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Poland

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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

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¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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1 Executive summary and recommendations

1.1 Key points and main challenges for the European Semester in 2021

Labour market

While Poland is doing generally well on labour market measures, and the situation has significantly improved in recent years, the same cannot be said for the disabled population. The disability employment gap remains one of the widest in Europe at around 35 % (the EU27 average 24,8 %) that poses a question on the effectiveness of labour market activation policies. While the huge body of work and recommendations exist, it is essential to translate the well-researched data into policy measures, including yet not limited to addressing bureaucratic overload, reducing complexity of regulations and tackling ableist stereotypes among employers and the general population. The long-awaited disability assessment reform – that is hoped to at least partially change the situation by transforming the logics of assessing inability to support needs assessment - is in stagnation. The pandemic and its influence on disabled populations undoubtedly will challenge existing policies and their effectiveness. The COVID pandemic will continue to have influence on the labour market situation of disabled persons including raise in unemployment.

Social inclusion

Although the measures on the risk of poverty and exclusion are showing a positive trend, disability still translates into a higher risk of poverty. Persons with disabilities are among the groups at greatest risk of poverty in Poland. The highest risk involves persons with severe disabilities whose result - 33.5 % - is twice as high as the non-disabled population - 16.6 %.

Access to health care remains a crucial challenge for the general population due to low public expenditure, yet there is a significant discrepancy between the populations as 9.9 % of persons with disabilities report unmet needs for medical examination, 3-year-average (4.6 % EU27 average), in comparison to 3.1 % of the non-disabled population (1.2 % EU average). Moreover, a general crackdown on the rule of law and human rights and a lack of effective violence prevention policies constitutes a thread for the realization of the rights of persons with disabilities.

Education

The education system remains segregative as the special school enrolment is high thus ensuring a high-quality inclusive education is the main challenge. Especially as education reforms and the consequences of the pandemic consume substantial resources in education. The transition from special education to inclusive education for children and youth with disabilities lacks sufficient systemic policy measures. Even though the educational attainment measures have shown growth, in general, disabled persons have lower levels of education than non-disabled. The ongoing programme Accessibility+ has the potential to influence positively experiences in the education of disabled children, youth, and adults, yet targeted measures to ensure high-quality education and skills development are still needed. Moreover, it is crucial to educate general population on the rights of persons with disabilities as ableist stereotypes are the main reason hindering disabled persons participation in all areas of life.

1.2 Recommendations for Poland

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

Systemically implement the 2018 CRPD Committee Concluding Observations

Implementing the Concluding Observations is a crucial step in achieving disability equality in Poland. Their implementation should be planned and monitored. The institution with a broad mandate and sustainable funds to coordinate state disability policies would be essential for actual and effective implementation across sectors. As the first Strategy for Persons with Disabilities 2020-30 is being developed monitoring its compliance with the CRPD and the Concluding Observations and developing in-depth evaluation tools is essential.

Develop independent living and long-term-care services

Further development of the PA system is substantial, including raising funding, extending offered hours, making services available equally across geographical locations. The introduced programs on respite care, supported housing are also insufficient and need development. The long-term care expenditures constitute approximately 0.4 % of GDP, it is recommended to raise them to approximately 1.7 %.

Increase public spending on health care with measures facilitating access for disabled persons

Poland is characterized by very deficient health expenditure. 9.9 % of persons with disabilities report unmet needs (4.6 % EU27 average), compared to 3.1 % of the non-disabled population (1.2 % EU27 average). Invest in accessible e-health tools.

Counteract the disproportionate and disability-specific impact of the COVID-19 pandemic on persons with disabilities

Monitor the impact of the COVID-19 pandemic on persons with disabilities, including in education, employment, health and rehabilitation and poverty risk. Provide public health information in accessible formats. Take appropriate measures to protect persons living in long-term care facilities and institutions. Develop an emergency strategy for long-term care and assistance for persons with disabilities. The consequences of the pandemic will tackle the employment of disabled persons; thus, it is essential to create measures that would protect disabled persons from the disproportionate impact of a pandemic, including better targeting social benefits.

Tackle disability employment gap

Poland has one of the broadest disability employment gaps in the EU. Rapid and effective changes with regards to labour market activation are a priority, including transition from education to the open labour market by young persons with disabilities, reducing bureaucratic barriers for employers, introducing sustainable PA services, developing supported-employment bill with close cooperation with DPOs and tackling ableist stereotypes of non-disabled persons as it is still often stigmatization that hinders disabled persons employment. It is important to monitor the quality of employment in activation programs (precarious working conditions), and support transition from the project-based to long term-employment. Develop strategies to reduce the mismatch between the labour market and education. Integrate the

Integrated skills strategy for 2030 with the Strategy for Persons with disabilities 2020-30 that is being developed. Include digital skills development.

Disability assessment reform

The long-awaited reform hinders progress on the participation of persons with disabilities in the labour market. The existing system is difficult to navigate, assesses inability rather than support needs, and uses pejorative terminology fuelling ableist stereotypes. The draft bill has been prepared, yet it is recommended to continue developing the reform in close cooperation with the DPOs.

Invest in psychiatric care for youth

The drastic situation in psychiatric care needs to be rapidly addressed both by providing increased funds and by implementing reforms in the organisation of psychiatric care for youth (including addressing the shortage of personnel, working conditions, cross-sectoral coordination and developing community-based mental health support).

Violence prevention and strengthen the human-rights framework

Persons with disabilities are at disproportionate risk of violence, the existing support is often insufficient and inaccessible. Any attempts to withdraw from the Convention on preventing and combating violence against women and domestic violence should be ceased and prevention, reporting and support services must become inclusive and accessible to persons with disabilities, especially women.

Strengthening the role of public consultations in the legislative process

It is crucial to ensure high-quality public consultation on key laws. There is an urgent need to include a wide representation of DPOs in the dialogue for effective solutions.

Improve targeting of social benefits

Targeting of transfers is weak it is needed to ensure access to them by those in need in accordance with the 2020 CSR 2. Reducing the highest poverty risks that involve persons with severe disabilities, should be among priorities.

Cease stagnation in deinstitutionalisation

Develop a strategic plan for deinstitutionalisation, setting milestones, timeframes, allocate stable funding, establish implementation and evaluation measures. Align the process with the development of the community-based services.

Invest in the quality of inclusive education, including Bilingual Deaf education

The quality of education of disabled children should be improved, including individualization of support, developing digital skills improvement. Deaf children and youth still do not enjoy the right to education in sign language; thus change in compliance with the CRPD is needed. Advancement of working conditions of teachers, including remuneration, should be developed in close cooperation with the Polish Teacher's Trade Union. Include education on the CRPD in the general education system.

2 Opportunities to mainstream disability equality in the Semester documents

2.1 [Country Report](#) for Poland (Staff Working Document)

In 2020, the Country Report for Poland included the following direct references to disability issues:

- ‘p. 5 Women, older people, persons with disabilities, and those with lower qualifications participate in the labour market much less than in many other EU countries.
- p. 5 Social services remain underdeveloped, including for persons with disabilities.
- p. 24 The employment rate of people with disabilities also remained low, hardly improving in recent years
- p. 25 Poland made positive steps towards improving the social and economic inclusion of persons with disabilities. In 2018, a governmental programme Accessibility+ was adopted and the developments so far have been very positive
- p. 30 The situation of persons with disabilities and their carers has not improved.’

The 2020 Country Report tackles disability more broadly than the 2018 CR mentioning the underdevelopment of services, long-term care with its gendered dimension, disability employment gap, and the Accessibility+ program. However, a deeper analysis of other policies that are being developed would be needed. It would be important for the next cycle to address stagnation in the disability assessment reform, development of the Strategy for Persons with Disabilities 2020-30, deinstitutionalisation strategy, violence prevention policies, supported employment draft bill, inclusive education, lack of bilingual education for the Deaf, and undoubtedly the consequences of the pandemic for the social protection, health, and access to rehabilitation, education, and employment of disabled persons. Analysis of the compliance of the policies with the 2018 CRPD Concluding Observations would be beneficial. As crucial reforms are being developed and implemented, it would be essential to address the evaluation of their effectiveness.

2.2 [Country Specific Recommendation](#) for Poland (CSR)

In 2020, the Country Specific Recommendation for Poland included the following direct references to disability issues:

- ‘19. At the same time, despite favourable developments prior to the COVID-19 crisis, the labour market participation of some groups, especially women, the low-skilled, older people and persons with disabilities and their carers, have remained low.
- 20. The biggest increase in extreme poverty reported in 2019 by the household budget survey was observed for people or families living on allowances (other than pensions and disability pensions), signalling the weaknesses in the social security system.’

The 2020 CSR address to limited extent disability-related policies. It would be recommended to address measures to narrow down the disability employment gap,

and the underdevelopment of services, including independent living tools as well as long-term care.

3 Disability and the labour market - analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Poland:

[Article 27 UN CRPD](#) addresses Work and Employment.

‘48. The Committee recommends that the State party develop legislation and measures for the employment of persons with disabilities in the open labour market, and that it in particular:

- (a) promote the work and employment of women with disabilities, and ensure equal income, particularly in rural areas;
- (b) promote decent work for persons with disabilities, particularly women with disabilities, in public and private sectors and provide specific incentives and support for reasonable accommodation, including individual assistance for employing persons with a wide range of disabilities;
- (c) ensure that the employment quota of 6 % for persons with disabilities is reached in all sectors, in particular in the public administration sector;
- (d) ensure that open labour market activation programmes effectively include all persons with disabilities.’

In Poland, there is no current national disability action plan. 2020 was marked by the development of the National Strategy for Persons with Disabilities 2020-2030, yet as of September 2020, the bill is in the ongoing consultation process.²

3.1 Summary of the labour market situation of persons with disabilities

The wide disability equality gap in the labour market remains the main challenge. While the employment rate for persons without disability is similar to the EU27 average – 75 %, the national average for disabled persons is significantly lower – 40.2 % for Poland, and 50.8 % for EU27 average, contributing to a wide disability equality gap at around 35 % (Table 2). Over the decade the stable raising trend in employment rate of disabled persons is observed – from 31.9 % in 2008 to 40.2 % in 2018 (with its peak 42.5 % in 2017) being bigger than among the non-disabled population (from 69,3 in 2008 to 75,2 in 2018), thus the disability equality gap has slightly yet steadily decreased, yet only by 2.4 % over last decade (Table 5).

Importantly, the employment rate for persons with some disability reaches 47.1 % in Poland (58.3 % for EU27 average), while for persons with severe disability 22.4 % (28.7 % for EU27 average). Gender differences are also observed while disabled women score lowest in comparison to both disabled and non-disabled men and non-disabled women. Their employment rate is significantly lower for Poland 37.6 % than the 47.8 % EU27 average) (Table 2). Age also plays an important role, as among productive age populations with disabilities the youngest (age 16-24) and the oldest (age 55-64) have the lowest employment rate. Nevertheless, the disability equality gap is the widest for persons aged 25–54 (Table 3).

² <https://legislacja.gov.pl/projekt/12334055/katalog/12689138#12689138>.

The unemployment rate for disabled persons is below the EU27 average (18.6 %) – reaching 14.3 %. The last decade trend shows a rise in unemployment from 2010 to up to 20.8 % in 2015, and since then a decline is observed (Table 7). The highest unemployment rate is observed among disabled persons aged 25-34 (Table 6).

The Polish national Labour Force Survey (pl. *Badanie Aktywności Ekonomicznej Ludności*, known as BAEL) also allows for disaggregation of disability status in labour market statistics. According to BAEL data, in 2019, the economic activity rate for persons with disabilities reached 28.8 % (28.9 in 2017), the disability employment rate 26.8 % (26.3 % in 2017), and the disability unemployment rate 7.2 % (9.3 % in 2017) (Table I). Annual statistics collected over the last decade (between 2009 and 2019) indicate a favourable trend in the area of economic activity of this social group, increasing the economic activity rate by 4.2 percentage points, and the unemployment rate decrease by 5.6 points (Table II). Still, in comparison with the non-disabled population, the results lag behind.

According to the National Disabled Persons Rehabilitation Fund (PFRON), in December 2019, there were 247.0 thousand disabled employees registered in the Register of Employed Disabled Persons, whose salaries are subsidized by PFRON, which corresponds to 235.2 thousand jobs. In 2016, the number of people benefiting from subsidies on the open labour market for the first time exceeded the number of people benefiting from subsidies on the sheltered labour market.³ In 2019 PFRON subsidized 100.2 thousand people on the protected labour market (96.5 thousand jobs) and on the open labour market 146.8 thousand people (138.7 thousand jobs).⁴ According to the State Fund for Rehabilitation of Disabled Persons (PFRON), the number of employees with disabilities employed in the open market and registered in the system of subsidized employment has been steadily growing, the share grows from to 53.1 % in 2017 to 59.4 % in 2019.

As of December 31, 2019, 66.9 thousand people with disabilities were registered in the county employment offices, including 57.5 thousand of the unemployed, only 10.1 thousand of whom were entitled to benefits, and 9.4 thousand of those seeking work and not being employed. Disabled persons constituted 6.6 % of all unemployed persons and 40.9 % of all job seekers and unemployed persons registered.⁵

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Poland.

The disability employment gap remains high, while obstacles are well defined

The 2020 Country Report rightly highlights that women, older people, persons with disabilities, and those with lower qualifications participate in the labour market much less than in many other EU countries. This is due to several factors, such as limited access to independent living tools and long-term care.

³ Najwyższa Izba Kontroli, 2018. *Dofinansowanie wynagrodzeń pracowników niepełnosprawnych z Państwowego Funduszu Rehabilitacji Osób Niepełnosprawnych* [Subsidising the salaries of disabled workers from the State Fund for the Rehabilitation of the Disabled], <https://www.nik.gov.pl/kontrola/P/17/080/LLU/>.

⁴ <http://www.niepelnosprawni.gov.pl/p,80,rynek-pracy>.

⁵ <http://www.niepelnosprawni.gov.pl/p,80,rynek-pracy>.

Although in general there is more focus on disability in both the 2020 NRP and the 2020 CR, the report would benefit from specifying already well-diagnosed challenges to participation in the labour market of disabled persons. There is a huge body of work pointing out challenges of the employment of disabled persons in Poland that include low availability of the instruments as well as benefit traps, lack of statutory regulation of supported employment, weak incentives to take up work, lack of job coaches, poor accessibility of public transport outside big cities, and the lack of complex, stable and affordable Personal Assistance system.⁶

In general, cash benefits were slightly increased but no steps were taken to encourage persons with disabilities and their carers to take up work (e.g. a person entitled to care allowance are obliged to resign from a paid job). Also, discursive tendencies to contrapose benefits and employment are visible. There are insufficient active labour market policies that would reach out to groups of persons with disabilities who could be activated. Labour market measures are also missing coherence with regards to the transition from education to the open labour market.⁷ The quality of education, skills development, and programs supporting the transition from education to the open labour market of disabled young adults are essential. It is crucial to progress toward more relevance of vocational education with the rapidly changing labour market requirements also in special schools.

The employers report high bureaucratic barriers, general lack of information, concerns about sanctions for improper spending of subsidies, and difficulties in navigating complex legislation and obligation.⁸ As Katarzyna Roszewska points out in her analysis, this is to a certain extent due to the fact that the employment of persons with disabilities is regulated mainly by the Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities, thus the well-known provisions of the Labour Code do not apply. The legislative separation contributes to the ongoing segregation of disabled persons as most of the employers are unfamiliar with the regulations. It is recommended to incorporate disability regulations in the Labour Code, similarly to regulations on parenthood.⁹

Numerous studies have also proven that attitudes are a crucial obstacle to the employment of disabled persons.¹⁰ Despite some public campaigns, a redoubling of efforts is needed to change ableist stereotypes that fuel resistance towards disabled workers - by education and the exemplary role of public institutions to reach the existing 6 % quota, specified in the Rehabilitation Act, exempting the employer from the obligation to pay sanctions.

