



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Slovakia

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Darina Ondrušová
Daniela Kešelová
Mária Machajdíkova

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1 Executive summary

In Slovakia, the impact of the pandemic on the situation of people with disabilities, especially those living in residential care facilities, has been more severe compared with the impact on the rest of the population. However, there has been a lack of COVID-19-related data that take disability into consideration. Similarly, policy responses to the crisis, such as the Government's Pandemic Plan, are aimed at the risk groups of citizens (those at risk of severe illness from COVID-19), in which people with disabilities are not explicitly included. Special attention has been paid to protecting people who live in residential care facilities, although that has led to further restrictions on their movement and independence. In some areas, such as employment and protection of income, mainstream measures have sometimes been accompanied by additional guidelines to address the specific situation of people with disabilities.

Representative organisations for people with disabilities have not directly participated in disaster management or recovery planning. They have pointed to several specific challenges for people with disabilities, such as outpatient access to social services during the pandemic, which have then been discussed with the ministries responsible for the relevant agenda.

Specific data on mortality of people with disabilities are not available. However, of the 8 352 people who died in connection with COVID-19¹ up to 25 February 2021, 924² (11 %) were persons living in social care facilities. In total, 11 094 users of social services have tested positive using antigen (Ag) tests up to that date – i.e. the mortality rate of users who tested positive was 8.33 %. Furthermore, according to microdata processed by the Institute of Health Analysis at the Ministry of Health (IZA), a total of 202 persons died directly from COVID-19 in social services facilities from 30 March 2020 to 13 February 2021 (ca. one fifth of all 924 deaths) (for more details, see section 3.2).

In this context, following the disproportionately negative impact of the COVID-19 pandemic on people with disabilities, these developments have been identified as the most significant:

- Confusing adoption and promotion of measures, which was, for instance, obvious in relation to the slow reopening of the outpatient social services that are of key importance for many people with disabilities who do not stay in residential care facilities (for more details, see section 10.1); lack of an exception to allow parents to accompany their children with disabilities to counselling centres during the curfew – an exception was subsequently provided (for more details, see section 10.2); and frequently changing provisions concerning the obligation to have proof of a negative test result for COVID-19 (for more details, see section 4.4).
- Limited social contact with families and friends for persons living in institutions. The aim of these restrictions was to protect people living in institutions from spreading the coronavirus. However, the Commissioner for Persons with Disabilities has pointed out that sometimes the lifting of restrictions has not been

¹ The number refers to the period from the beginning of the pandemic in March 2020 till 25 February 2021. Source: <https://korona.gov.sk/>.

² Based on the notifications of social service providers to the Ministry of Labour, Social Affairs and Family – this information was provided to the authors of this report by the ministry on request by email on 25 February 2021.

implemented properly, and that people living in institutions and their relatives were insufficiently informed as to what conditions they had to meet (for more details, see section 7.2 of this report).

- Limited access to education for pupils with disabilities – according to the Institute of Educational Policy, approximately 3 100 pupils with disabilities at special primary schools (18.1 %) did not join any form of distance education during the first wave of the pandemic. In response, the National Institute for Education has published guidelines for the education of pupils without internet access, although they are not disability specific (for more details, see section 12.2 of this report).

On the other hand, the Government has clearly made a lot of efforts to protect people living in institutions from spreading the coronavirus, including regular testing since November; vaccination of service users and staff directly in residential care facilities; and distribution of portable oxygen concentrators to prevent hospitalisation of COVID-positive clients (for more details, see section 4 of this report). Similarly, it has been appreciated that the Government has adopted a measure to sustain access to personal assistance for people with disabilities by allowing family members to provide such assistance (for more details, see section 9.1 of this report). Furthermore, the pandemic has led to an acceleration in the digitalisation of educational content for pupils with disabilities – i.e. most workbooks and other subject-related literature is now accessible in e-formats and available online (for more details, see section 12.2 of this report). All these developments can be considered as examples of good practice in addressing the needs of people with disabilities during the pandemic.

As for future developments and recovery planning, it seems especially important that the public administration enables the involvement of people with disabilities and strengthens co-operation with their organisations in discussing priority areas. It is also important to address the issue of disproportionately worse access for pupils with disabilities to distance education, and in particular to online education, through investment in ICT equipment, as well as in the skills of teachers and pupils in using this equipment. Furthermore, improvements in data collection and data availability are needed to ensure that recovery planning is evidence-based, specifically in relation to people with disabilities.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

Disaster management strategies in Slovakia refer to the risk groups of citizens rather than people with disabilities. In particular in August 2020, the Pandemic Commission of the Government endorsed a new Pandemic Plan,³ which sets out concrete tasks for the ministries and other public bodies in preparation for and during the pandemic to ensure the protection of public health. It defines the risk groups of citizens as groups at risk of severe illness with COVID-19 – including, for instance, people older than 65; those with chronic cardiovascular disease, lung disease or weakened immune system; children; and pregnant women.⁴ The Pandemic Plan distinguishes five stages (from 0 to 4) for which the tasks are set out. For example, at stage 2 (the third stage), when more than 50 % of beds in hospitals are full, the Ministry of Health shall issue regulations with specific guidelines for residential care facilities, inpatient and outreach services, and other regulations.⁵

Consequently, the ministries have adopted their own pandemic plans to set out the processes to implement their tasks under the Pandemic Plan. From a disability perspective, the pandemic plan of the Ministry of Labour, Social Affairs and Family⁶ seems especially relevant, as this ministry regulates the provision of social services, social benefits and employment subsidies. For example, this plan defines the traffic-light system for different types of social services, including conditions for visits to residential care facilities.

