprivileged and marginal groups of citizens distant to the labour market by means of intensification aimed implementation of new forms of assistance and support aimed to these groups" (page 18).

Another type of political approach can be considered as the **"disability-specialised"** one. That is e.g. the "National Programme on Development of Living Conditions for Persons with Disabilities in all Living Areas" (2001). Within the document the measures are focused specially to persons with disabilities in all living areas (e.g. education, transport, employment, family life, health care, access to social services, leisure-time, environment, income support). Implementation of measures is evaluated every two years (last evaluation was prepared in July 2008).

We can state that "on the paper" the measures have been well-prepared. The real problem is their implementation into the practice (primarely in small cities, economically poorer and rural areas) and cooperation of different type of stakeholders having direct or indirect responsibilities in the field. Presently we can feel some deficit in life-long learning possibilities accessible for persons with disabilities what is key factor of their labour market position improving. In our point of view, national strategies documents pay insufficient attention to improving access of people with disabilities in this field within the mainstream educational system.



## 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 effort to reach an equal access to resources, rights and services for disabled people and to support their social inclusion there has been made following:

- adoption of the system on compensation of social consequences of severe disability in different living areas (since July 1999). Presently, there is a problem because the direct payments are not based on valorisation principle and there is a real gap between increasing living costs and non-changing scope of social benefits,
- legal possibility for parallel receiving of disability/invalidity pension and income from job without any restriction (since January 2004). However, only minimal figure of persons receiving full invalidity/disability pension are working because of generally very low level of employment-rate among persons with disabilities (cca 20%).
- social protection (health and pension insurance) of relatives providing permanent care (since 2006). Problem is very low level of care allowance and its non-changing scope,
- annual grants for NGOs of persons with disabilities provided by Ministry of Labour, social affairs and family of the Slovak Republic. Representatives of the NGO sector criticize the fact there is only a weak system for supporting of indirect/flat costs of organisations by the grant scheme.

In Slovakia there are two main mechanisms for direct involvement of persons with disabilities into coordination of social inclusion policies. First of them is the *Governmental council of the Slovak republic on disability affairs* in the position of advisory governmental authority consisting from representatives of relevant ministries, public organisations and NGOs of persons with disabilities all of kinds. Chair of the council is minister of labour, social affairs and family. Second authority is the *National council of persons with disabilities of the Slovak republic* having legal position of civic organisation consisting only from NGOs of persons with disabilities all of kinds being a direct partner of the Slovak government and a partner of European disability forum. Top management of the council used to criticise the fact that there is practically no public scheme to support professionalization of the council staff which has to be a relevant and qualified partner to government and other public authorities at national, regional and local level.

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

By the effort to summarise research job done in the field of social inclusion of persons with disabilities of the past two years there is some terminological "complication". The expression "social inclusion" is taken in Slovakia in the widest meaning and that is difficult to separate research works focused on employment affairs and works focused on social inclusion affairs because employment is considered as a key factor of social inclusion. Accepting this broad concept of social inclusion we can sort research works into some categories:

- Employment-focused research projects (see list of works in R-2)
- Living conditions-focused research projects (e.g. Repková, 2006)
- Active involvement of persons with disabilities into public affairs and social partnerships (Reháková, Pavlíková, 2006; Reháková, Pavlíková, 2007, Repková, 2008)
- Long-term care and social services for dependant persons (Bednárik, 2006; Reháková, Pavlíková, 2007; Repková, 2007)
- Human rights, antidiscrimination and equal treatment (e.g. Kotvanová at all, 2007)



Based on the findings of the Institute for public issues ([www.ivo.sk](http://www.ivo.sk)), according to public opinion the most frequent grounds of discrimination in the Slovak society are age (84%), disability (79%), ethnicity (59%) and gender (47%). That means common people feel that persons with disabilities are in different living situations and contexts in disadvantaged/inequal position, in spite of the fact that disability itself is practically no reason to avoid these persons as a neighbours (Kotvanová et al, 2007). On the other hand, in majority of the situations that is difficult to bring evidence about direct discriminatory practices of employers, service providers or public authorities.

There is a wide range of indirect evidence about the poor situation in access for persons with disabilities to employment and labour market. According to the findings of representative research of the Slovak national centre for human rights focused on monitoring of human rights and principle of equal treatment among adult Slovak population the chances of persons with disabilities to get a job in comparison to majority of population (by meeting all qualification criterions) are in 93% worse. Furthermore, in procedures of employees selecting by 82% of employers give a high importance to health status (not directly to ability-disability) (Kotvanová et al). Finally we would like to stress the fact that job seekers with disabilities much more tend to accept less paid job than job seekers without disabilities. Vocational training programmes arranged by public employment services are often inaccessible for people with disabilities in consequence of low level of their customising of specific requirements of people with disabilities. All the mentioned factors make situation of persons with disability worse than non-disabled persons.