⁶ KSK Foundation, Alternative Report on the Implementation of the UN CRPD, 2015, <http://konwencja.org/cala-tresc-raportu/>.

⁷ Giermanowska, E., Kumaniecka-Wiśniewska, A., Raclaw-Markowska, M., i Zakrzewska-Manterys, E. (2015). *Niedokończona emancypacja: Wejście niepełnosprawnych absolwentów szkół wyższych na rynek pracy*. [Unfinished emancipation: Entry of disabled university graduates into the labour market.] Warszawa: Wydawnictwa Uniwersytetu Warszawskiego.

⁸ Roszewska, K. (2019). 'The Implementation of the Rights of Persons with Disabilities to Employment on the Basis of the Convention on the Rights of Persons with Disabilities (CRPD)'. *Białostockie Studia Prawnicze* 24:91-100, <https://www.ceeol.com/search/viewpdf?id=794690>.

⁹ Roszewska, K. (2019), "The Implementation of the Rights...", op. cit.

¹⁰ Giermanowska, E. (2019). Economic versus Cultural Determinants of Changes in Employment of People with Disabilities. Good Practices in Poland. *Studia Humanistyczne AGH*, 18(2).

Notably, the 2019 report of the Supreme Audit Office states that the majority of the audited public administration units (77.2 %) did not take effective measures to remove barriers to employment of disabled people, which resulted in a low average employment rate of disabled workers that at the end of June 2018, stood at only 3.05 %. The majority of the controlled employers did not take any additional measures to increase the employment of disabled workers (e.g. cooperation with DPOs). Moreover, in 46 % of units there were cases of non-compliance with the rights of employees with disabilities, i.e. working time standards or additional vacation leave.¹¹

Furthermore, another Supreme Audit Office research report¹² reveals serious malpractices including fictitious employment, enforced surrender of part earnings, and falsifying disability assessments. These malpractices should be addressed in order to comply with the European Pillar of Social Rights as their existence is often based on ableist stereotypes and deprivation of agency.

Importantly, a recent study in one of the largest organizations supporting people with disabilities in the labour market suggests that most beneficiaries of the programs are experiencing precarious working conditions (temporary contracts, remuneration equal to the national minimum wage). The authors of the report¹³ emphasize that apart from monitoring quantitative indicators, it is crucial to monitor the quality of employment resulting from EU programs. Moreover, programs lack measures to transition from project-based into long-term systemic solutions that are crucial to advancing towards SDG 10.

As access to childcare remains a major challenge, it is important to highlight that this relates to disability by influencing labour market participation and the work-life balance of parents with disabilities as well as parents and families of disabled children. As stated in the 2020 Country Report the enrolment in the formal childcare is extremely low (for children less than 3 years old) reached only 10.9 % (EU: 35.1 %) and enrolment in early childhood education and care for older children (from 3 years to compulsory school age) remained also very low at 59.4 %, below the EU average of 86.8 %.

Stagnation of the awaited disability assessment reform

The challenges of labour market participation of disabled persons are clearly influenced by the criticized, fragmented and difficult to navigate disability assessment system. Although a plan to reform the disability assessment system aiming at unification and simplification was announced. The new proposal has already been

¹¹ NIK, (2019), *Zatrudnianie osób niepełnosprawnych przez administrację publiczną i państwowe osoby prawne* [Employment of disabled people by public administration and state legal persons], <https://www.nik.gov.pl/plik/id.21407,vp.24048.pdf>.

¹² NIK, (2018), *Dofinansowanie wynagrodzeń pracowników niepełnosprawnych Z państwowego funduszu rehabilitacji osób niepełnosprawnych*, Lublin.

¹³ Daniłowska, S., Gawska, A. and Kocejko, M., 2019. *Badanie sytuacji zawodowej osób z niepełnosprawnościami objętych usługami aktywizacji zawodowej przez Fundację Aktywizacja. Raport z badania*. [Study on the professional situation of persons with disabilities included in professional activation services by the Activation Foundation. Report] Warszawa: Fundacja Aktywizacja, <https://www.aktywizacja.org.pl/wiedza/badania/badanie-sytuacji-zawodowej-osob-z-niepelnosprawnościami-objetych-usługami-aktywizacji-zawodowej-przez-fundację-aktywizacja/>.

submitted to the government,¹⁴ yet there is no information about specific dates, goals, and ways to implement the reform. Beyond being complex and difficult to navigate, the disability assessment system uses pejorative terminology (assessing e.g. complete inability to work) that certainly influences the position of disabled persons on the labour market. The Higher Commissioner for Human Rights, as well as the Congress of Persons with Disabilities, agree that the reform should focus on assessing the needs of a disabled person on the labour market instead of assessing the degree of inability. The Ombudsman also pointed to the malpractices of the public consultation of the proposal claiming that 'the participation of representatives of two NGOs with only an adviser's voice does not meet the CRPD standard'.¹⁵

Supported employment bill is needed

A draft bill on supported employment¹⁶ is being developed, but progress has ceased and it is not currently deliberated upon. Nevertheless, the proposal is a step towards creating systemic support rather than building project-based schemes for employment for persons with disabilities. The transition is though challenging as it is changing the realities of the functioning of several DPOs that rely on employment-based projects. It is though recommended to develop solutions with cooperation with the CSOs to ensure that their existence is safeguarded, and their know-how is incorporated into the system.

COVID pandemic and labour market participation of persons with disabilities

The COVID pandemic will have an essential influence on unemployment. According to a recent analytical paper by Ryszard Szarfenberg, Rafał Bakalarczyk, and Magdalena Kocejko,¹⁷ the estimates of the International Monetary Fund for Poland that a steep increase in unemployment to 9.9 % (from 3.3 % in 2019, i.e. by 200 %) will be experienced, may translate into increased poverty due to continued high unemployment. The analysis expects in the case of extreme poverty an increase to about 10 % in 2020 (from 5.4 % in 2018) that is in absolute terms an increase of 1.7 million.

As highlighted in the report the rise in the unemployment rate may affect especially persons with disabilities due to the common assumption of their lower productivity. It would be necessary to introduce targeted measures that would allow the continuation of the employment of disabled persons. The authors of the synthesis report also recommend (1) not to allow the reduction, suspension, nor introduction of additional restrictions on benefits for people with disabilities as well as on the scale and scope of services provided; (2) ensure that the impact of the pandemic and the ensuing

¹⁴ <https://www.rpo.gov.pl/pl/content/system-orzekania-o-niepelnosprawnosci-jak-poprawic-by-by-l-zgodny-ze-standardami-konwencji-onz>.

¹⁵ <https://www.rpo.gov.pl/pl/content/system-orzekania-o-niepelnosprawnosci-jak-poprawic-by-by-l-zgodny-ze-standardami-konwencji-onz>.

¹⁶ Biuletyn Informacji Publicznej Kancelarii Prezesa Rady Ministrów [Bulletin of Public Information of the Chancellery of the Prime Minister], (2019), *Projekt ustawy o zatrudnieniu wspomaganym*. [Draft Act on Supported Employment] <https://bip.kprm.gov.pl/kpr/form/r429173561,Projekt-ustawy-o-zatrudnieniu-wspomaganym.html>.

¹⁷ Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie tarczy antykryzysowej [Social supplement to the anti-crisis shield], <https://oees.pl/wp-content/uploads/2020/05/EKSPERTYZA-Spoleczne-uzupelnienie-tarczy-antykryzysowej-1.pdf>.

economic crisis on the situation of people with disabilities is monitored on an ongoing basis and is subject to official statistics.

Moreover, the analysis reveals the existing anti-crisis shield is very weak when it comes to protecting the living standards of unemployed persons. Firstly, as not all unemployed are entitled to benefits¹⁸ (especially those who do not show that they have worked for at least 12 months during the last 18 months (e.g. seasonal workers, informal workers). Secondly, since the benefits are low - the highest benefit is only 20 % of the average gross salary (PLN 1033.7), and the lowest benefit (PLN 689.2) is only 13 % of the average. For single-person households that are poor due to unemployment, the maximum periodic allowance (usually granted for 2-3 months), in relation to the net national average constitutes approx. 10 %. The analysis leads to the conclusion that the implemented solutions are unfair, because they give a lot to those who have lost little and still have a lot and little to those who have lost everything. Thus authors recommend complex reform of support for the unemployed, including setting minimum unemployment benefit at 50 % of the minimum wage, which would mean that the basic benefit should increase from the current PLN 861.4 gross in the first three months to at least PLN 1300. The complex reform is necessary and should be a part of a new poverty reduction strategy plan.¹⁹

¹⁸ The percentage of the unemployed who are entitled to unemployment benefits is very low in Poland, in 2019 it was, only 16 % of those registered.

¹⁹ Szarenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie tarczy antykryzysowej, op. cit.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Poland:

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection.

‘48. The Committee recommends that the State party develop legislation and measures for the employment of persons with disabilities in the open labour market, and that it in particular:

- (a) promote the work and employment of women with disabilities, and ensure equal income, particularly in rural areas;
- (b) promote decent work for persons with disabilities, particularly women with disabilities, in public and private sectors and provide specific incentives and support for reasonable accommodation, including individual assistance for employing persons with a wide range of disabilities;
- (c) ensure that the employment quota of 6 % for persons with disabilities is reached in all sectors, in particular in the public administration sector;
- (d) ensure that open labour market activation programmes effectively include all persons with disabilities.’

[Article 19 UN CRPD](#) addresses Living independently in the community.

‘33. With reference to general comment No. 5 (2017) on living independently and being included in the community, the Committee recommends that the State party:

- (a) design and adopt concrete action plans for deinstitutionalization and time-bound transition to independent living schemes for persons with disabilities within the community, and ensure that adequate funding is allocated to this process after the termination of European Union funds allocated specifically to this purpose;
- (b) adopt legal frameworks and allocate a sustainable budget for providing persons with disabilities with personal assistance within the framework of individualized and inclusive support arrangements;
- (c) ensure the spending of European Union funds allocated to deinstitutionalization on measures that are consistent with the provisions of the Convention, and that such spending is monitored, with the effective participation of persons with disabilities and/or their representative organisations, to ensure that such spending is in line with the requirements of persons with disabilities themselves;
- (d) ensure that the term ‘community’ is translated correctly in the Polish-language version of the Convention.’

[Article 25 UN CRPD](#) addresses Health.

‘44. The Committee recommends that the State party withdraw its reservation to Article 25(a) of the Convention, and that it:

- (a) ensure access to health services by all persons with disabilities, and the availability of such services, regardless of the type of impairment;

- (b) take measures to ensure universal coverage of health services for all women and girls with disabilities, including by providing information in accessible formats on their sexual and reproductive health and rights, gynaecological services, perinatal care and adapted health-care equipment, such as gynaecological rooms;
- (c) take measures to ensure that persons with disabilities have access to high-quality health-care products at an affordable price, and to eliminate the differences in health-care coverage for different groups of persons with disabilities;
- (d) conduct training to ensure that health-care practitioners are aware of the rights of persons with disabilities, particularly women with disabilities, under the Convention;
- (e) take the measures necessary to ensure that the autonomy and decisions of women with disabilities are respected, that women's rights in relation to reproductive health are secured, that access to safe abortion is provided, and that women with disabilities are protected from forced sterilization and forced abortion;
- (f) ensure that the implementation of the National Mental Health Programme results in increasing access to community-based health services for persons with psychosocial disabilities and provide adequate resources to these services.'

In Poland, there is no current national disability action plan. 2020 was marked by the development of the National Strategy for Persons with Disabilities 2020-2030, yet as of September 2020, the bill is in the ongoing consultation process.

4.1 Summary of the social situation of persons with disabilities

Despite the fact that the share of people at risk of poverty and social exclusion in Poland has declined in recent years, EU-SILC data indicates that disability still translates to a greater risk of poverty or social exclusion. The figures for 2018 show that Poland's measures on poverty risk and social exclusion for disabled persons are very close to the EU27 average (Table 11). Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in Poland was 24.3 % in 2018, compared to 13.7 % for other persons of similar age - an estimated disability poverty gap of approximately 11 percentage points (Table 14). For people aged over 65, the disability poverty gap was 6.9 points (19.5 % for older persons with disabilities and 12.6 % for other persons of similar age). The tables in annex also indicate the respective rates of AROPE and break these down by gender as well age.

The highest observed risk involves persons with severe disabilities (33.5 %), which is twice as high as the non-disabled population (16.6 %). Among households with disabled persons, the highest risk of poverty or exclusion occurs when disabled household members are of working age – 35.3 % (34.6 % the EU27 average). Poverty risks are moderated only partially by social transfers and insufficient compensation for the supplementary costs of living with a disability.

The general trend for the past eight years shows a slight fluctuation in the risk of poverty, yet generally, it maintains a relatively similar level for disabled persons aged 16-64 (24.3 % in 2018). However, a different trend is visible for disabled persons aged

65+. Since 2014 (12.7 %) a considerable growth can be observed, reaching 19.5 % in 2018. In contrast, age does not diversify the situation of the non-disabled population to this extent. Although the disparity between the populations of productive and post-productive age persisted, since 2018 the figures for the two populations almost equalized (reaching 12.6 and 13.7 respectively) (Table 13).

Poland is characterized by low public expenditure on healthcare and its suboptimal allocation. Public health expenditure has been among the lowest in the EU for many years - expenditure in health system was 4.8 % of GDP, below the EU average of 7 % of GDP in 2018. Access to health care remains a challenge for the general population - the self-reported 3-years average unmet needs for medical examination in Poland is much higher than the EU27 average both for disabled and non-disabled citizens. However, there is a significant discrepancy between the populations as 9.9 % of the former report unmet needs (4.6 % EU27 average), in comparison to 3.1 % of the latter (1.2 % EU average). It is necessary to note that the severity of disability predicts reporting unmet needs. For persons with severe disability, the average 3-years measure is almost two times higher in Poland (12.2 %) than the EU27 average (6.3 %) (Table 14). For 2018, it was 7.8 % for persons with moderate disability, 11 % for persons with severe disabilities and 2.8 % for non-disabled population. We observe however a positive trend on the measure for disabled persons - a decline from 20.3 % in 2012 to 8.8 % in 2018. It is thus necessary in accordance with the 2020 CRS 1 to improve resilience, accessibility and effectiveness of the health system and deploy e-health services, with focus on access to healthcare for persons with disabilities.

National statistics also provide valuable insight confirming that disabled persons are at disproportionate yet decreasing risk of poverty or social exclusion. The Central Statistical Office 2019 data shows that the extreme poverty rate²⁰ in households with at least one person recognised as legally disabled reached 6.5 % (6.7 % in 2016), while for the general population it equalled 4.2 %²¹ (3.7 % in 2016). Notably, this shows a decreasing trend for households with a disabled member since 2014 when the rate reached 10.8 (6.5 % for the general population) (Table IV). In the case of households with disabled children no significant change since last year was noted, which indicates a cease to a significant decline trend from 14.6 % in 2014, to 5.5 % in 2019.