Concerning the recovery strategies, some measures are included in the above-mentioned pandemic plans. Again, these are targeted not specifically at people with disabilities, but at the risk groups of citizens. The draft National Recovery and Resilience Plan of Slovakia⁷ does not include the area of social inclusion; however, investments are planned to support inclusive education. Other specific recovery strategies have not been adopted as yet.

³ Public Health Care Office, Working Group of the Ministry of Health, 'Pandemický plán pre prípad pandémie v Slovenskej republike'. 11.08.2020. Available at: https://korona.gov.sk/wp-content/uploads/2020/08/pandemicky_plan_pre_pripad_pandemie_v_slovenskej_republike.pdf.

⁴ Public Health Care Office, Working Group of the Ministry of Health, 'Pandemický plán pre prípad pandémie v Slovenskej republike', 11.08.2020. Available at: https://korona.gov.sk/wp-content/uploads/2020/08/pandemicky_plan_pre_pripad_pandemie_v_slovenskej_republike.pdf.

⁵ Public Health Care Office, Working Group of the Ministry of Health, 'Pandemický plán pre prípad pandémie v Slovenskej republike', 11.08.2020. Available at: https://korona.gov.sk/wp-content/uploads/2020/08/pandemicky_plan_pre_pripad_pandemie_v_slovenskej_republike.pdf.

⁶ 'Pandemický plán MPSVR SR pre prípad pandémie'. Endorsed on 29.9.2020 by the minister. Available at: <https://www.employment.gov.sk/files/sk/koronavirus-pracovna-socialna-oblast/pandemicky-plan-mpsvr-sr/pandemicky-plan-mpsvr-sr-final-02-10-2020.pdf>.

⁷ Available at: <https://www.mfsr.sk/sk/media/tlacove-spravy/predstavujeme-dalsie-detaily-planu-obnovy.html>.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

In Slovakia, disaster management is performed mainly through the Pandemic Commission and Central Crisis Staff (CCS). Neither of them has any representatives from civil society in general, nor from disabled persons organisations (DPOs) specifically.

The Pandemic Commission is a consultative and expert body of the Government that supervises the activities of the ministries and other public institutions in relation to the pandemic. The commission has among its responsibilities the preparation and endorsement/approval of the Pandemic Plan. The head of the commission is the Minister of Health. Its membership comprises most ministers, the chief hygienist, the chairperson of the Administration of State Material Reserves, the chairpersons of the regional municipalities, the directors of health insurance, the chairperson of the Slovak Academy of Sciences and a few representatives of other public institutions. The NGO sector does not have permanent representation on the commission. However, when necessary, the commission may invite other experts to its sessions.⁸

The Central Crisis Staff is a more permanent crisis management body of the Government. It prepares proposals for measures to address the crisis situation, as well as the materials to support the Government's decision-making (e.g., concerning various restrictions or obligations that should be adopted). The chairperson of the CCS is the Minister of the Interior, and the vice-chairpersons are the Minister of Foreign Affairs and the Minister of Defence. Other members represent the ministries, the Public Health Office and the Red Cross. During the pandemic, the meetings of the CCS have also been attended by members of the Pandemic Commission of the Government. When necessary, the chairperson of the CCS can also invite other experts.⁹

However, the pandemic plan of the Ministry of Labour¹⁰ states that even at stage 0 ('Preparation for the pandemic'), the working group of the representatives of social service providers and social curatorship shall be created, through which the needs of some people with disabilities, especially users of social services, can be considered.

The representative of the Slovak Disability Council, an umbrella DPO, has confirmed that the council has not been represented in any pandemic commission, and that it did not ask to be represented.¹¹ Rather, the council has been involved in addressing particular measures from a disability perspective, e.g., working from home (for more details, see section 13.1 of this report). Besides that, there was an opportunity for

⁸ For more details, see the Statute of the Pandemic Commission as of 15.07.2020. Available at: <https://rokovania.gov.sk/RVL/Material/25101/1>.

⁹ The Statute of the Central Crisis Staff (endorsed by the Decree of the Government of the Slovak Republic No.127 on 27.03.2019). Available at: https://www.slov-lex.sk/legislativne-procesy?p_p_id=processDetail_WAR_portlet&p_p_lifecycle=2&p_p_state=normal&p_p_mode=view&p_p_cacheability=cacheLevelPage&p_p_col_id=column-2&p_p_col_count=1&processDetail_WAR_portlet&fileCooaddr=COO.2145.1000.3.3153988&processDetail_WAR_portlet&file=Vlastn%C3%BD-materi%C3%A1l.docx&processDetail_WAR_portlet&action=getFile.