There is no direct evidence about inequalities among different groups of persons with disabilities. Based on the research findings (Hanzelová, et al, 2007) we can only assume some trends. According to the attitudes of employers probability of serious problems by job performing is the highest by persons with mental (by 90%), psychiatric (87%), visual (88%) and combined (85%) disabilities. The “lowest” level of problems expectations is by persons with physical disabilities (56%).

Even access to public employment services, informational services and vocational guidance in this field could be impacted by attitudes of labour offices staff. They expect comparatively with employers that the highest level of serious difficulties by public employment services providing could be by persons with psychiatric (52%), combined (46%) and mental (43%) disabilities.

In spite of the fact there is no direct evidence about some dramatic situation of older persons with disabilities at labour market, we can with high probability assume that situation of this group is very complicated taking into account the fact that by selecting procedures of new employees is according public attitudes in 92% important age of job seeker (Kotvanová et al, 2007). In another research (Repková, 2006) adult respondents with disabilities reported higher age (more than 45) as one of the critical factor of low level of persons with disabilities employment and chance to get a job.

There is insufficient data and information concerning various aspects of economic and social life of people with disabilities e.g. labour market position (employment and unemployment issues, wage level), income level, poverty risk, access to lifelong learning, access to social services.



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

Starting point: We have to state that the main recent research publications dealing with poverty agenda don't provide specific information about poverty among persons with disabilities and their families as target research object. Presently, there is an initiative within the project "Development of national poverty and social exclusion indicators and the approach to monitor them" to target special orientation on persons with disabilities as a basic evidence to provide affirmative measures towards these people to prevent their income deprivation and social exclusion.

From the representative survey conducted by K. Repkova (2006) we could find out, that adult persons with disabilities are mostly recipients of disability/ invalidity pensions what is their basic income source. By ¾ out of them don't have income from regular job. That the reason why almost a half of respondents have been reporting that their general economic situation became worse in last 5 years. Only by 10% of respondents have been reporting some bettering of situation primarily because of getting a job (themselves or somebody from their families). The findings confirm crucial importance of regular job to sustain or to improve living situation, social integration/inclusion of persons with disabilities and their families.

According to the research findings, by 65% out of respondents feel they don't have enough money for daily living costs, 17% are able to cover only the cheapest meals or clothes (within the comparable research from 2001 that was by 30%). They reported financial problem not only concerning general needs even so in special disability-based needs: they have the most serious problems to cover expenses on health care services and medicines (by 37%), on leisure time activities (by 33%) and transport services (28%). To improve their living situation they expect most frequently a support form health-care and medical services (by 48%), from NGO sector (by 36%) and from local government offices on labour, social and family affairs (by 29%).

What is needed:

- To precisely monitor within the partnership with NGOs of persons with disabilities and their family representatives the shape and scope of the disability-related extra costs
- Inclusion of the valorisation mechanism into various disability-related social benefit to match them with the real daily living costs
- Applying of the system of universal design into physical environment and into production of various goods and services to decrease public costs for compensatory policy

New research needed:

- Incentives of disability-related social policy measures for employment integration of persons with disabilities
- "Benefit-trap" effect and pro-employment behaviour of persons with disabilities

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

*Disability pensions*

(called as *invalidity pension* according the Act No.461/2003 Coll. on Social insurance)

- Persons whose decrease of working ability is more than 40 percent, but less than 70 percent: average amount of money paid: 4 638 Sk ( 153 EUR)
- Persons whose decrease of working ability is more than 70 percent : average amount of money paid: 8107 Sk (267 EUR)

average amount of money paid for all recipients: 6638 SK (218 EUR)



A person is considered as disabled (invalid) if his /her earning ability falls more than 40 percent (maximum is 100 percent) due to his/her long term ill health. The criterion of “earning ability fall” (or earning ability restriction) has no relation to the previous earnings of person with disability and certain percentage for certain persons is determined only by comparison to non-disabled person. A disability pensions cannot be claimed if the person satisfies the conditions for claiming an old age pension or ask for early retirement pension. Disability pension can receive only person who fulfilled the required period of insurance.