Correspondingly, the Central Statistical Office annual *Household budget survey* report for 2018²² indicates that the subjective evaluation of the material situation in households varies between households with or without disabled persons. Persons living in households with disabled members, similar to last year, were twice as likely to assess their material situation as bad or rather bad, yet the numbers have declined from 21.3 % (disabled) versus 11 % (non-disabled) in 2016 to 14.4 % and 6.8 % in

²⁰ The basis for determining the extreme poverty line is the minimum subsistence level estimated by the Institute of Labour and Social Affairs. The category of minimum subsistence sets a very low level of satisfaction of needs and consumption below this level hinders survival.

²¹ GUS, (2020), Zasięg ubóstwa ekonomicznego w Polsce w 2019 [Economic poverty rates in Poland in 2019], <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/ubostwo-pomoc-spoeczna/zasieg-ubostwa-ekonomicznego-w-polsce-w-2019-roku,14,7.html>.

²² GUS, (2019), Household budget survey in 2018, <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2018-r-9,13.html>.

2018, respective.²³ Interestingly, for the past 8 years, more than half of households with disabled persons invariably assess their material situation as average, yet since 2014 more and more households with disabled member perceives their situation as good or rather good (Table V and VI). The general trend for self-evaluation of material status is thus rather positive.

However, the average monthly available income per capita of households with a disabled person was below the national average by 15.5 % (in 2017 – by 14.4 %). In this group, as in the previous year, social benefits amounted up to 51.8 % of average monthly available income (in households without disabled persons it was considerably less – 27.5 %). Moreover, measures related to digital exclusion still indicate that households without disabled persons were better equipped with durable goods, particularly in high-tech devices, than households with disabled persons. For instance, 76.9 % of households without persons with disabilities had a device with internet access compared to 69.4 % of households with disabled persons, a smartphone was owned by 69.3 % and 58.9 % respectively.²⁴

Importantly, the Ombudsman report stresses that existing statistical data are underestimated due to poverty thresholds not taking into account disability-related expenditures.²⁵ In addition, the survey data excludes persons living in institutions, who might be also at high risk.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Poland.

The social protection system does not compensate sufficiently for the supplementary costs of disability and does not protect effectively persons with disabilities against poverty. Generally, Poland focuses on establishing transfers, while not developing supportive social services. Targeting of transfers is weak, which also has consequences for disabled persons. It is recommended, in accordance to the 2020 CSR 2 to better target social benefits and ensure access to those in need.

Underdevelopment of services

The main challenge remains the under-development of social services for persons with disabilities, especially independent living tools. The existing solutions are project-based, thus are not equally available, nor guaranteed to be sustainable, and are characterized by limited scope (PA is limited to 60 hours monthly per person, and the respite care to 14 days per year). Considerable differences with regards to regional availability and implementation occur.²⁶ Long-term care expenditure is low at around 0.4 % of GDP in comparison to 1.7 % of GDP in well-developed countries,²⁷ and according to the Supreme Audit Office report on long-term care for seniors almost 20

²³ GUS, (2019), Household budget survey in 2018, op. cit.

²⁴ GUS, (2019), Household budget survey in 2018, op. cit.

²⁵ RPO, 2018, <https://www.rpo.gov.pl/pl/content/rekomendacje-rpo-dla-komitetu-onz-ktory-oceni-wykonanie-przez-polske-konwencji-o-prawach-osob-z-niepelnosprawnosciam>.

²⁶ ANED, (2019), *Living independently and being included into community*, <https://www.disability-europe.net/country/poland>.

²⁷ Szarenberg R., Kocejko M., Bakalarczyk R., (2020), *Spoleczne uzupelnienie tarczy antykryzysowej*, op. cit.

percent of municipalities in Poland do not provide care services in their place of residence, although this is their responsibility.²⁸ Long-term care continues to be provided to certain extent in institutions (the OECD data shows rising numbers of long term care recipients in institutions other than hospitals – 104 121 in 2018),²⁹ yet in majority by informal carers, most often female family members who lack adequate institutional support. Thus, the lower women's employment rate is linked to care responsibilities to persons with disabilities and other family members in the context of underdeveloped social services. This has a tremendous effect on the independent living of disabled persons, as their daily life relies heavily on the capacities of their families often limiting individual choices, opportunities, careers, and threatening the possibility to live outside institutions when family support is unavailable.

The Solidarity Fund and development of services

The established in 2018 Solidarity Fund for Support of Persons with Disabilities, that was expected to contribute to the strengthening of social protection and independent living tools of disabled persons, was in 2019 converted into the Solidarity Fund,³⁰ and the objectives of the Fund were extended to include support for retired persons and pensioners. The reform was not welcomed by the disability community as since then funding might be spent for other purposes (namely, 13th additional retirement pension). The change was controversial, firstly due to the fact that the Fund was established in a response to the major disability rights protests³¹ (see ANED 2018 report),³² and second as the 13th retirement pension was one of the pre-election promises of the ruling party. The Polish Forum of Persons with Disabilities wrote a statement claiming:

'The hope of the community of people with disabilities was to create systemic solutions from the Fund's resources, among others, providing personal assistance and respite care, as well as supported employment - not on a project basis, but as sustainable and guaranteed solutions. We express our concern that the allocation of funds from the Fund for the payment of additional pensions will make this impossible.'³³

As of September 2020, the Solidarity Fund operates recently introduced four programs dedicated to disabled persons: *Care services for disabled persons*, *Respite Care*, *Care and residential centres*,³⁴ and *Personal Assistance*. Their budget for 2019 is however significantly lower than for 2018 (*Care services* – PLN 60 million in 2018,

²⁸ NIK, (2017), Usługi opiekuńcze świadczone osobom starszym w miejscu zamieszkania [Care services for the elderly provided in the place of residence], <https://www.nik.gov.pl/aktualnosci/seniorzy-bez-opieki.html>.

²⁹ https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LTCR#.

³⁰ <https://sip.lex.pl/akty-prawne/dzu-dziennik-ustaw/zmiana-ustawy-o-solidarnosciowym-funduszu-wsparcia-osob-18934315>.

³¹ Kubicki, P, Bakalarczyk, R., i Mackiewicz-Ziccardi, M. (2019). Protests of People with Disabilities as Examples of Fledgling Disability Activism in Poland. *Canadian Journal of Disability Studies*, 8(5), 141–160, <https://cjds.uwaterloo.ca/index.php/cjds/article/view/569>.

³² <https://www.disability-europe.net/country/poland>.

³³ <https://www.pfon.org/aktualnosci/z-pfon/843-niepokoj-o-losy-solidarnosciowego-funduszu-wsparcia-osob-niepelnospprawnych>; own translation.

³⁴ The main goal is to complement the system of support for people with disabilities, by creating an additional service in the form of providing the possibility of living in the form of daily or round-the-clock stays.

PLN 40 million in 2019, *Respite care*³⁵ – PLN 110 million in 2018, PLN 80 million in 2019). The Personal Assistance³⁶ program was only introduced in October 2019 and offers 60 hours of PA monthly per person. The amount spent in 2019 equals PLN 0.78 million, yet for the 2020 approximately 80 million spending is planned.

As the programs commenced recently there is no comprehensive evaluation of their implementation nor effectiveness. What is important is that they operate as open grants competition for municipalities (pl. '*gmina*'), thus they do not guarantee equal access to the services but depend heavily on the geographical location. As highlighted in recent report by Szarfenberg, Bakalarczyk and Kocejko³⁷ - it is recommended (a) to make services available to disabled persons living in every commune (not only the ones who received grants from the competition), (b) to increase the budget of the program as it is for now very limited, and (c) to increase the level of funding for local governments so that they do not have to secure own funds. Moreover, as these are new programs intensive informational activities should be carried out to raise awareness on the services and its benefits. It is crucial to monitor and constantly evaluate the operation of the programs and create learning opportunities for municipalities on the know-how of the independent living services implementation.

Ongoing relative stagnation in deinstitutionalisation

The underdevelopment of social services is connected with the ongoing stagnation in deinstitutionalisation process. According to the Ombudsman in 2015, 1 per 450 persons were using social welfare houses, but 1 per 15,000 was using protected housing (the number is 33 times lower). Although it has to be acknowledged that the number of protected housing is slowly growing, and the development of the beforementioned services needs to be considered as a step forward towards the transformation, a strategic plan for deinstitutionalisation that would set milestones, deadlines, allocate stable public funding, establish implementation and monitoring measures remains crucial. It has been declared that there are ongoing works on the strategic plan for deinstitutionalisation and it is supposed to be announced in the Autumn 2020.³⁸ Similar to other countries the need for deinstitutionalisation became especially evident due to the COVID pandemic as the pensioners of institutions (with the average 100 inhabitants) were at higher risk of being exposed to COVID. According to the Polish Forum of Persons with Disabilities as of April 2020, 67 institutions were affected, which meant a 3839 % higher risk of infection.³⁹ In the face of subsequent information on the spread of coronavirus at the social welfare homes (pl. *domy pomocy społecznej*) the Polish Forum of Persons with disabilities issued a

³⁵ <http://www.niepelnosprawni.gov.pl/art,980,nabor-wnioskow-w-ramach-programu-opieka-wytchnieniowa-edycja-2020>.

³⁶ <https://www.gov.pl/web/rodzina/ogloszenie-o-naborze-wnioskow-w-ramach-programu-asystent-osobisty-osoby-niepelnosprawnej---edycja-2019-2020>.

³⁷ Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), *Spoleczne uzupelnienie tarczy antykryzysowej*, op. cit.

³⁸ <http://www.niepelnosprawni.pl/ledge/x/1116084>.

³⁹ Statistics prepared by the Polish Forum of Persons with disabilities, https://docs.google.com/spreadsheets/d/1-N8ZJTyzVFkkkC-steFJrNheM885GsoZ/edit?fbclid=IwAR1KaGwUZVbqFg_jT4DLDPShzHNdo0OO6MPyL_a96u9gUhi-QYyRFt4sDnM#gid=792420009.

letter to the Ministry demanding a clear strategy for preventing and reacting to the expense of the epidemy, as well as an articulated demand for deinstitutionalisation.⁴⁰

Psychiatric care for youth

In 2020 media reported a crisis in psychiatric care for youth – exhausted admission limits at wards, the wards being closed, waiting times for first time psychiatrist visit reach few months. Moreover, there is a shortage of medical personnel due to difficult financial and organizational conditions for the work of a child and adolescent psychiatrist, and excessive overload of work. In Poland, the additional overload of the psychiatric treatment system results from the fact that, unlike in many European countries, the problem is the isolation of the psychiatric health care system in the overall care of children and young people.⁴¹ The existing wards therefore take over the functions of non-existent forms of community support. Recently, the new model of mental health protection for underage patients is being developed and is the result of the work of the team for the mental health of children and adolescents operating since February 2018. One of the basic assumptions of the reform is to build a three-level network of centres. The 1st level of reference are community psychological and psychotherapeutic care centres for children and adolescents, where patients can visit without a medical referral. Such centres will provide assistance to those children who do not need a psychiatric diagnosis or pharmacotherapy. The second level centres, where a psychiatrist will work, and patients requiring more intensive care will be admitted to the day ward. At the third level of reference, there will be Centres of highly specialized 24-hour psychiatric care. In such centres, patients requiring the most specialized assistance, including in particular those in life and health threatening condition, will find help.⁴² It will be important to monitor the implementation of the reform as there is a clear need for an in depth, yet rapid change.

Disability benefits

With regard to the disability benefits, notably, after 2018 protests a new benefit PLN 500 for persons with disabilities was introduced in 2019.⁴³ Contrary to expectations, it is not available to all of the persons with disabilities, but the ones that obtain less than PLN 1600 from public support, and sometimes the receipt of the benefit disqualifies a person from other forms of support. There is ongoing pressure to target the benefit to all persons with disabilities without any distinctions, as even when combined with a social pension and a nursing allowance, the total amount will not equal the lowest net national wage.

Moreover, there are unresolved issues concerning other social support. As reported in the last years the carers of disabled persons, certified during adulthood, obtain lower

⁴⁰ <https://www.pfon.org/aktualnosci/z-pfon/845-list-srodowiska-osob-z-niepelnosprawnosciami-do-premiera-rp>.

⁴¹ Jonas-Kozik J. (2017), Sytuacja psychiatrii dzieci i młodzieży w Polsce w 2016 roku. Aktualne występowanie i obraz zaburzeń psychicznych wieku rozwojowego, *Psychiatria* 14(1):61-63. <https://journals.viamedica.pl/psychiatria/article/view/50844/40627>.

⁴² <https://www.gov.pl/web/zdrowie/ochrona-zdrowia-psychicznego-dzieci-i-mlodziezy>.

⁴³ <https://www.gov.pl/web/rodzina/500-dla-osob-niepelnosprawnych-pytania-i-odpowiedzi>.

support than carers of disabled persons certified in childhood or having congenital disabilities, despite the 2014 the Constitutional Tribunal ruling.⁴⁴

Coordination of disability politics

As highlighted in recent report by Paweł Kubicki “Challenges of the public disability policy”⁴⁵ Poland lacks an institution that truly coordinates state policy towards people with disabilities. This manifests in many ways at dispersal at the governance level, and in everyday life of disabled persons in challenges existing predominantly in all areas of transition, e.g., between childhood and adulthood, and between health, education, social assistance or the labour market. It is thus recommended to create a single office to coordinate state policy towards people with disabilities (e.g., by another mandate of the Government Plenipotentiary for Persons with Disabilities).

COVID pandemic and disability concerns

The lack of disability mainstreaming and insufficient targeting policies was observed during the pandemic. Among the various consequences of the COVID pandemic, it is important to emphasize that public health information was not always accessible to persons with disabilities which implied exclusion from the information on health protection. Continuous efforts of the disability community resulted in sign language translation and easy to read information. Access to rehabilitation, long-term care, and personal assistance was also a major challenge, especially for those who need continuous support in everyday living. The beforementioned dramatic situation in institutions revealed the immediate need for introduction of safety procedures and reform of institutions. Importantly, psychological support for persons with disabilities and caregivers is essential.⁴⁶

Violence prevention and human rights framework

As persons with disabilities are at higher risk of experiencing violence it is important to emphasise the that the role of violence prevention for the social and wellbeing of disabled persons. Thus, it is crucial to mention that the government announced plan to withdraw the Convention on preventing and combating violence against women and domestic violence.⁴⁷ The withdrawal might have an impact on already very low measures preventing and addressing violence against women that can disproportionately influence women with disabilities.⁴⁸ The announcement was met with the Commissioner for Human Rights call to refrain from any actions that undermine the authority of the Convention⁴⁹ as well as with social protests across

⁴⁴ RPO, (2018), Informacja o stanie przestrzegania wolności i praw człowieka i obywatela w 2017 r. oraz o działalności Rzecznika Praw Obywatelskich, <https://www.rpo.gov.pl/pl/content/informacja-o-stanie-przestrzegania-wolnosci-i-praw-czlowieka-i-obywatela-w-2017-r>.

⁴⁵ Kubicki P., (2019), *Wyzwania polityki publicznej wobec osób z niepełnosprawnościami*, https://pie.net.pl/wp-content/uploads/2019/12/Raport_PIE-Wyzwania-polityki-publicznej.pdf.

⁴⁶ Szarenberg R., Kocejko M., Bakalarczyk R., (2020), *Spoleczne uzupelnienie tarczy antykryzysowej*, op. cit.

⁴⁷ <https://www.gov.pl/web/sprawiedliwosc/minister-sprawiedliwosci-zlozyl-wniosek-o-wypowiedzenie-konwencji-stambulskiej>.