¹⁰ 'Pandemický plán MPSVR SR pre prípad pandémie'. Available at: <https://www.employment.gov.sk/files/sk/koronavirus-pracovna-socialna-oblast/pandemicky-plan-mpsvr-sr/pandemicky-plan-mpsvr-sr-final-02-10-2020.pdf>.

¹¹ Based on e-mail communication for the purpose of this report, 28.1.2021

DPOs to raise their concerns via the standard dialogue with the Government through the Committee for Persons with Disabilities of the Government Council of the Slovak Republic for Human Rights, National Minorities and Gender Equity, which consists of two chambers: the chamber representing the DPOs, and the chamber representing ministries and other public bodies. However, in 2020, unlike the previous year, only one session of the committee took place, which was held online.¹² Nevertheless, issues such as the need for interpretation of press conferences announcing measures related to the pandemic in sign language, and the availability of outpatient and outreach services for people with disabilities during the pandemic, were discussed there.

Similarly, people with disabilities have not been represented in the recovery planning. In general, the Ministry of Finance was criticised for a lack of consultation with civil society when preparing the Recovery Plan of Slovakia.¹³ However, on the official website of the Recovery Plan¹⁴ which is run by the Ministry of Finance, there is a section entitled 'Your proposals', whereby any citizen may share what they think should be included in the plan. In addition, the DPOs have been involved in the working group for preparation of the new European Structural and Investment Funds (ESIF) programming period 2021-2027.¹⁵

2.3 Disability impact assessments and research to inform disaster management and recovery planning

In general, there has not been much research on the impact of the pandemic on people with disabilities. However, two issues have been raised in reports in that direction: limited access of pupils with disabilities to distance education, especially to online education, and the living conditions in residential care facilities.

As regards distance education, the Institute of Educational Policy found that, as of spring 2020, a large share of pupils with disabilities, especially those with intellectual disabilities who attend special primary schools, had no or very limited access to distance education during school closure due to COVID-19 lockdown. This issue is analysed in more detail in section 12.2.

Concerning the living conditions in residential care facilities, the COVID-19 crisis highlighted the long-lasting problems with social services provision in Slovakia: significant underfinancing, lack of professional staff, confusing funding, fragmented competencies, poor availability of community-based services and very poor physical

¹² The overview of the sessions of the committee is available at:

<https://www.employment.gov.sk/sk/vybor-pre-osoby-so-zdravotnym-postihnutim/>.

¹³ See, for instance:

https://www.platformahlas.sk/vyhlasenie-obcianskych-organizacii-vyzyvame-vladu-k-partnerstvu-a-realnej-spolupraci/?fbclid=IwAR0olDe1Yudb_uEcO5BZP6BMD-P0nal6nS7DWKCQ_PIVTOjhdWalXAkaw1g

<https://www.platformahlas.sk/plan-obnovy-a-odolnosti-ide-do-finale-bez-riadneho-zapojenia-verejnosti/>

<https://www.trend.sk/trend-archiv/ministerstvo-financii-pri-plane-obnovy-diskusiu-len-predstiera>

<https://bratislavskykraj.sk/zupy-vyzyvaju-vladu-na-ich-zapojenie-do-planu-obnovy-slovenska/>

https://www.teraz.sk/ekonomika/slovenski-europoslanci-chcu-otvorenu/510629-clanok.html?fbclid=IwAR1aOuaAGgZYXfXQhErs1yAE-wZo1wXdYYFgRSr_FPBUWpVUIbx4JhFfHdc

¹⁴ Available at: <https://www.planobnovy.sk/>.

¹⁵ Source: <https://www.eurofondy.gov.sk/programove-obdobie-2021-27/pracovna-skupina-na-pripravu-pravneho-ramca-2021-2027/>.

infrastructure¹⁶ (especially in large-capacity residential facilities).¹⁷ It has also revealed the weakness of large-capacity institutions in terms of human rights, with restrictions such as no visits, cancelling all programmes and isolation lasting longer than for other sections of the population due to the higher risk of the virus spreading and a higher concentration of risk groups of citizens.

2.4 Use of disaster management and recovery planning funds

As explained in sections 5.1 and 13.1 of this report, no disability-specific measures have been adopted to support the income or job sustainability of people with disabilities. The data on spending from the mainstream measures/funds do not allow for an estimate of spending in relation to disability to be made.

Few specific subsidies have been provided to providers of social services with the aim of helping them and their users to overcome the crisis situation. One such example is Regulation of the Government No. 261/2020 amending Regulation No. 70/2020 Col. L., which sets out several funding conditions for social services during an extraordinary situation, state of emergency or exceptional state.¹⁸ It states that residential care facilities do not have to pay back the Ministry of Labour for the subsidies for empty beds (i.e. if their capacity is not fully used), as hygiene and other restrictions made it more difficult for them to accept new users. Similarly, the ministry has paid social service providers subsidies for dietary supplements, especially vitamin D. These supplements were distributed to the employees and users of residential care facilities, with the aim of supporting the prevention of, or the prevention of severe illness from, COVID-19. The subsidy, which amounted to EUR 20 per person for five months,¹⁹ was granted to almost 500 providers of social services.²⁰

Concerning the recovery planning funds, it is not yet clear how these will be used (for more detail, see sections 2.1 and 2.2 of this report). In December 2020, the Ministry of Finance announced five priorities for the Recovery Plan of Slovakia,²¹ for spending from the EU recovery fund. For instance, under the priority 'Better education for everyone', EUR 150 million out of EUR 850 million is planned specifically to support accessible and inclusive education for all children. Within the area of health, EUR 250 million out of EUR 1 450 million is planned specifically to support long-term care (which would include social care as well as a healthcare component).