The required period of employment depends on age:

Up to 20 years < 1 year  
 20 - 22 years 1 year  
 22 - 24 years 2 years  
 24 - 26 years 3 years  
 26 - 28 years 4 years  
 over 28 years 5 years

Persons over the age of 28 years must have completed the employment period in the ten years prior to the occurrence of the invalidity/disability. In the case of employment injuries or occupational diseases and for person disabled since childhood no minimum period of affiliation is required

Number of recipients: (31.5.2008, [www.socpoist.sk](http://www.socpoist.sk))

Persons whose decrease of working (earning) ability is more than 40 percent, but less than 70 percent : 84 541

Persons whose decrease of working (earning) ability is more than 70 percent: 113 550

Total number of recipients: 196 091

Note: **Supplements to pensions for incapacity** are not covered by new Act on Social Insurance (2004), but pensioners who were entitled until 31.12.2000 still receive an increase for incapacity. Number of recipients is 54 935 persons (31.5.2008), the expenditures of this special benefits are covered – paid by state (state budget) not from Social insurance fund.

#### *Benefits for people with disabilities*

Financial allowances for severe disability compensation (Act No. 195/1998 Coll. On Social Assistance) and actual (situation in 2008) amount of money paid

- for personal assistance: 55 SK (1,8 EUR)/per hour max. amount 34 100 SK (1124 EUR)/month
- for purchasing aids (assistive devices) max. amount 260 000 SK (8065 EUR)
- for repairing aids (assistive devices): maximum: 50 % of the price of new aid
- for purchasing a personal motor vehicle: 250 000 SK ( 7755 EUR)
- for adopting apartment, house or garage :200 000 SK (6 204 EUR)
- for increased expenses:
  1. for special diet: depend on type of diet 1000 SK (31 EUR), 500 SK 15,5 EUR),300 SK (9,3 EUR)/month
  2. connected with hygiene or wear and tear of clothing, linen, footwear and furnishings: 500 SK (15,5 EUR) /month
  3. connected with running a personal motor vehicle: 900 SK (28 EUR) /month
  4. connected with care for specially trained dog: 1200 SK (37,2 EUR)/month
- for nursing: care for 1 person with disabilities - 6000 SK (186,1EUR) , care for 2 and more persons with disabilities 8000 SK ( 248,1 EUR)/month



Financial benefits can receive only person recognised as a person with severe disability. Person is considered severe disabled if his /her rate of functional impairment (subjects to annex 4 of the Act on social assistance - according International Classification of Impairments) is 50 percent (maximum is 100 percent) due to his/her long term disability (more than 1 year) - medical assessment.

When the person has been recognized to be a person with severe disability, his /her social consequences of severe disability which he/she has, compared to healthful person in same age, sex and same conditions, are examined and also his/her individual needs are examined taking account of personal, family and more general environment circumstances of his/her life in for areas (mobility and orientation, communication, daily living activities and housekeeping, increased expenses. Subsequently an assessment is issued in which appropriate forms of compensation are proposed (financial benefits and social services) – social or nonmedical assessment.

Person with severe disabilities have to fulfil also other legal conditions which depends on the type of benefit (for example: to be employed, to attend school or social rehabilitation in social facilities, need for assistance or help, increased expenses)

All benefits are means tested.

Number of recipients (31.12.2007): 196 051

Total expenditures: 5 billion 416 thousand SK ( 178,5 mil. EUR)

More information is available through: [www.upsvar.sk](http://www.upsvar.sk)

### **2.3 Policy and practice (summary)**

There is still lack of data and information relating to poverty risk of people with disabilities. Nevertheless, financial income of disabled people is considerable social and economic issue in Slovakia. The main reason of topicality of this issue is significant difference between disability pension (full and partially) and average wage. An average monthly disability pension had reached in 2007 6 621 SKK(220 EUR), while average gross wage – 20 146 SKK (671 EUR).

In order to insure decent living standard of disabled people since 2004 side – run of disability pension and earned income have been enabled.

Disabled people are generally included in the mainstream policies for poverty and social inclusion. There no extra law relating to people with disability and no different policies which treat people with disability separately in Slovakia. Nevertheless, they are treated separately as disadvantage group for instance at the Act of Employment Services.

Young disabled people are often low qualified and most of them earn only minimum wage. Up to February 2008 there were some legal constraints concerning of minimum wage level for person with disability who were beneficiary of disability pension (regardless on age) in comparison to non-disabled persons. Person who was beneficiary of partially disability pension received 75% of statutory minimum wage and person who was beneficiary of full disability pension received only 50% of statutory minimum wage. Decreased minimum wage for persons with disabilities had no relation to disability pension and didn't serve as any subsidy for the employer. Often just the fact had an negative impact on employment perspective of persons with disabilities.