⁴⁸ RPO, (2013), Przeciwdziałanie przemocy wobec kobiet, w tym kobiet starszych i kobiet z niepełnosprawnościami [Preventing violence against women, including older and disabled women], https://www.brpo.gov.pl/sites/default/files/Biuletyn_Rzecznika_Praw_Obywatelskich_2013_Nr_7.pdf.

⁴⁹ <https://www.rpo.gov.pl/en/content/statement-commissioner-human-rights-concerning-plans-withdraw-istanbul-convention>.

Poland.⁵⁰ It is recommended to strengthen protection from violence and especially to provide accessibility and targeted programs for persons with disabilities, especially women with disabilities, as these are measures to SDG 5. Moreover, violence prevention measures should be incorporated into the Strategy for persons with disabilities 2020-30.

Poland witnessed a crackdown in human rights including but not limited to undermining the rule of law, cutting funds for civil society organizations working in human rights. The rise in hate speech and hate crimes especially targeting LGBT+ persons and asylum seekers, may intersectionally influence also those persons with disabilities who belong to these communities. The widespread of hate speech and stereotypes may lead to the strengthening of prejudice also against disabled people.

Consultation and inclusion of persons with disabilities in decision-making

As shown during the 2018 protests, disabled persons often do not feel that they are included in decision-making. It is thus important to foster the quality of public consultations – including its accessibility and clarity as often the consultations are very time and competence demanding making it difficult for disabled persons to participate.

⁵⁰ <https://www.hrw.org/news/2020/07/28/poland-abandoning-commitment-women>.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Poland:

[Article 24 UN CRPD](#) addresses Education.

‘42. Recalling its general comment No. 4 (2016) on the right to inclusive education and Sustainable Development Goal 4, targets 4.5 and 4 (a), the Committee recommends that the State party:

- (a) enact specific provisions to support the implementation of reasonable accommodation, individualized learning curriculum and inclusive classroom teaching in accessible learning environments;
- (b) support measures for schools, including support for teachers, to advance inclusive education for students with moderate or severe disabilities;
- (c) raise awareness among parents of non-disabled children about the advantages of inclusive education for all, and provide training for school masters and teachers on inclusive education methods and best practices.’

In Poland, there is no current national disability action plan. 2020 was marked by the development of the National Strategy for Persons with Disabilities 2020-2030, yet as of September 2020, the bill is in the ongoing consultation process.

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC estimates concerning educational attainment should be treated with some caution due to variable confidence levels, but they consistently indicate disability quality gaps. Table 16 indicates early leaving rates disaggregated by disability status. Youth with disabilities (aged 18-24) tend to leave education early significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education by age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is confirmed in the wider sampling for age 30-39).

According to the LFS, the early leaving rate (for all young people 18-24) is slowly yet systematically dropping since 2013 and in 2018 it comprised 4.8 %, while the EU27 average was 10.6 %, yet in 2019 we observe a slight rise to 5.2 % in 2019 (10.2 % for EU27).⁵¹ That brings Poland close to its ambitious target below 4.5 % (while 10 % for the entire EU). Nevertheless, the disability gap appears still strongly present according to estimates from SILC data – the non-disabled persons' rate is below the 4.5 % target on this measure – reaching 4.3 % while the national rate for disabled persons reaches 13.7 % (Table 16). It is important to emphasize that this is still much below the EU27 average of 20.3 % for disabled persons. Reaching the 4.5 % national target might be thus facilitated by addressing the relatively wide disability equality gap. It is recommended also to focus on regional policies, as disparities exist (for the general population the highest rates are in Warmińsko-Mazurskie, Lubuskie, and

⁵¹ https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=edat_lfse_14&lang=en.

Zachodniopomorskie - 9.1 %-10.7 %, and the lowest in Southern Macroregion -below 3 %).⁵²

Enrolment in segregated settings remains high, particularly for students with moderate and severe disabilities. In 2018/19 46 % of SEN pupils in primary schools were attending mainstream classes, 19 % were in integrated classes, and 33 % in special primary schools. An improvement can be observed in comparison to the 2010/11 school year when the numbers reached 33 %, 23 %, and 39 % respectively (Table IX). With regards to the lower secondary schools in 2018/19 35 % of students attended mainstream sections, 14 % integrated sections, and 49 % special schools (Table X). Research has shown, as in many other countries, a regressive trend among children after completing primary school education.⁵³ The transition from special education to inclusive education for children and youth with disabilities lacks sufficient systemic policy measures.

The overall data on educational attainment suggests a dynamic growth from 32.8 % in 2009 of the population aged 30–34 having a higher education degree to 45.7 % in 2018. The rate is thus higher than assumed for the 2020 goal but according to SILC estimates (Table 17) only 32.2 % of disabled persons completed tertiary or equivalent education, while among non-disabled the rate reached almost 50 % (49.9 %). This is slightly higher than the EU27 average, yet the disability equality gap is wider. The national disability equality gap reaches 17.7 percentage points, in comparison to 14.4 for the EU27 average. It is important to emphasize that the rural-urban divide is visible. According to BAEL in 2018, 12.2 % of disabled people of working age living in cities completed higher education whereas among those living in rural areas it was only 3.9 %. Post-secondary, secondary, and secondary vocational education was provided to 32.7 % of disabled people living in cities and 23.1 % living in villages. Basic vocational education was provided to 36.6 % in the cities, and 43.1 % in rural areas, and the lower secondary education to 18.4 % and 30 % respectively.⁵⁴

Even though the educational attainment measures have shown growth, in general, disabled persons have lower levels of education than non-disabled. The number of registered students with disabilities in tertiary education increased from 9,247 in 2005 to 31,623 in 2012, a rise from 0.48 % of the total student population to 1.88 %. Since then, the proportion remains relatively stable (1.8 % in 2018), while the actual number of students decreases with the total number of students in higher education (22046 in 2018). Since the academic year 2015/16, the number of students and graduates with disabilities has decreased by 16.3 % and 10.2 % respectively.⁵⁵ Concerns have been raised around the stagnation of the proportion of disabled

⁵² https://ec.europa.eu/education/sites/education/files/document-library-docs/et-monitor-report-2019-poland_en.pdf.

⁵³ Grzelak P., Kubicki P., Orłowska M., (2014), *Realizacja badania ścieżek edukacyjnych niepełnosprawnych dzieci, uczniów i absolwentów. Raport końcowy*, Warszawa: Instytut Badań Edukacyjnych [The research of educational pathways for disabled children, students and graduates. Final Report.], <http://eduentuzjasci.pl/images/stories/publikacje/ibe-raport-sciezki-edukacyjne-niepelnosprawnych-dzieci-uczniow-i-absolwentow.pdf>.

⁵⁴ BON, based on BAEL GUS 2018; <https://legislacja.gov.pl/docs//3/12334055/12689138/12689139/dokument448989.pdf>, p. 38.

⁵⁵ Central Statistical Office (2019), *Higher Education Institutions and Their Finances in 2018*, <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkoly-wyzsze-i-ich-finanse-w-2018-roku,2,15.html>.

students and a hypothesis that without high-quality support they will be pushed off to the private academic sector.⁵⁶ Moreover, the Central Statistical Office data reports that students with disabilities in 2018 accounted for 1.8 % of all students, whereas graduates with disabilities account for only 0.7 % of all graduates.⁵⁷ This raises questions on the causes of noncompletion of tertiary education of disabled students.

Participation in early childhood education and care among children under three remains low. Gaps remain in the provision of early childhood education and care in the general population, and little is known on how it affects children with disabilities.

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Poland.

Education reforms

The situation of disabled children, youth, and adults in education must be understood in a broader context marked by the reform of lower and upper secondary education⁵⁸ and tensions between government and teachers. The school system reform (the change to the two-level school system required the transformation or phasing-out of lower secondary schools) is currently - aside from COVID - the main challenge that consumes resources in education. Unsatisfactory negotiations over salaries between the government and the Polish Teacher's Trade Union led to a general strike started in April 2019. In consequence, low salaries make the teaching profession less attractive,⁵⁹ and the shortages of teachers have increased. This situation impacts the quality of education also for persons with disabilities as inclusive education, and the preparation of teachers, headmasters, and parents remains challenging. Concerns were also raised as the changes in the school system may increase inequality of opportunities (see 2018 NRP).

Simultaneously, the reform of higher education continues not without criticism (including reform of higher education institution statuses, where the Rector gains more capacity to shape policy). In general, HEIs are perceived as having progressed fairly with regards to accessibility, yet major challenges still exist. The current program Accessible Universities (financed by PO WER) may significantly contribute to the quality of higher education for disabled students, yet the evaluation of the quality of the support provided is essential for a good implementation of these policies.

Implementation of 2018 CRPD Concluding Observations

In this context, no substantial implementation of the 2018 CRPD Concluding Observations was observed. Apart from the section on education in the draft Strategy for Persons with Disabilities 2020-30 (being in ongoing consultation as of September

⁵⁶ <https://www.rpo.gov.pl/pl/content/glusi-na-uczelninach-posiedzenie-komisji-ekspertow-RPO>.

⁵⁷ Central Statistical Office (2019), *Higher Education Institutions and Their Finances in 2018*, <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkoly-wyzsze-i-ich-finanse-w-2018-roku,2,15.html>.

⁵⁸ The reform was introduced by the Law on School Education in December 2016 for implementation between 1 September 2017 and the school year 2022/23.

⁵⁹ Directorate-General for Education, Youth, Sport and Culture (2019), *Education and Training Monitor 2019*, Poland, https://ec.europa.eu/education/sites/education/files/document-library-docs/et-monitor-report-2019-poland_en.pdf.

2020), we do not observe any substantial changes with regards to the education of children with moderate and severe disabilities in segregated settings, insufficient financial support in education (e.g. including costs of transportation, accommodation),⁶⁰ the inadequacy of individual support, insufficient support for parents, shortage of qualified teachers,⁶¹ limited awareness on inclusive education among school-masters and parents of non-disabled children.

Lack of bilingual education for Deaf children and youth

It is crucial to emphasize that Deaf and hard of hearing children's education still do not enjoy their right to Polish Sign Language communication as bilingual education⁶² is rare in most schools, even those dedicated to Deaf students (despite clear recommendations to introduce it in accordance with the CRPD).⁶³

The pandemic and education of disabled students

The 2020 COVID pandemic has further complicated the situation of disabled persons in education, including but not limited to problems with digital exclusion and e-learning, drop out from school, lack of specialized support in education at home for SEN, or consequences for the households where parents had to take over teachers' responsibilities, while not always having sufficient competences. The Individual Educational and Therapeutic Programs (IPET), could not be continued in new circumstances, yet were rarely adapted to the realm of the pandemic, thus having ongoing consequences for access to education for children with special needs.⁶⁴

Safety and anti-discrimination measures shall be strengthened

It should be stressed that the anti-discriminatory and safety measures should be put in place to avoid isolation and bullying of disabled children and youth.⁶⁵ The Ombudsman report shows, that a stereotypical and discriminatory approach to persons with disabilities is among the factors influencing the isolation of this group and false presumptions of their educational needs.⁶⁶ Training and awareness-raising on

⁶⁰ Sochańska-Kawiecka M., Kołakowska-Seroczyńska Z., Zielińska D., Makowska-Belta E., Ziewiec P., (2017), *Badanie potrzeb osób niepełnosprawnych. Raport końcowy* [Research on the needs of disabled people. Final report,], Warszawa: PFRON.

https://www.pfron.org.pl/fileadmin/Badania_i_analizy/Badanie_potrzeb_ON/Raport_koncowy_badanie_potrzeb_ON.pdf?utm_campaign=pfron&utm_source=df&utm_medium=download.

⁶¹ Kubicki P., (2019), *Wyzwania polityki publicznej wobec osób z niepełnosprawnościami* [Public policy challenges towards people with disabilities], https://pie.net.pl/wp-content/uploads/2019/12/Raport_PIE-Wyzwania-polityki-publicznej.pdf.

⁶² RPO (2014), *Edukacja głuchych*. Warszawa: Rzecznik Praw Obywatelskich, https://www.rpo.gov.pl/sites/default/files/Edukacja_%20gluchych.pdf.

⁶³ Dunaj M., (2016), *W stronę edukacji dwujęzycznej dzieci głuchych w Polsce Co wiemy? Czego nie wiemy? Co należy zrobić?* [Towards bilingual education for deaf children in Poland. What do we know? What do we not know? What should be done?], Łódź: Polski Związek Głuchych.

⁶⁴ Inicjatywa Chcemy Całego Życia, Letter to the Minister of Education, <http://www.niepełnosprawni.pl/ledge/x/1009294>.

⁶⁵ European Union Agency for Fundamental Rights (2015), Violence against children with disabilities: legislation, policies and programmes in the EU, <http://fra.europa.eu/en/publication/2015/children-disabilities-violence>.

⁶⁶ RPO, 2015, *Dostępność edukacji akademickiej dla osób z niepełnosprawnościami. Analiza i zalecenia* [Accessibility of academic education for people with disabilities. Analysis and recommendations], https://www.rpo.gov.pl/sites/default/files/BIULETYN_RZECZNIKA_PRAW_OBYWATELSKICH_2015_nr_5.pdf.

disability issues in compliance with CRPD for teachers and non-disabled pupils are important as disability representation is dominated by the 'dependence' and charity frameworks.⁶⁷

Individualization of education and socializing with peers

A new approach to individualization of education was heavily criticized by parents of disabled children who feared it meant for children having all classes at home and no possibilities of integration with peers.⁶⁸ The recent report of the Supreme Audit Office reveals that already in 2017/18 there were 43 % fewer decisions issued on the need for individualized learning than in 2016/17 and in 2018/19 63 % less. According to the report in most audited schools (17 out of 20), the individual plan was not realized in compliance with the assessment of the need for special education.⁶⁹

Strategy for reducing mismatch between the labour market and education

In accordance with the adopted in January 2019 Integrated skills strategy for 2030, (being an answer for CSR 2019), reducing skills mismatch in the labour market is crucial, yet the Integrated skills strategy misses the opportunity to focus more on strengthening inclusive education.⁷⁰ It would be recommended to further integrate the Integrated skills strategy for 2030 with the Strategy for Persons with disabilities 2020-30. Additionally, in compliance with the 2020 CSR 2 to improve digital skills.

⁶⁷ *Towarzystwo Edukacji Antydyskryminacyjnej* [Anti-discrimination Education Society] (2011), *Wielka nieobecna – o edukacji antydyskryminacyjnej w systemie edukacji formalnej w Polsce* [The great absence - on anti-discrimination education in the formal education system in Poland].

⁶⁸ <https://naszademokracja.pl/petitions/pozwolicie-dzieciom-niepelnosprawnym-z-nauczaniem-indywidualnym-uczyc-sie-w-szkole-1>.

⁶⁹ Supreme Audit Office, 2020, <https://www.nik.gov.pl/kontrole/P/19/075/>.