¹⁶ Rollová, L., *Prístupné a bezpečné bývanie v kontexte sociálnych služieb* [Accessible and safe housing in social service facilities]. 14.04.2020. Available at: <https://npdi.gov.sk/pristupne-a-bezpecne-byvanie-v-kontexte-socialnych-sluzieb/>.

¹⁷ Nadácia SOCIA, 'Čo rúško nezakrylo' [What the face mask could not hide] (Reflections on COVID-19 situation in social services facilities). Available at: <https://www.socia.sk/wp-content/uploads/2020/08/Co-rusko-nezakrylo-web.pdf>.

¹⁸ Regulation No. 261/2020 Col. L. is available at: https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/261/vyhlasene_znenie.html.

¹⁹ For more details, see: Ministry of Labour, Social Affairs and Family, 'Dotácia na nákup výživových doplnkov, najmä vitamínu D3' [Subsidy for dietary supplements, especially D3 vitamin]. Available at: <https://www.employment.gov.sk/sk/koronavirus-pracovna-socialna-oblast/socialne-sluzby/dotacia-nakup-vyzivovych-doplňkov-najma-vitaminu-d3.html>.

²⁰ List of providers which received the subsidy: <https://www.employment.gov.sk/sk/koronavirus-pracovna-socialna-oblast/socialne-sluzby/dotacia-nakup-vyzivovych-doplňkov-najma-vitaminu-d3.html>.

²¹ Available at: <https://www.mfsr.sk/sk/media/tlacove-spravy/predstavujeme-dalsie-detaily-planu-obnovy.html>.

3 Mortality connected to COVID-19 among people with disabilities

Article 10 – The right to life

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

No, only mortality data for the total population are published. The Statistical Office of the Slovak Republic publishes mortality data for the total population as open data on its website.²²

Graph 1 in the Annex to this report compares the mortality trends of the total population in the fourth quarters of the years 2018-2020. Compared with the years 2018 and 2019, the available data show a big increasing trend in mortality since the beginning of October 2020 (week 41), which leads to a direct assumption of an increase in mortality due to the worsening of the pandemic.

According to the Statistical Office of the SR, 59 264 people passed away in Slovakia in 2020, which was an increase of more than 10 % compared with the average in the previous five years. It represents the highest mortality in last 75 years; there were a higher number of deaths only at the end of World War II in 1945 (a total of 67 500 persons).²³

The annual trend in the past 20 years is shown in graph 2 in the Annex to this report. Specific data on mortality for people with disabilities are not available.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No, the source of COVID-19 mortality data is the Healthcare Supervisory Authority (UDZS). Its data are collected and processed by the National Centre for Healthcare Information (NCZI) and the Institute of Health Analysis at the Ministry of Health (IZA). IZA collects COVID-19 mortality microdata (deaths from COVID-19) disaggregated by gender, age category, district and place of death (hospital/social services facility). These data refer to deaths directly from COVID-19. They are published as open data. In addition, cumulative mortality data are published, disaggregated by two categories (deaths from COVID-19 and deaths of persons who tested positive for COVID-19 but died from another illness).

Data for the category of disability are not collected. We can only assume some type of disability or serious illness on an institutional basis. Indeed, it is supposed that persons living in residential social services facilities (older persons in nursing homes and persons aged from 18 to 65 in residential social services homes) who died from COVID-19 had some type of disability or suffered from a chronic illness.

²² Deaths by age group and gender. Open data. Statistical Office of the Slovak Republic. [10.02.2021]. Available at: <https://data.statistics.sk/api/detail.php#>.

²³ 'V SR zomrelo minulý rok najviac ľudí od druhej svetovej vojny, takmer 59-tisíc', Press release. Available at: <https://slovak.statistics.sk>.

Besides other COVID-19 data, NZCI processes and publishes cumulative mortality data and daily changes in the total population.²⁴

At the beginning of August, before the second wave of the pandemic, there were 29 confirmed deaths from COVID-19 (persons aged from 58 to 97 years), 21 of which were in residential social care facilities (seniors' homes).²⁵ Thus, most deaths in the first wave occurred in institutional social services. The number of deaths in social services has increased during the second wave. According to the data provided on special request by the Ministry of Labour, Social Affairs and Family, a total of 924 clients of social services facilities died in connection with COVID-19 between the beginning of the pandemic in March 2020 and 25 February 2021. These are the clients who died directly in social services facilities or were transported from social services facilities to hospitals.

According to microdata processed by IZA,²⁶ a total of 202 persons died from COVID-19 directly in social services facilities from 30 March 2020 to 13 February 2021.

Almost two thirds of 202 persons who died from COVID-19 in social services facilities were women. The youngest person was in the category of 25 – 30-year-olds, while the eldest was in the category of 100 years and up.