The situation was completely changed since February 2008 because of the new legislation in this field (Act No. 663/2007 Coll. on Minimum Wage) cancelling any differences among employees based on their health status.



Considering ratio between disability pension and average wage older workers with disability are encouraged to stay in paid employment.

There is sustainable income for disabled people who cannot work. Disabled people who cannot work (loss of work capacity more than 70%) receive full disability pension.

In 2007 195 thousand people have received disability pension in Slovakia, which is about 12 thousand more than in 2006. The expenses for disability pensions are the second highest amount after amount for pension expenses. Sustainability of financial system will be challenge for Slovakia in the near future.





## SECTION THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

Research in care and other support of persons with disabilities field has strong tradition in social research in Slovakia. In the past two year Institute for Labour and Family Research has taken serious attention to this social agenda based on an effort of the Ministry of Labour, social affairs and family of the Slovak republic to prepare transformation of social services legislation and legislation aimed to support social integration/inclusion of persons with disabilities in all living areas by system of compensation of their severe disability social consequences (Repková, 2006, Bednárík, 2006, Repková, 2007, Reháková, Pavlíková, 2007).

Surveying of the living conditions of persons with disabilities and their families that was found out that majority of adult persons with disabilities (by 81%) evaluated their situation in care field (or meeting their dependency needs) as adequate. The highest rate of support need is in the area of household keeping, shopping, and communication with neighbourhood or offices. The care is primarily (more than 80%) provided by relatives and by women and more than 80% of care recipients provided with home care by relatives are satisfied in the field, the situation is perceived as stabilised. Lower satisfaction rate was found out by older people because of worsening their health status. By ensuring care there was confirmed importance of various compensation devices and technologies.

Findings about relatively high rate of satisfaction of persons in care need with provided care by relatives shouldn't take special attention on the situation of family caregivers. Their is strong recommendation to constitute the system of respite care to make situation for family care givers easier, to increase flexibility of care allowance and to establish more community- based day care centres.

New research needed:

- To know more detail social-economic situation of family care-givers / or all informal care-givers and their incentives to provide care vs. job preferences; what to do to support reconciliation of these living areas and responsibilities,
- To know more detail the situation in long-term care social facilities after their decentralisation and transformation,
- To know more detail the situation with ambulant and nursing care in client's home after their decentralisation and transformation,
- Violence against people with disabilities and elderly people within domestic and residential care,
- Gender-based disability research (education, employment, family, civic affairs).
- Labour force in care sector in demographic perspective

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

Situation in 2006:

*Residential care for the adults:*

Senior's homes – 201 institutions for 13 258 clients

Boarding houses for seniors – 13 institutions for 1 703 clients

Social services houses for seniors – 164 institutions for 12 444 clients

Totally: 378 residential institutions for 27 405 adult clients

*Residential care for children:*

Social services houses for children – 58 institutions for 2 345 clients



Some notes:

- residential care institutions have been primarily founded by counties (regional offices),
- almost 94% out of all residential institutions are managed as permanent residence of dependent persons, residual is managed as daily-care, weekly-care or transitional-care centres.

*Home care:*

Nursing care: for almost 20 000 clients

Common meals service: for almost 270 000 clients

Transport services: for more than 1 700 clients

Care allowance (care provided by relatives): for more than 50 000 clients

Personal assistance direct payment: for cca 6 000 clients

The Personal Care scheme exists since July 1, 1999. That is an individual budget provided directly to a person with disability to empower her/him to manage her/his own life and to select actively person/s for providing assistance by ADL; provided to person 6+ to 65 (exclusively for older person as well); presently provided for cca 6 000 clients

Respite care doesn't exist explicitly in Slovakia up to now. Implicitly, there exist services organised daily, weekly or transitionally (cca 6% of all residential places)

According to the Social Assistance Act (N° 195/1998 Coll.) it is possible to provide social services within so called sheltered/supported housing institution for clients able with support of another people to live independently.

To make situation more accessible for clients with disabilities living in home, there is possibility according to the Social Assistance Act to provide direct payment for reconstruction/adaptation of the flat, house or garage or to provide direct payment for needed advice or technology.

According to the Social Assistance Act the providing of the job therapy and rehabilitation is an important part of services provided in social services houses. Therapy is organised within the sheltered workshops or leisure time groups.