⁷⁰ <https://efs.men.gov.pl/wp-content/uploads/2019/08/Zintegrowana-Strategia-Umiejetnosci-2030-czesc-ogolna.pdf>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (to 2020)

Through 24 national programs, Poland benefits from €86 billion ESIF funding in the 2014-2020 period. The transition from institutional to community-based care is funded within the frames of the National Operational Programme Knowledge Education Development under Investment Priority 9iv 'Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest'.⁷¹ Poland has developed guidelines on the implementation of projects in two areas, that tackle deinstitutionalization: social inclusion⁷² and health.⁷³ There is no monitoring mechanism of ESIF funds focused specifically on compliance with art. 19 CRPD and the General European Guidelines. Notably, the 2020 NRP does not mention deinstitutionalisation explicitly. The ongoing stagnation with this regard is evident (see ANED 2018 report on Independent Living).⁷⁴

The major governmental program influencing social inclusion of persons with disabilities namely Accessibility Plus⁷⁵ 2018 - 2025 was adopted and the developments so far have been very positive. The Programme anticipates that between 2018-2025 approximately PLN 23.2 billion will be allocated for the implementation of the objectives set out in the Programme, including foreign public funds (PLN 19.6 billion, which constitutes about 84 % of the programme's budget). As of September 2020 effects among others include: establishment of the Accessibility Council - an advisory body to the Minister for Regional Development, introduction of the application 'Alarm 112' for Deaf people to communicate with the Emergency Notification Centre, development of accessibility standard for clinics and hospitals, growth in the accessibility of public transportation, establishment of accessibility coordinators in public institutions.⁷⁶ In September 2019, a law on accessibility entered into force. It obliges public entities to ensure accessibility standards and foresees sanctions for not respecting them.⁷⁷ The act also provides for the first country accessibility report to be issued in 2021.

⁷¹ Community Living for Europe: Structural Funds Watch – Country Profile, Poland, <https://communitylivingforeurope.org/country-specifics/>.

⁷² Ministerstwo Rozwoju i Finansów [Ministry of Development and Finance], *Wytyczne w zakresie realizacji przedsięwzięć w obszarze włączenia społecznego i zwalczania ubóstwa z wykorzystaniem środków Europejskiego Funduszu Społecznego i Europejskiego Funduszu Rozwoju Regionalnego na lata 2014-2020* [Guidelines for the implementation of projects in the area of social inclusion and combating poverty using the European Social Fund and the European Regional Development Fund for 2014-2020], https://www.funduszeuropejskie.gov.pl/media/49753/Wytyczne_wlaczenie_spoleczne_v4.pdf.

⁷³ Minister Rozwoju i Finansów [Ministry of Development and Finance] (2018), Guidelines for the implementation of projects with the participation of the European Social Fund in the area of health for 2014-2020, https://www.funduszeuropejskie.gov.pl/media/49416/Wytyczne_zdrowie_podpisane_MJK.pdf.

⁷⁴ ANED, (2019), Living independently and being included into community, <https://www.disability-europe.net/country/poland>.

⁷⁵ https://www.funduszeuropejskie.gov.pl/media/72628/Dostepnosc_angielski.pdf.

⁷⁶ <https://www.funduszeuropejskie.gov.pl/strony/o-funduszach/fundusze-europejskie-bez-barier/dostepnosc-plus/efekty-programu-dostepnosc-plus/>.

⁷⁷ <https://www.funduszeuropejskie.gov.pl/strony/o-funduszach/fundusze-europejskie-bez-barier/dostepnosc-plus/efekty-programu-dostepnosc-plus/>.

6.2 Priorities for future investment (after 2020)

The investment guidelines on the Just Transition Fund focuses on the impact on coal mining regions in Poland. For the regions of Silesia, Wielkopolska and Wałbrzych, there are on-going transition planning efforts, triggered under the Coal Regions in Transition Initiative. The transition may affect persons with disabilities not only as workers but also as job losses in mining can influence disabled household members in miners families. Therefore it would be recommended to allocate funds that would facilitate the transition without putting disabled family members at further risk of poverty. As suggested in the 2020 Country Report recommended investments include start-ups, research and innovation activities, fostering the transfer of advanced technologies, thus in alignment to the International Labour Organization recommendation on the just transition to a low-carbon economy.⁷⁸ It's important to prioritize accessibility of all the initiatives, encourage the investment in new accessibility technologies and in the sustainable and accessible transportation, also outside main cities, as it is one of the most reported unmet needs among disabled persons⁷⁹. Skills development initiatives in the renewable energy sector, sustainability tourism, or green design should be disability-inclusive and equip persons with disabilities in competences that would be competitive in the emerging green jobs market, including digital competences. It's important that the greener, carbon-free Europe and fight against climate change include persons with disabilities and make it possible for this group to participate, stir and shape the transformation.

Other priorities for investment should include:

- Developing and broadening the scope of community-based independent living services, especially creating systemic personal Assistance schemes, as a part of more Social Europe.
- Raising public expenditure on long-term care services. Emergency strategic planning for care provision (both home care and in existing institutions) during the epidemic and other crisis focusing on disabled persons and their carers.
- Allocating resources to ensure participation of disabled persons and their organisations at the local, national, and international levels; including independent support for self-led DPOs not only in the disability-related areas, that will allow Europe to be closer to citizens.
- Investment in accessible health care to diminish the self-reported unmet medical needs for disabled persons.
- Investment in digital competences and devices for disabled children, youth, and adults.
- Development and financing of psychiatric care for youth.
- Focus on accessibility of investment on the green and digital transition.

⁷⁸ https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_727084.pdf.

⁷⁹ Sochańska-Kawiecka M., Kołakowska-Seroczyńska Z., Zielińska D., Makowska-Belta E., Ziewiec P., (2017), *Badanie potrzeb osób niepełnosprawnych. Raport końcowy*, Warszawa: PFRON, https://www.pfron.org.pl/fileadmin/Badania_i_analizy/Badanie_potrzeb_ON/Raport_koncowy_badanie_potrzeb_ON.pdf?utm_campaign=pfron&utm_source=df&utm_medium=download.

CSR1 mentions the need to 'Improve resilience, accessibility and effectiveness of the health system', where the unmet needs of disabled people are strongly evidenced. Their needs must be factored in these investments.

CRS2 refers to 'enhancing flexible and short-time working arrangements' and targeting social benefits to those in need, as well as digital transformation – it is important to acknowledge the specific need to accommodate disabled people's needs in these respects.

CSR3 includes reference to investment in sustainable transport, which much must stress the need to build in accessibility for disabled persons in accordance with CRPD Article 9 and EU structural fund and public procurement rules.

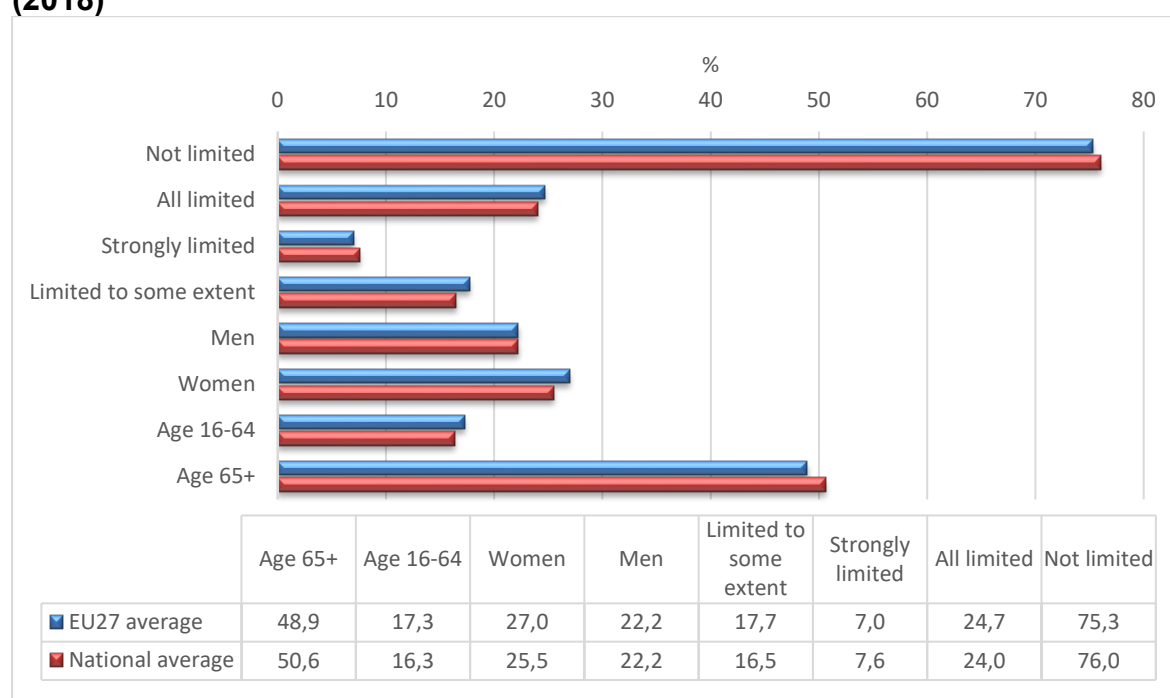
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁸⁰ and statistical reports.⁸¹

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past six months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁸²

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2018)



Source: EU-SILC 2018 Release 2020 version 1

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do

⁸⁰ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁸¹ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁸² The SILC survey questions are contained in the Minimum European Health Module (MEHM) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

not report 'activity limitations'.⁸³ National estimates for Poland are compared with EU27 mean averages for the most recent year.⁸⁴

7.1 EU data relevant to disability and the labour market (2018)

Table 2: Employment rates, by disability and gender (aged 20-64)

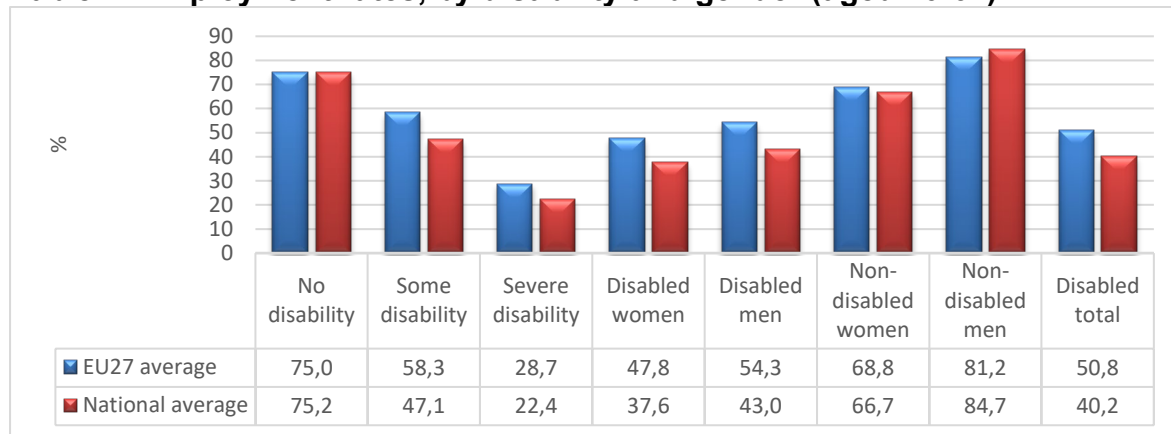
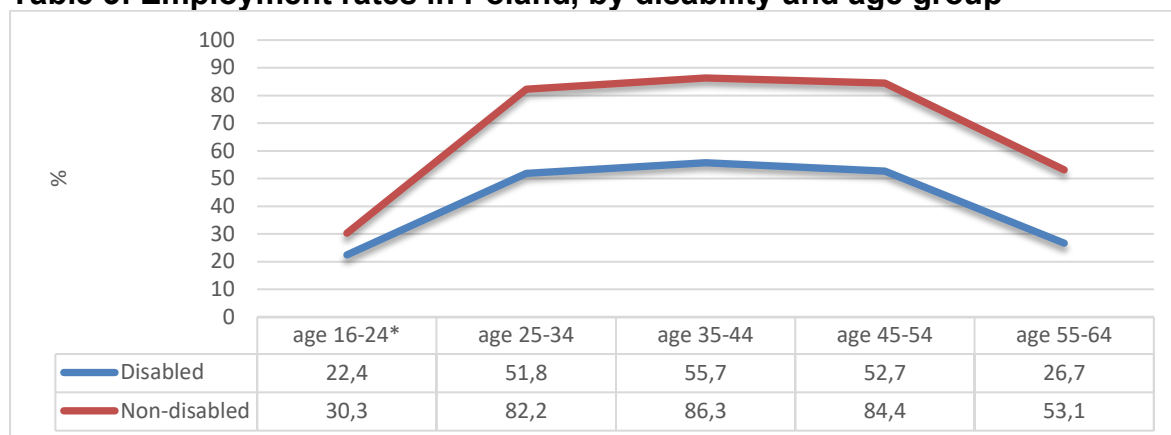
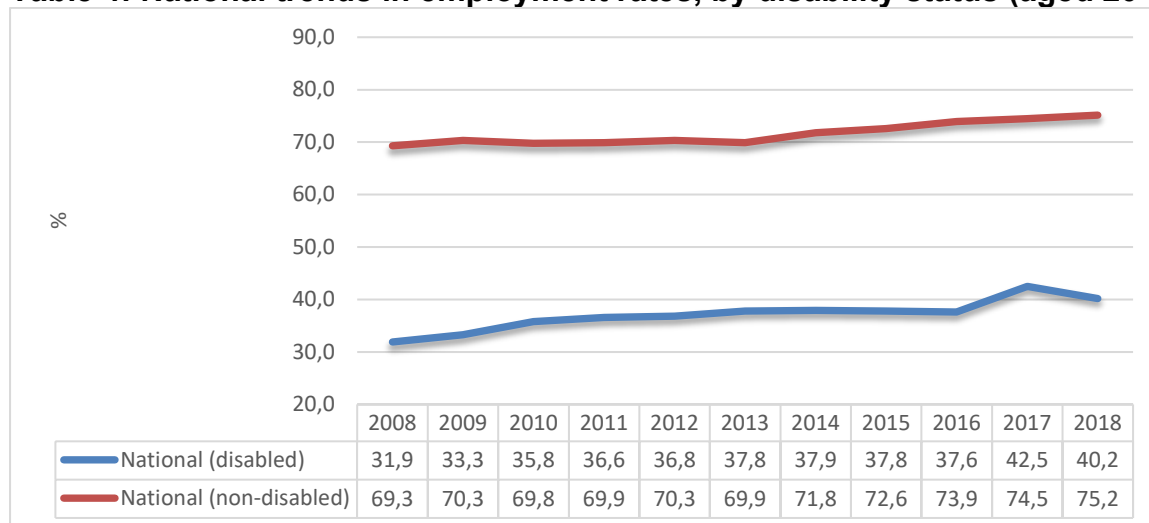


Table 3: Employment rates in Poland, by disability and age group



⁸³ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

⁸⁴ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

Table 4: National trends in employment rates, by disability status (aged 20-64)


Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.1 Unemployment

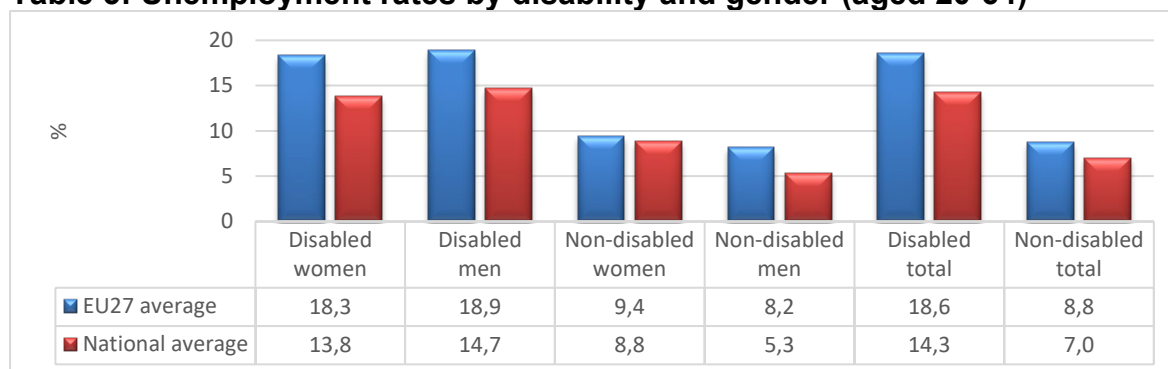
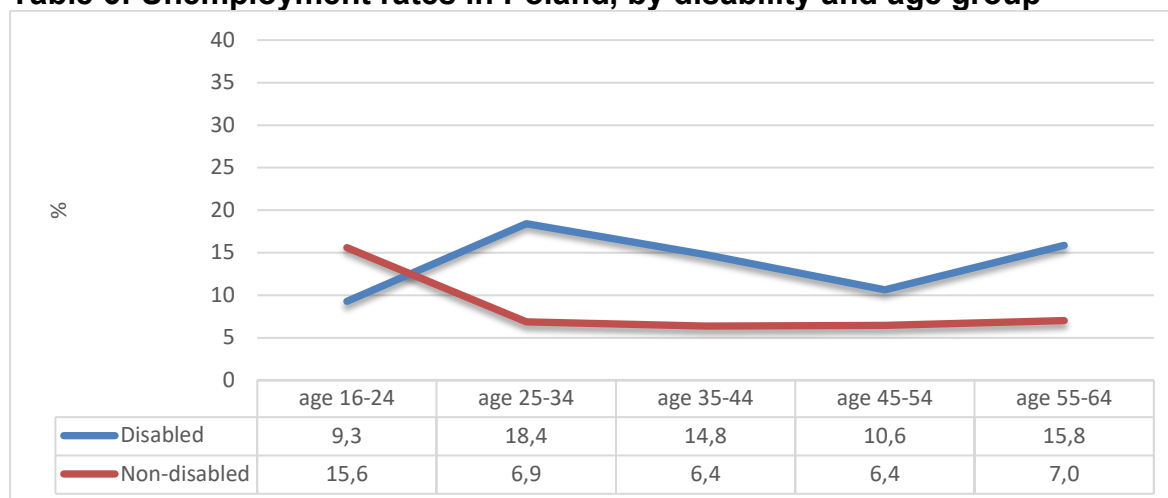
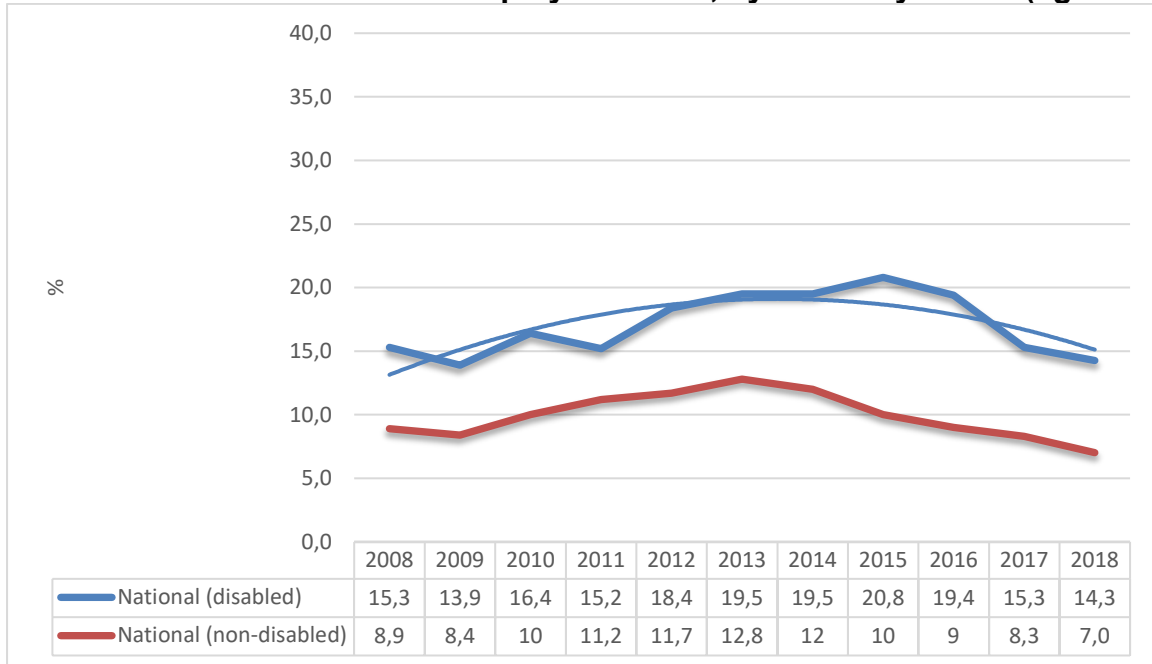
Table 5: Unemployment rates by disability and gender (aged 20-64)

Table 6: Unemployment rates in Poland, by disability and age group


Table 7: National trends in unemployment rate, by disability status (aged 20-64)


Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.2 Economic activity

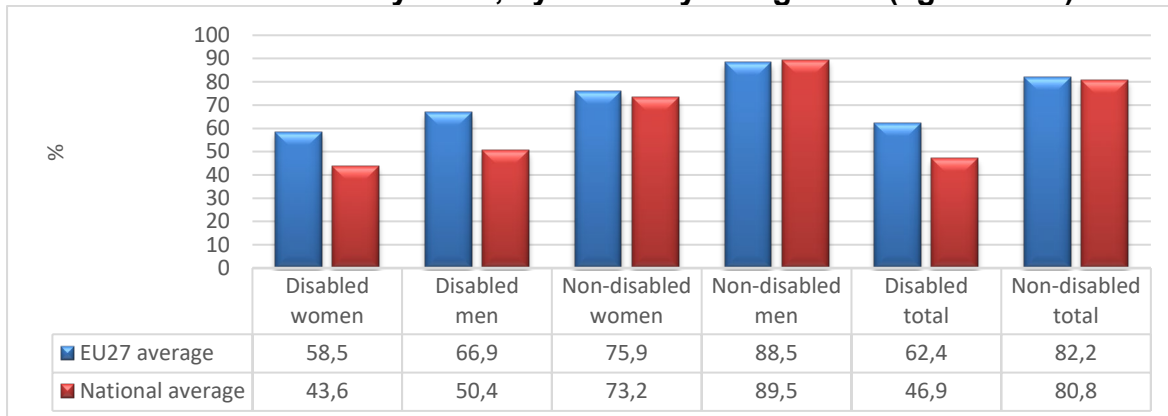
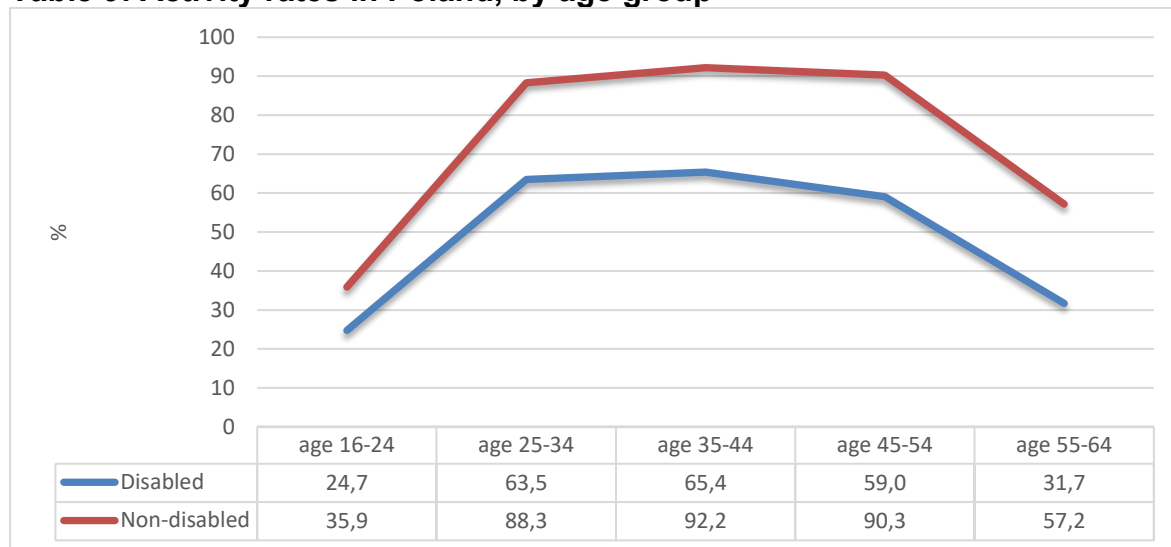
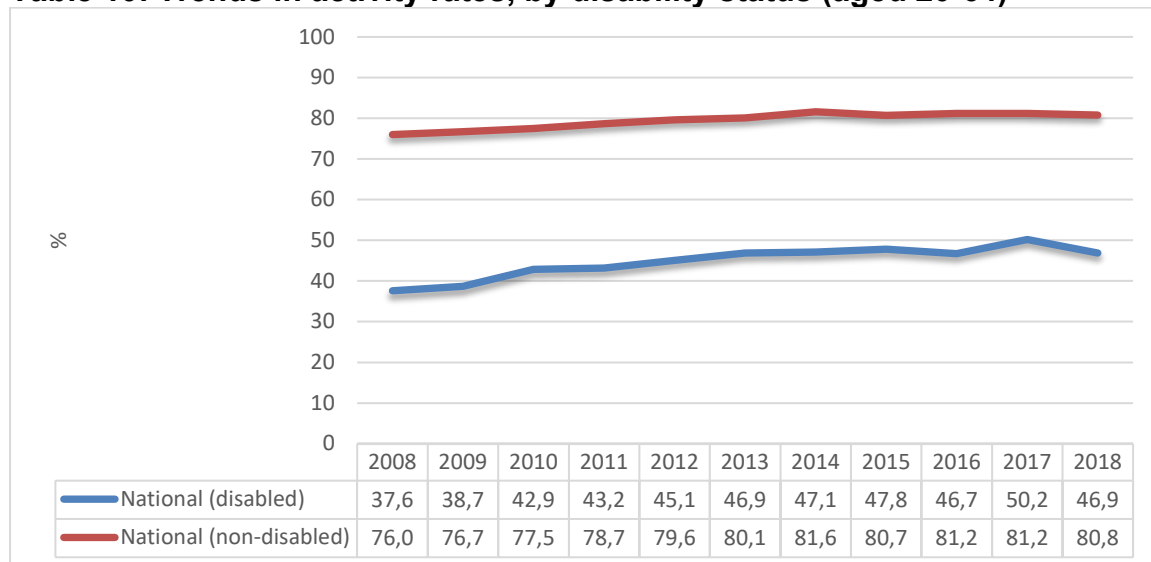
Table 8: Economic activity rates, by disability and gender (aged 20-64)


Table 9: Activity rates in Poland, by age group**Table 10: Trends in activity rates, by disability status (aged 20-64)**

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in Poland

Disability data is not included in the core European Labour Force Survey but labour market indicators for Poland were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁸⁵

The Labour Force Survey (LFS), known as BAEL⁸⁶ in Poland (*Badanie Aktywności Ekonomicznej Ludności*) has been carried out since May 1992 on a quarterly basis. It has been improved in accordance with Eurostat recommendations. The survey covers the economic activity of the population, including disabled people and it covers members of the households in the sampled dwellings. The information on the number

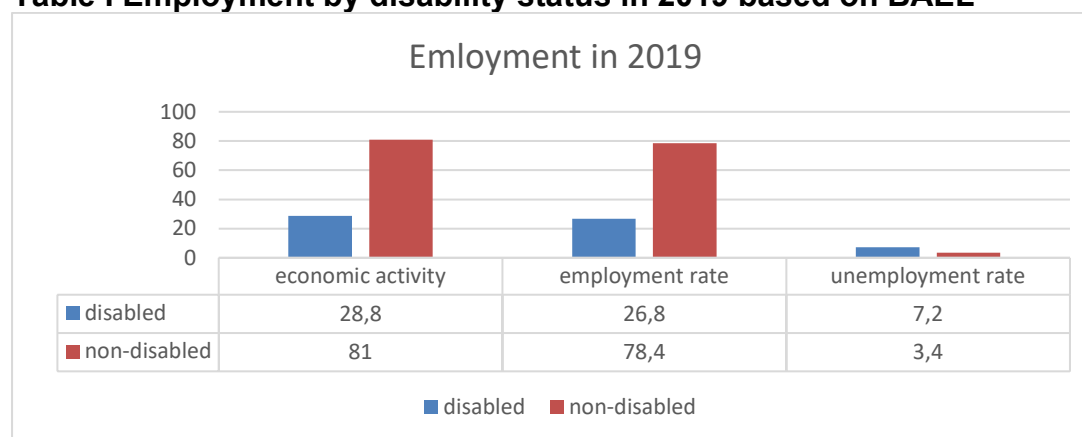
⁸⁵ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁸⁶ <https://stat.gov.pl/en/topics/labour-market/>. The Office of the Government Plenipotentiary for Disabled People on BAEL <http://www.niepelnosprawni.gov.pl/p,81,bael>.

of employed, unemployed and inactive disabled people (with legal certificates), as well as information on the size of the labour force participation rate, employment rate or unemployment rate, are provided. The data for 'voivodships' is also available. Additionally, the report 'Employment of disabled people in 2011'⁸⁷ (from the ad hoc module on disability) contains basic information on the type of health condition, the impact of disability on the type of performed work, the number of hours worked during a week, the need to use special equipment or assistance of other people in order to perform work by disabled people. It is important to highlight that the survey does not include the population living in institutional households, such as social welfare homes, therefore a large number of people with disabilities living in institutions is not included.

Other sources include recent project Pathways - Participation to Healthy Workplaces and Inclusive Strategies in the Work Sector offers data and analysis on professional integration and reintegration of people with chronic diseases and recommendations to improve their employability.⁸⁸

Table I Employment by disability status in 2019 based on BAEL

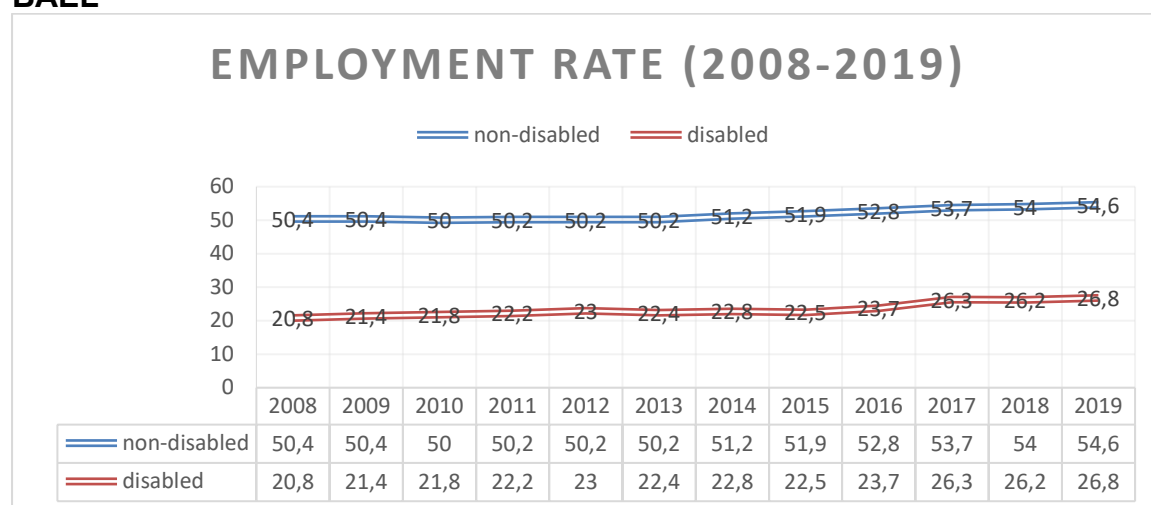


Source: BAEL 2019⁸⁹

⁸⁷ <https://stat.gov.pl/en/topics/labour-market/working-unemployed-economically-inactive-by-ifs/employment-of-disabled-people-in-2011,15,1.html>.