A total of 5 % (10 persons) were below the age of 65, which creates a high probability that they were clients with disabilities in social services homes (for more details, see table 1 in the Annex to this report).

A total of 7 124 persons died in connection with COVID-19 from the beginning of the pandemic in March 2020 to 13 February 2021, of whom 5 885 persons died directly from COVID-19 (COVID-19 was the main cause of death) and 1 239 died from another illness but tested positive for COVID.²⁷ According to the data from IZA, the proportion of persons who died from COVID-19 directly in social services facilities was approximately 3.4 % by 13 February 2021.

Moreover, by 25 February 2021, the number of persons who died in connection to COVID-19 increased by 1 228 persons (to a total of 8 352). Mortality from COVID-19 reached 6 966 by 25 February 2021.²⁸ The share of persons from social services facilities who died in connection with COVID-19 was 11 % (of a total of 8 352 deaths) by 25 February 2021.²⁹

Slovakia was very successful in managing the pandemic during the first wave. The numbers of new cases testing positive and of deaths in connection with COVID-19

²⁴ These data are available at <https://github.com/Institut-Zdravotnych-Analyz/covid19-data/tree/main/Deaths>; at: <https://covid-19.nczisk.sk/sk> and at: <https://korona.gov.sk/koronavirus-na-slovensku-v-cislach/>.

²⁵ SOCIA Foundation, 'What was not covered by mask'. Data from Public Healthcare Authority, 08.08.2020, available at: <https://www.socia.sk/wp-content/uploads/2020/08/Co-rusko-nezakrylo-web.pdf>.

²⁶ Available at: https://github.com/Institut-Zdravotnych-Analyz/covid19-data/blob/main/Deaths/OpenData_Slovakia_Covid_Deaths_AgeGroup_District.xlsx.

²⁷ COVID-19 Počet úmrtí na Slovensku. NZCI. 14.02.2021. Available at: <https://covid-19.nczisk.sk/sk>.

²⁸ COVID-19 Počet úmrtí na Slovensku. NZCI. 28.02.2021. Available at: <https://covid-19.nczisk.sk/sk>.

²⁹ Processed according to the data provided on special request from the MPSVR SR.

were much lower than in the second wave. Graph 3 in the Annex shows the steeply increasing mortality trend during the second wave of the pandemic.

As stated in section 3.2, the available data are not disaggregated by disability. Only data on mortality in social services facilities are available. The vast majority of persons in the total population (almost 92 %) who died from COVID-19 prior to 13 February 2021 died in hospital, according to IZA. As stated above, almost 4 % died in social services facilities. The type of facility is not specified in the statistics. We can only assume that most of the clients died in seniors' homes and social services homes. Roughly one fifth of the 924 users of social services who had died from/with COVID-19 by February 25 (202 persons) died directly in residential social service facilities.

Data on the place of residence are not available in the statistics. As mentioned above, the only information that is available relates to residents of social services facilities.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

In Slovakia, there was no prioritisation of entitlement to healthcare, except for the vaccination programme (for more details, see section 4.6 of this report).

Restrictions on visits by relatives to residential care facilities have been changing. For instance, during September, there were mild measures restricting mobility and people with disabilities were therefore in a better situation than during the first wave. Social services facilities were governed by individual pandemic plans - the so-called 'traffic lights'- so the facilities were not generally quarantined as in the first wave.³⁰ The stricter measures with regard to the second wave of the pandemic came into force as of 1 October 2020. During Christmas (from 21 December 2020 until 1 January 2021, when the new curfew came into force), people could visit their family members in residential care facilities, provided that they showed a negative polymerase chain reaction (PCR) test result not older than 72 hours, or a negative antigen test result not older than 24 hours.³¹ Furthermore, such visits had to be permitted individually by each facility.

As regards visits in hospitals, the Recommendation of the Chief Hygienist³² sets out that among those adult patients who may be accompanied in hospitals during their whole stay are persons with mental health issues, dementia, learning disorders or autism, if the absence of an accompanying person might cause anxiety for a patient. Child patients may be accompanied without further specifications on age or health conditions.³³ However, even in November, the Ombudsperson pointed to the insufficient implementation of these measures, especially as regards the right of women to a companion during childbirth and the separation of mothers with COVID-19 from their new-borns.³⁴

³⁰ For more details, see e.g. FRA/Centre for Research of Ethnicity and Culture, *Coronavirus pandemic in the EU – Fundamental Rights implications – Slovakia*, November 2020. Available at: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-november-1>.

³¹ Vyhláška Úradu verejného zdravotníctva Slovenskej republiky, ktorou sa nariaďujú opatrenia pri ohrození verejného zdravia k povinnostiam poskytovateľov zdravotnej starostlivosti a poskytovateľov sociálnych služieb [Order of the Public Health Authority for healthcare and social services providers]. 17.12.2020. Available at: https://www.uvzsr.sk/docs/info/ut/ciastka_26_2020.pdf.

³² Public Health Office, 'Odporúčania pre sprievod, návštevu pacientov a návštevu kňaza pre vykonávanie duchovných služieb pacientom počas epidemického výskytu ochorenia COVID-19 v zdravotníckych zariadeniach' [Recommendations of the Chief Hygienist concerning accompaniment, visits and spiritual care for hospitalised patients during the COVID-19 pandemic]. 11.5.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/Odporucania_hlavneho_hygienika_SR_navsteva_sprievod_pacienta_v_ZZ.pdf.