According to the Social Assistance Act there are some possibilities to support individuals with disabilities in their need of individual transport:

- providing transport services (in 2006 for cca 1 700 clients)
- direct payment to purchase an own personal car
- direct payment to cover costs for a car operation (cca for 50 000 clients monthly)
- direct payment for transport (for cca 2 200 clients/monthly)

Some types of support are determined only for persons living at home or as combination of living at home and providing with daily or weekly organised social services – e.g. direct payment for personal assistance, direct payment for purchase an own car. The mission is to support people with disabilities and their families to live in natural setting by intensive individually-based social support. By persons living in residential care services organised on permanent basis there is support organised more collectively.

In regards to whether or not disabled people can choose to manage their own finance for care and support, that is case of the direct payment/individual budget for personal assistance provided monthly based on the personal assistance timesheet.

The providing of public care support is in all cases means-tested (because of being a part of social assistance system based on a means-testing).



There are taken into account the financial resources of client and his/her family (parents) in the case he/she is an age-dependant persons. If the client is an independent person (e.g. being 18+ and having own disability pension) in the case is taken into account only his/her income or income his/her wife/husband.



## PART FOUR: SUMMARY INFORMATION

### 4.1 Conclusions and recommendations (summary)

Legislative measures in the area of employment and social assistance create good conditions for supporting social inclusion of people with disabilities. Despite that, people with disabilities have many problems in every day life. There are still many barriers, not only in the area of build environment, transport or other services, but in the society are also psychological barriers and prejudices on the both side (people with disabilities and society of people without disability).

Important issue for government but also for whole society, especially for family carers is a need to ensure appropriate care for people who are highly dependent on the care/help

Please provide one (or more) recommendations for positive change in the social inclusion / social protection of disabled people in your country.

To adapt new legislation (benefits and social services), which increase the amount of benefits to compensate social consequences of disability, including benefits for family carers of severe disabled persons with the aim to avoid their poverty and poverty of their families and to help these families via quality social services (e.g. respite care, day centres)

Research is needed, aim: to compare expenditures of institutional social services for people with disabilities provided by public providers and expenditures of non-public or NGOs providers.

There is a lot of new measures aimed to support living conditions appropriate for persons with disabilities. On the other hand, legal awareness of persons with disabilities and their families has been increasing what leads to higher criticism of these persons and their relatives and representatives.

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

One of the most progressive forms of social assistance to persons with severe disability in Slovakia is personal assistance and direct payment /benefit for personal assistance. Efficient help is provided in this form to people with disabilities in the field of mobility, communication, daily living activities and housekeeping.

Personal assistance progressiveness is mainly in support of independence of the person with disability, in his/her Independent life philosophy, working, education, family and civic activities that leads the person with disability towards social reintegration and thereby represents an excellent instrument supporting the social inclusion of persons with disabilities. The person with disabilities selects the personal assistant himself/herself, and concludes agreements on the execution of personal assistance. The agreement contains:

- The kind of activities to be performed
- The place of performance and period of performed activities
- The obligations and rights of the personal assistant
- The amount of remuneration and the mode of its payment
- The reasons for withdrawal

Financial contribution for personal assistance, directly paid to person with disabilities may be provided under the Social Assistance Act (N. 195/1998 Coll.) from the six year of age of a child at the earliest and until the 65 year of age of the adult person (after 65 benefit is paid if person is working), under the condition that personal assistance is not provided to person with disabilities by his/her e.g. spouse, parent, grandparent, grand child, sibling. But 50 % of the range of acts involving intimate personal activities of the person with disabilities may be executed by a family member.



Personal assistance and direct payment is the key element of Independent Living and give disabled people choice and control over the support they need to live their lives and give them greater access to opportunities and participating in family and community life . Personal assistance is in harmony with article 19 and other articles of UN Convention, also with article 26 of European Charter of fundamental rights , but also with Disability Acton Plan in order to create equal opportunities for people with disabilities and it is a objective of strategies for social protection and social inclusion for this vulnerable group of people.

Financial benefit for personal assistance receives 5 915 people with severe disabilities, have benefited from the above mentioned scheme.

Personal assistance activities are defined in Annex No. 5 to the Social Assistance Act, in the maximum duration 20 hours per day. The sum of the financial contribution for personal assistance is calculated according to the hourly rate of 55 SK/hour (1,8 EUR) and maximum amount per month is 34 100 SK (1124 EUR). Expenditures of this benefit is 512 mil 403 thousand SKK ( 16,89 mil.EUR).

Personal assistance scheme is and can be expanded in Slovakia via Agencies of personal assistance, NGO s of Person with Disabilities, but also via department of social affairs of state administration and at the international level as a good practice by presentation at the conferences and in the European HLG on Disability.



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