⁸⁸ https://www.mdpi.com/journal/ijerph/special_issues/PathWays.

⁸⁹ <http://www.niepelnosprawni.gov.pl/p,80,rynek-pracy>.

Table II Trends in employment rate by disability status (2008 - 2019) based on BAEL

Source: BAEL 2020

Table III Economic activity of disabled persons aged 16 and more by degree of disability, 1st trimester 2020; based on BAEL

Activity rate	Employment rate	Unemployment rate	SPECIFICATION in %
17,2	16,3	5,6	TOTAL
6,7	6,3	.	Persons with a certificate: of severe degree of disability or equivalent
19,5	18,3	6,1	of moderate degree of disability or equivalent
24,5	23,4	.	of minor degree of disability or equivalent
18,8	17,6	6,1	Men
7,5	6,8		Persons with a certificate: of severe degree of disability or equivalent
22,0	20,6	6,5	of moderate degree of disability or equivalent
25,8	24,7	.	of minor degree of disability or equivalent
15,7	14,9	5,1	Women
6,1	5,8	-	Persons with a certificate: of severe degree of disability or equivalent
17,1	16,2	.	of moderate degree of disability or equivalent
23,2	21,9	.	of minor degree of disability or equivalent
18,9	17,9	5,2	URBAN AREAS
7,2	7,2	.	Persons with a certificate: of severe degree of disability or equivalent
21,1	19,7	6,9	of moderate degree of disability or equivalent
26,6	25,8	.	of minor degree of disability or equivalent
14,6	13,7	6,5	RURAL AREAS
6,0	5,1	.	Persons with a certificate: of severe degree of disability or equivalent
16,8	16,1	.	of moderate degree of disability or equivalent
20,9	19,0	.	of minor degree of disability or equivalent

Source: BAEL GUS 2020⁹⁰

⁹⁰ <https://stat.gov.pl/obszary-tematyczne/rynek-pracy/pracujacy-bezrobotni-bierni-zawodowo-wg-bael/aktywnosc-ekonomiczna-ludnosci-polski-i-kwartal-2020-roku,4,37.html>.

7.2 EU data relevant to disability, social policies and healthcare (2018)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

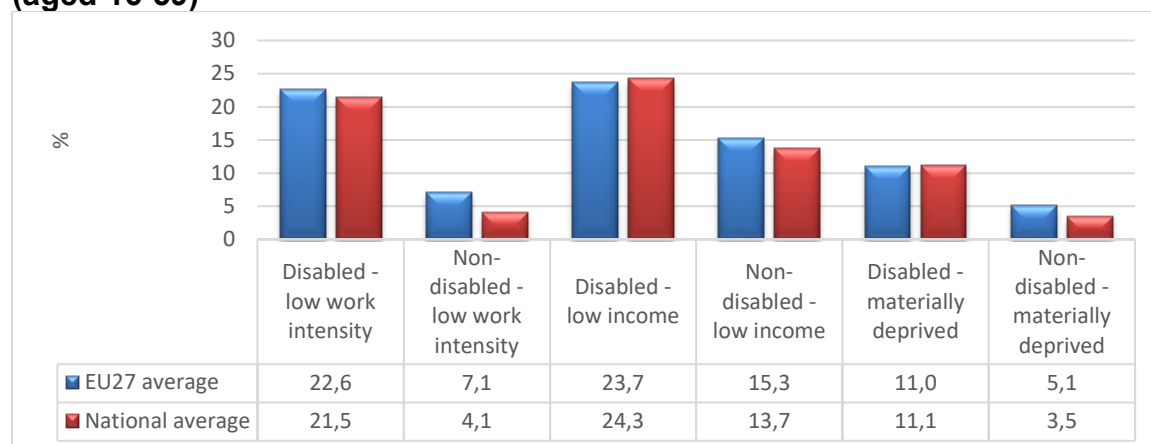


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

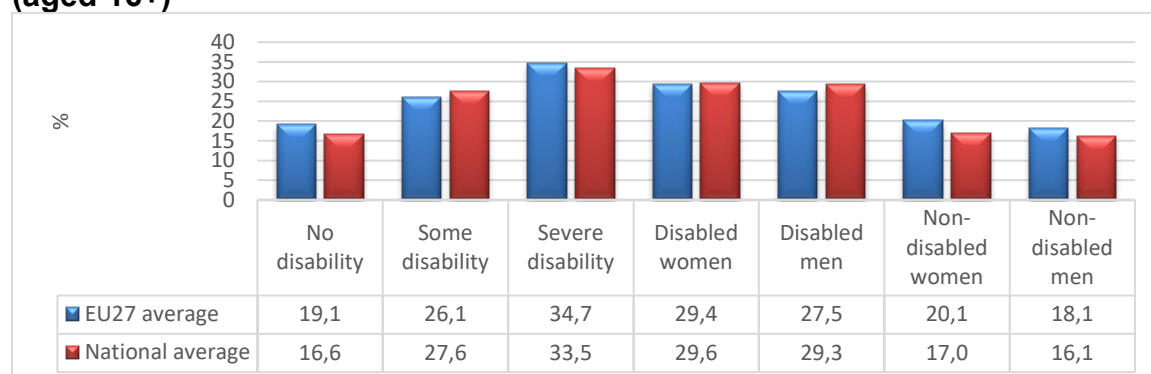
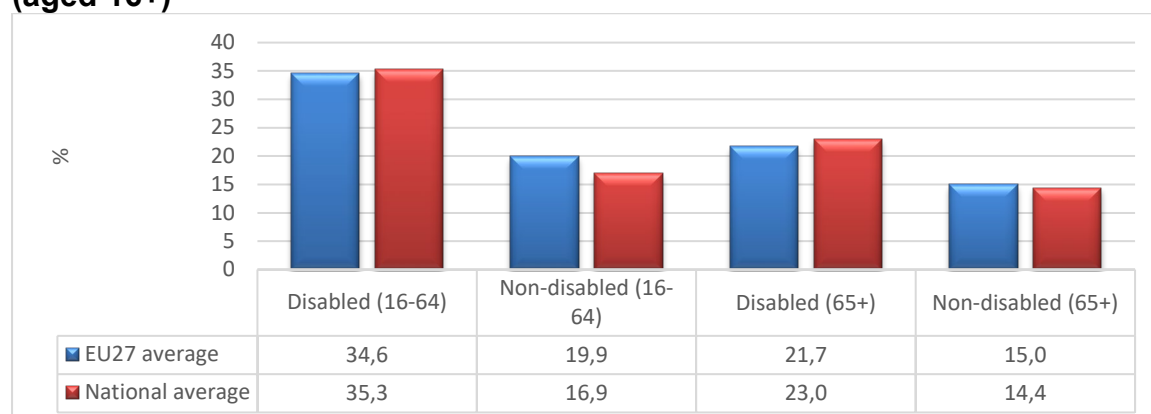
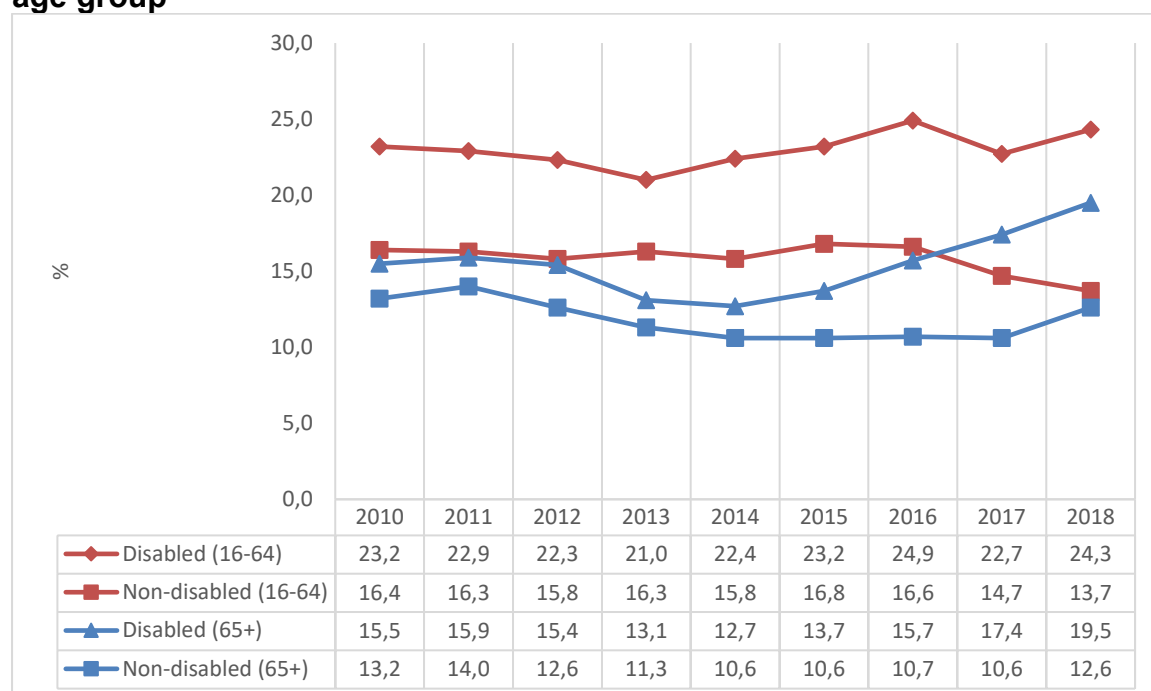


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

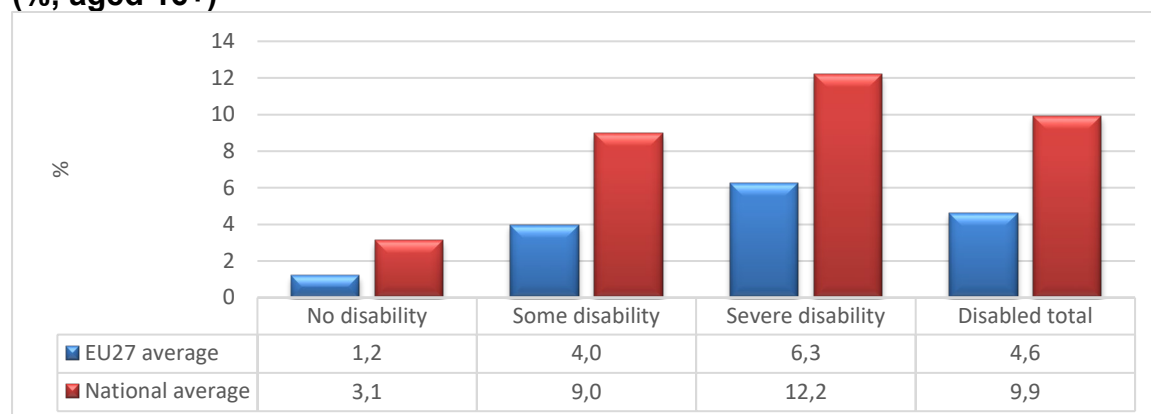


Source: EU-SILC 2018 Release 2020 version 1 (and previous UDB)

Table 14: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [[hlth_dpe020](#)] - People at risk of poverty

Note: this table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)

Source: Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2018 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in Poland

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.⁹¹

European Health Interview Survey (EHIS) was conducted in Poland in 2014 on the sample of 12,000 households and provides some data with regards to health and disability.

Household budget survey – annual report prepared by Central Statistical Office, that provides general information on households with or without disabled persons, including income, monthly consumption of selected goods per capita in households, subjective evaluation of material situation in households.⁹²

Social Diagnosis provides some data on persons with disabilities between 2000 – 2015. The data includes subjective and objective quality of life, including some health and mental health measures.⁹³

Quality of Life in Poland – provides limited data on social capital and disability, mental health and perceived discrimination on the basis of disability.⁹⁴

Reports on the activities of the National Health Fund - annual reports provide information on the number of patients (by gender and age) who have received selected medical services, including those addressed directly to people with disabilities (e.g. therapeutic rehabilitation, long-term care and nursing services, palliative and hospice care). They also contain information about the costs of these benefits.⁹⁵

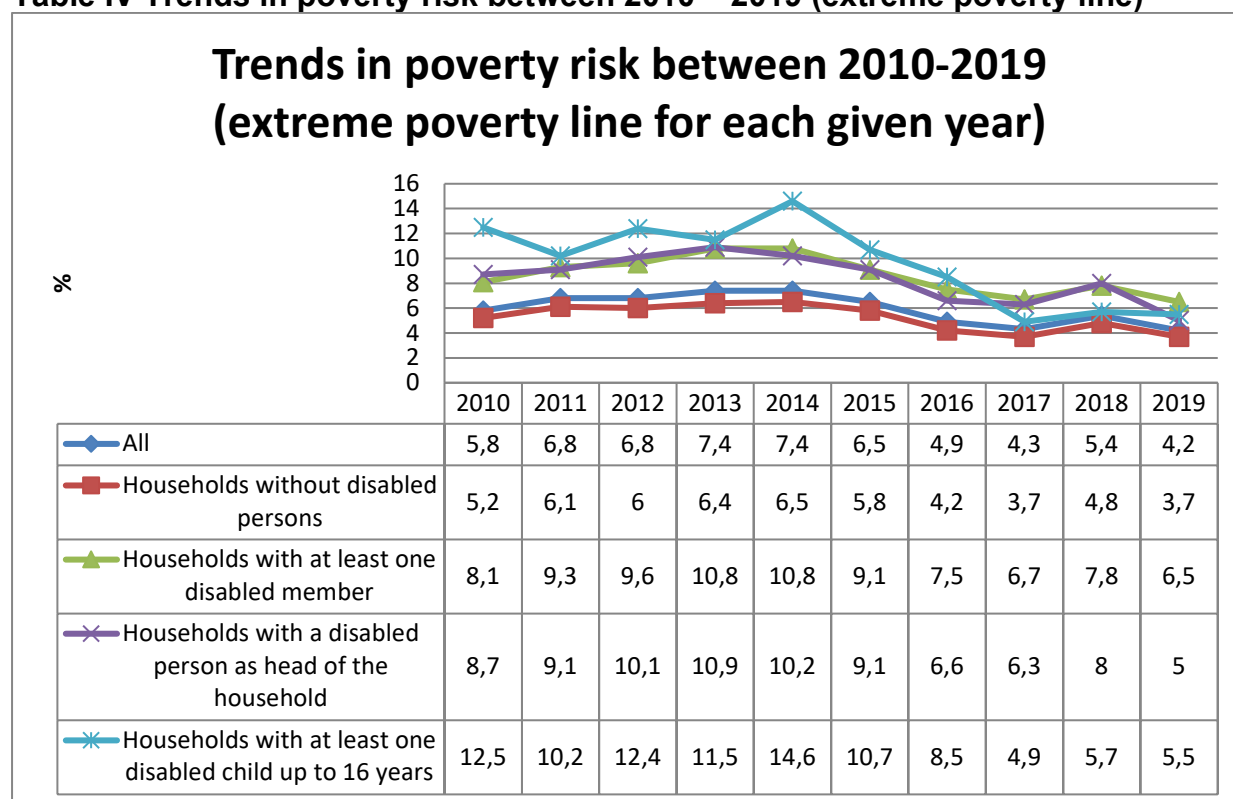
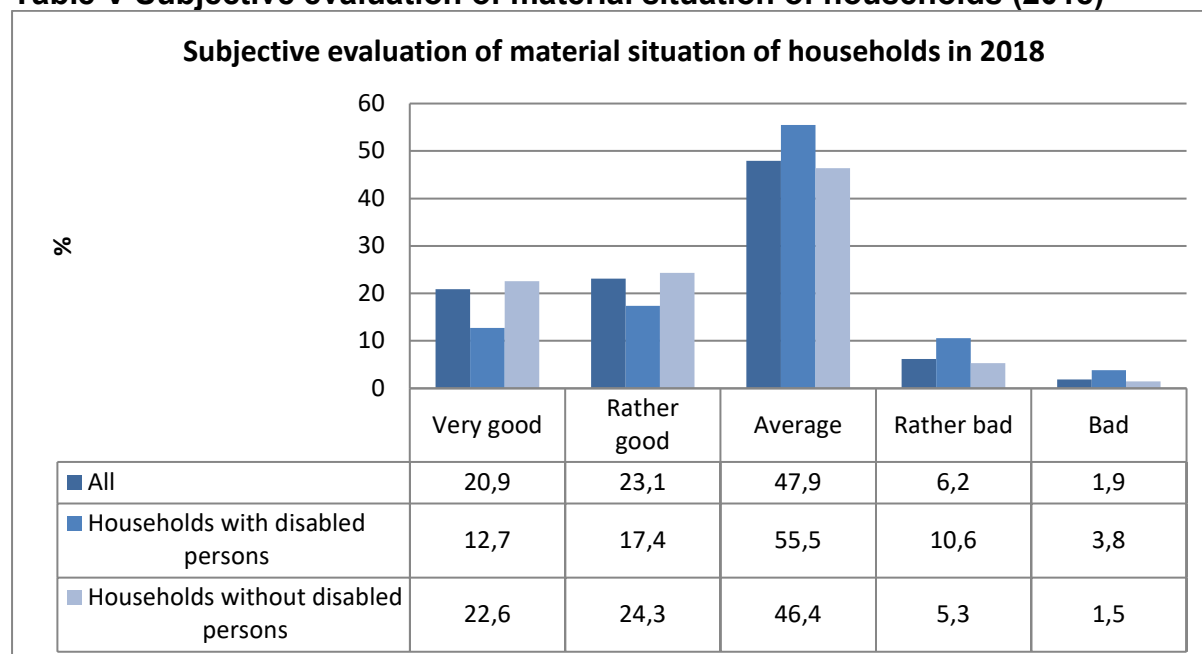
⁹¹ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁹² Central Statistical Office webpage, <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2018-r-,9,13.html>.