³³ Public Health Office, 'Odporúčania pre sprievod, návštevu pacientov a návštevu kňaza pre vykonávanie duchovných služieb pacientom počas epidemického výskytu ochorenia COVID-19 v zdravotníckych zariadeniach', 11.5.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/Odporucania_hlavneho_hygienika_SR_navsteva_sprievod_pacienta_v_ZZ.pdf.

³⁴ The Office of the Public Defender of Rights, 'Je potrebné zabezpečiť rovný prístup ku kvalitnej zdravotnej starostlivosti pre všetkých' [It is necessary to ensure equal access to healthcare for all]. 12.11.2020. Available at: <https://www.vop.gov.sk/je-potrebn-zabezpe-i-rovn-pr-stup-ku-kvalitnej-zdravotnej-starostlivosti-pre-v-etk-ch>.

4.2 Access to hospital treatment for COVID-19

In Slovakia, the data on the number of people who, because of COVID-19 symptoms, have been hospitalised³⁵ and admitted to intensive care units, contain information only on age and gender, and not on disability. There are data on people who have tested positive for coronavirus in residential care facilities; however, these data do not contain information on disability either. For instance, according to the official data, by 28 May (at the end of the first wave), there were a total of 171 cases in 23 residential care facilities. The largest numbers of cases were in three facilities: Pezinok (87 cases), Martin (41 cases) and Batizovce (10 cases); however, this figure also includes employees.³⁶ From the beginning of the pandemic in spring 2020 until 25 February 2021, 11 094 users of social care facilities tested positive for coronavirus based on an antigen test.³⁷

4.3 Treatment for COVID-19 in congregate settings

Clearly, there have been efforts to prevent hospitalisation of people with COVID-19 living in congregate settings. On 5 February 2021, the Ministry of Labour announced that 60 portable oxygen concentrators were now available to residential care facilities.³⁸ Each concentrator can be used by two persons at the same time. By the end of February, the ministry plans to rent another 140 concentrators.³⁹ The total number of people who were treated in congregate settings and not admitted to hospitals is not known.

Furthermore, the Ministry of Health has issued a position paper on the release of patients from hospitals to residential care facilities.⁴⁰ When preparing the paper, the fact that residential care facilities have to prevent staff shortages because of quarantine or illness as a result of COVID-19 was taken into an account, as well as the higher risk of transmission of the virus in congregate settings. The position paper states that the decision on the discharge of a patient from hospital to a residential care facility is solely up to the doctor, on the grounds of clinical symptoms. The discharge report shall include the recommended duration of the patient's quarantine after discharge. The quarantine may finish 20 days after the first symptoms appeared, if the cycle threshold (Ct) in the PCR test is higher than 30 for those who were in hospital due to

³⁵ The data are available at: <https://korona.gov.sk/koronavirus-na-slovensku-v-cislach/>, <https://covid-19.nczisk.sk/sk>.

³⁶ Monthly report of Public Health Authority, 28.05.2020, available at: https://korona.gov.sk/wp-content/uploads/2020/05/analyza_covid_28052020_final.pdf.

³⁷ Based on the notifications of social service providers to the Ministry of Labour, Social Affairs and Family – this information was provided to the authors of this report by the ministry on request by email on 25.02.2021.

³⁸ Press Release: 'Minister práce Milan Krajniak posielal do zariadení kyslíkové prístroje' [Minister of Labour Milan Krajniak sends oxygen concentrators to residential care facilities]. Ministry of Labour, 5.2.2021. Available at: <https://www.employment.gov.sk/sk/informacie-media/aktuality/minister-prace-milan-krajniak-posielal-do-zariadeni-socialnych-sluzieb-kyslikove-pristroje.html>.

³⁹ Press Release: 'Minister práce Milan Krajniak posielal do zariadení kyslíkové prístroje' [Minister of Labour Milan Krajniak sends oxygen concentrators to residential care facilities]. Ministry of Labour, 5.2.2021. Available at: <https://www.employment.gov.sk/sk/informacie-media/aktuality/minister-prace-milan-krajniak-posielal-do-zariadeni-socialnych-sluzieb-kyslikove-pristroje.html>.

⁴⁰ Odborné stanovisko Ministerstva zdravotníctva SR k prepúšťaniu pacientov zo zdravotníckeho zariadenia v súvislosti s ochorením COVID-19, 3. aktualizácia. 28.1.2021. Available at: <https://www.health.gov.sk/?covid-19-metodicke-usmernenia>.

COVID-19, or after 10 days for asymptomatic persons who were hospitalised primarily due to health issues other than COVID-19.

Finally, in September 2020, the Public Health Authority analysed 440 COVID-19 positive cases to identify the most frequent places of infection. Social care homes were the place of infection in 16 cases. The places where the highest number of people got the virus were in the family (239); in healthcare facilities (47); and in the workplace (27).⁴¹

4.4 Public health promotion and testing during the pandemic

As regards informing people with disabilities about the pandemic and the adoption of measures to provide information in accessible ways, there was, at the beginning of the first wave, a lack of information for persons with hearing impairment. The representative of persons with a hearing impairment met with a representative of the Ministry of the Interior to solve the issue. The Government's press conferences are now translated into sign language.⁴² The Ministry of Labour has also published easy-to-read comics on COVID-19,⁴³ which have, however, not been widely promoted. In general, the Government has constantly been criticised for its confusing communications and frequent changes to measures that had already been announced, and for belated announcements of the measures. For instance, the Government made a decision on nationwide testing in January in the two preceding weeks, whereas the municipalities should have been responsible for its preparation. They subsequently complained about the lack of time and guidance.⁴⁴ As a result, people with disabilities might have found it especially difficult to find out about the most up-to-date information on orders, obligations and exemptions.

Concerning testing, at the beginning of May 2020, the first extensive testing of clients as well as employees of residential care facilities was initiated by using antigen tests.⁴⁵ During the second wave, antigen testing at residential care facilities took place at first within the nationwide testing (as explained in the following paragraph), and then continuously in accordance with the guidelines from the Ministry of Labour.⁴⁶ During the first testing programme from 30 October – 1 November, 56 336 people were tested in residential care facilities. Of those, 1 153 (2.05 %) had a positive test for coronavirus,

⁴¹ Public Health Authority information on places of infection, 13.10.2020, available at: https://www.uvzsr.sk/index.php?option=com_content&view=article&id=4482:analyza-pripadov-ochorenia-covid-19-aninformacia-onohniskach-nakazy-september-2020&catid=250:koronavirus-2019-ncov&Itemid=153.

⁴² FRA/Centre for Research of Ethnicity and Culture, *Coronavirus pandemic in the EU – Fundamental Rights implications – Slovakia*, April 2020. Available at: <https://fra.europa.eu/en/country-data/2020/coronavirus-covid-19-outbreak-eu-fundamental-rights-implications-april-2020>.

⁴³ Available at: https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/covid/covid_19_easyread_final.pdf.

⁴⁴ See e.g.: <https://dennikn.sk/2222228/potrebujeme-dostatok-testov-zdravotnikov-aj-preplatenie-nakladov-odkazuju-mesta-vlade/>.

⁴⁵ Based on the Recommendation of the Ministry of Labour, Social Affairs and Family from 06.05.2020, available at: <https://www.employment.gov.sk/sk/koronavirus-pracovna-socialna-oblast/socialne-sluzby/plosne-testovanie-zariadeniach-socialnych-sluzieb.html>.

⁴⁶ Ministry of Labour, Social Affairs and Family, 'Usmernenie k priebežnému testovaniu zamestnancov a prijímateľov sociálnych služieb na ochorenie COVID – 19 v 2. vlné pandémie' [Guideline on continuous testing of the employees and social service users in the second wave of the COVID-19 pandemic]. 19.11.2020. Available at: https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/covid/usmernenie-k-testovaniu-ss_antigenove-testy_191120.pdf.

of whom 823 were service users.⁴⁷ A week later, on 6-8 November, the share of people who had a positive test for coronavirus as a result of testing in residential care facilities decreased to 1.37 % out of 56 035 tested people – i.e. there were 765 people with a positive test, of whom 551 were service users.⁴⁸ The Ministry of Labour then set out guidelines to say that in residential care facilities, antigen testing of the employees as well as service users should take place at least once every 14 days, or more frequently if necessary.⁴⁹

The nationwide testing of the population for the presence of coronavirus, using antigen tests, took place from 31 October to 1 November. The share of people who tested positive was 1.06 %⁵⁰ - i.e., lower by almost 1 percentage point when compared with the results in residential care facilities (as mentioned in the previous paragraph). It was also important from a disability perspective that not all people were required to have a test in order to avoid having to quarantine or pay a penalty. Those who were exempt from the nationwide testing included: children below the age of 10; persons with severe intellectual disabilities; persons whose health condition did not allow them to undergo testing; persons with autism; cancer patients; and COVID-19 patients who were in quarantine at the time of the nationwide testing.⁵¹

Another round of nationwide antigen testing in Slovakia then took place from 18 January to 26 January 2021. A week later, testing took place again, although only in 37 districts with a higher share of positive tests. People could get tested at mobile testing sites that were opened across the country. The chief hygienist issued the following exceptions to testing on January 21: cancer patients; people with a serious autistic spectrum disorder or weaker immunity; people on sick leave at the time of testing; children younger than 10; people who had recovered from COVID-19; vaccinated people (if they had received the second jab more than 14 days ago); pupils in fourth grade or below in primary schools; and pupils in special primary schools.⁵²

⁴⁷ Ministry of Labour – Press Release: ‘Opakované testovanie je kľúčové pre bezpečnosť zariadení sociálnych služieb’ [Regular testing is key for safety in residential care facilities]. 5.11.2020. Available at: <https://www.employment.gov.sk/sk/informacie-media/aktuality/opakovane-testovanie-je-klucove-bezpecnost-zariadeni-socialnych-sluzieb.html>.