⁹³ <http://www.diagnoza.com/index-en.html>.

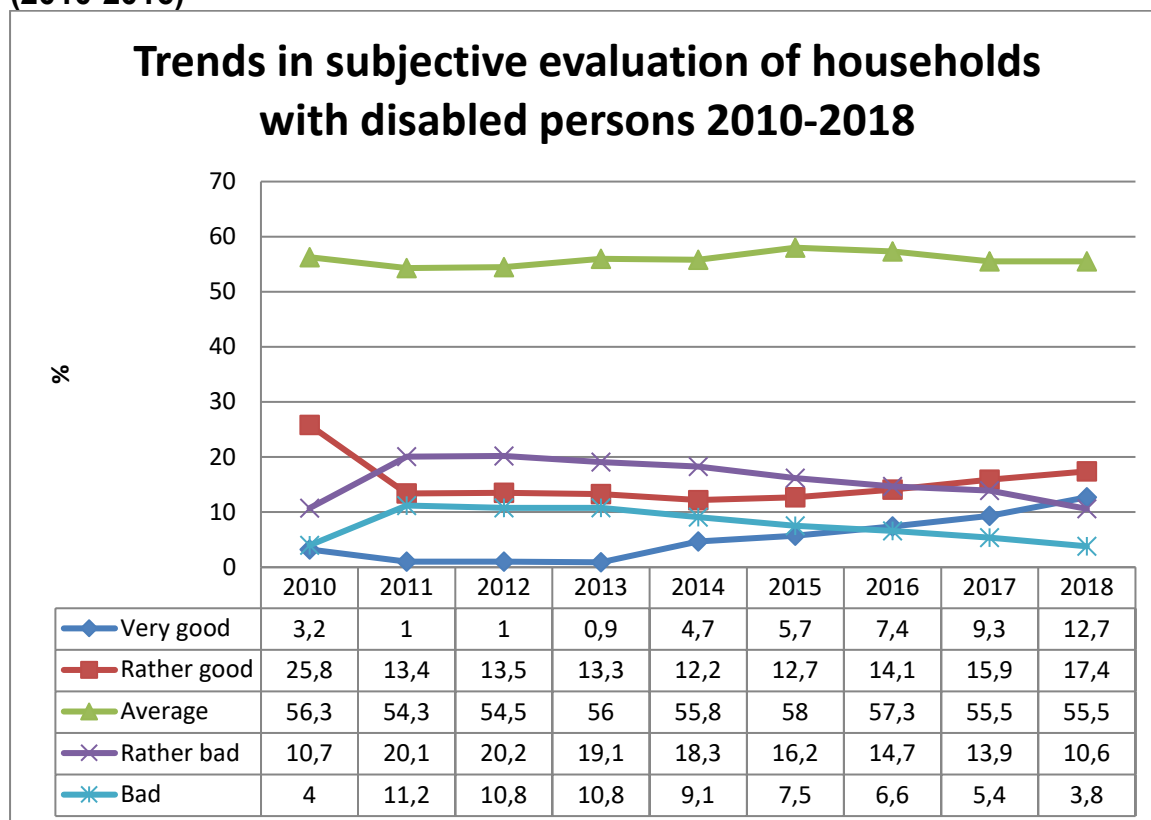
⁹⁴ <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/jakosc-zycia-w-polsce-w-2015-roku-wyniki-badania-spojnosci-spolecznej,4,2.html>.

⁹⁵ https://www.nfz.gov.pl/gfx/nfz/userfiles/public/zarzadzenia_prezesa/uchwaly_rady_nfz/2019/zal_do_uchwaly_nr_12_sprawozdanie_z_dzialanosci_nfz_za_2018_rok.pdf.

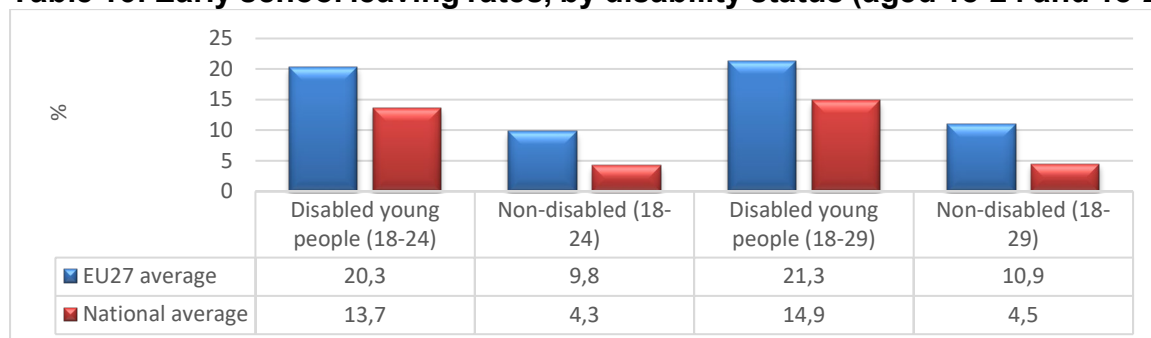
Table IV Trends in poverty risk between 2010 – 2019 (extreme poverty line)Source: GUS 2020⁹⁶**Table V Subjective evaluation of material situation of households (2018)**Source: GUS 2020⁹⁷

⁹⁶ <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/ubostwo-pomoc-spoeczna/zasieg-ubostwa-ekonomicznego-w-polsce-w-2019-roku,14,7.html>.

⁹⁷ <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2018-r-,9,13.html>.

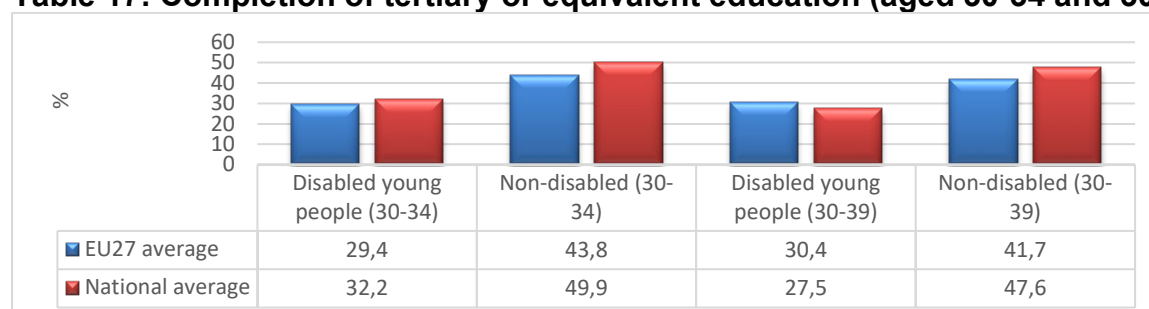
Table VI Trends in subjective evaluation of households with disabled persons (2010-2016)Source: GUS 2018⁹⁸

7.3 EU data relevant to disability and education

Table 16: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁹⁹

⁹⁸ <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2018-r-9,13.html>.

⁹⁹ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

Table 17: Completion of tertiary or equivalent education (aged 30-34 and 30-39)

Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

7.3.1 Alternative sources of education data in Poland

Disability data is not included in the core European Labour Force Survey but education and training indicators were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.¹⁰⁰ Similar caution is needed with this data.

Some administrative data is also provided in the European Agency's Statistics on Inclusive Education (EASIE), concerning the population of enrolled students identified with special educational needs in Poland.¹⁰¹

The Central Statistical Office provides annual report *Higher Education Institutions and their Finances*¹⁰² where data on number of students, graduates and doctoral students with disabilities, by types of schools and broad fields of education, where also data on scholarship, grants are available.

The Central Statistical Office provides annual reports *Education in the 2018/2019 school year* where data on SEN at primary, lower and upper secondary levels is available. Also, the Information Centre for Education¹⁰³ gathers data on the numbers of students with a certificate of need for special education on the basis of their disability; numbers of students with disabilities studying in special, integrated and mainstream schools (inclusive education) respectively, at every stage of education (primary, lower secondary and upper secondary schools).

¹⁰⁰ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

¹⁰¹ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

¹⁰² This publication is released annually by the Central Statistical Office in Poland. Data in the table above comes from reports published in years 2005-2019 (available at <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkoly-wyzsze-i-ich-finanse-w-2018-roku,2,15.html>).

¹⁰³ <https://cie.men.gov.pl/>.

Table VII Disabled graduates in academic years (2004/2005 to 2017/2018)

Academic year	Total	Of which females	Deaf and hearing impaired	Blind and sight impaired	With motor organs impairment		Other types of disability
					Able to walk	Unable to walk	
2017-2018	6326	4125	486	530	1853	151	3306
2016-2017	7013	4632	511	635	2049	202	3616
2015-2016	7043	4612	540	599	2115	162	3627
2014-2015	7545	5068	538	679	2322	136	3970
2013-2014	7995	5314	567	753	2364	172	4139
2012-2013	8199	5566	510	772	2464	151	4302
2011-2012	8617	5737	597	713	2359	122	4826
2010-2011	8136	5447	566	712	2098	148	4612
2009-2010	7011	4656	473	597	1818	105	4018
2008-2009	5837	3924	361	478	1495	125	3378
2007-2008	4438	2862	277	367	1095	64	2635
2006-2007	3451	2183	216	292	847	55	2041
2005-2006	2510	1595	183	203	517	57	1550
2004-2005	1358	804	96	113	270	49	830

Source: Central Statistical Office, Higher Education Institutions and their Finances¹⁰⁴

Table VIII Education structure of 15+ population with regard to disability

Education	Total	Education level					Lower-secondary, primary education, in-completed primary and without education
		Tertiary Education	Upper secondary	secondary	vocational school		
		in %					
2009							
Working age	100	19.4	26.0	11.7	29.6	13.3	
Disabled (with certificate)	100	5.1	21.0	6.7	39.8	27.4	
Non-disabled	100	20.8	26.4	12.2	28.7	11.9	
2010							
Working age	100	21.3	31.5	11.7	28.4	12.7	
Disabled (with certificate)	100	8.6	18.9	6.6	39.4	26.5	
Non-disabled	100	22.4	26.6	12.2	27.4	11.4	
2011							
Working age	100	22.2	25.6	11.5	28.3	12.4	
Disabled (with certificate)	100	9.4	18.3	6.4	40.3	25.7	
Non-disabled	100	23.4	26.3	12.0	27.2	11.1	
2013							
Working age	100	24.4	25.2	11.4	27.5	11.5	
Disabled (with certificate)	100	9.1	18.7	6.6	40.9	24.7	
Non-disabled	100	25.8	25.8	11.9	26.3	10.3	
2014							
Working age	100	25.6	24.6	11.4	27.3	11.1	
Disabled (with certificate)	100	9.8	18.3	6.7	40.1	25.2	
Non-disabled	100	27.1	25.2	11.8	26.1	9.8	
2015							

¹⁰⁴ This publication is released annually by the Central Statistical Office in Poland. Data in the table above comes from reports published in years 2005-2019 (available at <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkoly-wyzsze-i-ich-finanse-w-2018-roku,2,15.html>).

Working age	100	26.3	24.8	11.2	26.9	10.9
Disabled (with certificate)	100	10.2	17.8	7.1	40.1	24.8
Non-disabled	100	27.7	25.5	11.5	25.7	9.6
2016						
Working age	100	27.1	25.3	10.9	26.5	10.2
Disabled (with certificate)	100	10.8	17.9	7.3	39.9	24.0
Non-disabled	100	28.6	25.9	11.2	25.3	9.0

Source: BAEL 2018¹⁰⁵

Table IX Students with special educational needs in primary schools for children and youth

School year	Special primary schools	Special sections in primary schools	Integrated sections in primary schools	Mainstream sections in primary schools
students				
2000/01	52020	3207	6897	37890
2005/06	33209	1450	13578	28315
2010/11	24459	1725	14539	20488
2015/16	24303	896	15885	27594
2017/18	30605	1208	19883	41721
2018/19	38707	1381	22909	52988

Source: Central Statistical Office, *Education in the 2018/2019 school year*, pp. 91¹⁰⁶

Table X Students with special educational needs in lower secondary schools for children and youth

School year	Special lower secondary schools	Special sections in lower secondary schools	Integrated sections in lower secondary schools	Mainstream sections in lower secondary schools
students				
2000/01	30367	1672	1109	15432
2005/06	35649	1813	5225	21388
2010/11	29733	1826	7811	14586
2017/18	16606	360	5341	12007
2018/19	8911	187	2649	6432

Source: Central Statistical Office, *Education in the 2018/2019 school year*, pp. 93¹⁰⁷

¹⁰⁵ <http://niepelnosprawni.gov.pl/p.123.edukacja>.

¹⁰⁶ <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/oswiata-i-wychowanie-w-roku-szkolnym-20182019,1,14.html>.

¹⁰⁷ <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/oswiata-i-wychowanie-w-roku-szkolnym-20182019,1,14.html>.

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