⁴⁸ Ministry of Labour – Press Release: ‘V zariadeniach sociálnych služieb klesla miera infekčnosti o tretinu’ [In residential care facilities, the positivity rate has decreased by one third]. 11.11.2020. Available at: <https://www.mpsvr.sk/sk/informacie-media/aktuality/v-zariadeniach-socialnych-sluzieb-klesla-miera-infekcnosti-tretinu.html>.

⁴⁹ Ministry of Labour, Social Affairs and Family: ‘Usmernenie k priebežnému testovaniu zamestnancov a prijímateľov sociálnych služieb na ochorenie COVID – 19 v 2. vlné pandémie’ [Guideline on continuous testing of the employees and social service users in the second wave of the COVID-19 pandemic]. 19.11.2020. Available at: https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/covid/usmernenie-k-testovaniu-ss_antigenove-testy_191120.pdf.

⁵⁰ SME, ‘Plošné testovanie na COVID-19 na Slovensku’ [Nationwide testing for COVID-19 in Slovakia]. Available at: <https://domov.sme.sk/t/8497/celoplosne-testovanie-na-covid-19>.

⁵¹ Uznesenie vlády Slovenskej republiky č. 693 z 28. októbra 2020 [Decree of the Government No. 693 from 28.10.2020]. Available at: https://korona.gov.sk/wp-content/uploads/2020/10/zakaj-vychadzania-2.11.-693_2020.pdf.

⁵² Uznesenie vlády Slovenskej republiky č. 30 z 17. Januára 2021 [Decree of the Government No. 30 from January 17, 2021]. Available at: <https://rokovania.gov.sk/RVL/Resolution/18994/1>.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

There is no evidence available that would allow for an estimate of the impact of the COVID-19 crisis on access to health services for people with disabilities, in comparison with the non-disabled population. Nevertheless, there have been changes in access to healthcare services. Concerning outpatient care, the Ministry of Health has recommended that, instead of a personal appointment with the doctor, telemedicine services should be preferred. The patient should first contact the doctor by phone. The doctor would ask questions to: (1) assess whether the patient's health conditions mean that they require a personal appointment, and (2) confirm that the patient does not have respiratory symptoms and has not been in contact with a person ill with COVID-19 – if so, the appointment can take place. At the same time, the prerequisite to visit a general practitioner first in order to get a written referral to a specialist (e.g., a cardiologist) has been withdrawn during the pandemic, so patients have been able to contact specialist doctors directly.⁵³

As regards inpatient healthcare, planned operations in particular were completely stopped for a few weeks in spring 2020. The Ministry of Health prepared guidelines setting out the conditions in which non-urgent operations can take place. These operations have to be discussed by the consilium team at the hospital. In deciding whether an operation should be carried out or postponed, the team should consider the risks of postponement for the health status of the patient, as well as the risk of complications and the need for intensive aftercare in the context of the capacities that might be needed for patients with COVID-19 instead.⁵⁴

As for mental health care, the data for 2020 on appointments for outpatient care, as well as the number of hospitalisations, which would allow for a comparison with previous years, will not be available until autumn 2021.⁵⁵ According to information from patients' organisations and various helplines, the incidence of mental health issues has increased due to the pandemic and the restrictions on social contact.⁵⁶

4.6 Vaccination programmes

The Vaccination Strategy⁵⁷ was originally adopted by the Pandemic Commission of the Government on 11 December 2020, and it has since been updated several times. The Ministry of Health originally intended that people would be vaccinated in four phases. In the first phase, health care professionals and other workers in healthcare facilities were to be vaccinated, together with critical infrastructure workers such as the police

⁵³ For more details, see: Ministry of Health, 'COVID-19: fungovanie ambulancií v čase pandémie' [COVID-19: Outpatient healthcare during the pandemic]. 15.10.2020. Available at: <https://www.health.gov.sk/Clanok?covid-19-15-10-2020-lekari-postup>.

⁵⁴ For more details, see: Ministry of Health, 'Plánované operácie budú v nemocniciach postupne obnovené' [Planned operations will gradually start again]. 20.04.2020. Available at: <https://www.health.gov.sk/Clanok?covid-19-20-04-2020-operacie>.

⁵⁵ The annual reports on psychiatric care are available at: http://www.nczisk.sk/Statisticke_vystupy/Tematicke_statisticke_vystupy/Psychiatricka_starostlivost/Pages/default.aspx.

⁵⁶ See e.g., <https://lekar.sk/clanok/vplyv-pandemie-na-dusevne-zdravie> and <https://ipcko.sk/stop-samovrazdam-na-zelezniciach/>.

⁵⁷ *Národná stratégia očkovania proti ochoreniu COVID-19 v podmienkach Slovenskej republiky*. Available at: https://www.health.gov.sk/Zdroje?/Sources/tlacove_spravy/covid-19/Strategia-ockovania-COVID-19.pdf.

and firefighters, as well as workers in the energy industry, field social workers and employees of nursing homes for older people. In the second phase, residents of nursing homes and people over 65 were expected to be vaccinated. Patients with serious diagnoses, such as diabetes, oncological diseases, auto-immune diseases, cardiovascular issues and other chronic diseases should have been included in this phase too. On 15 January 2021, the strategy was modified. Critical infrastructure workers were removed and placed on other lists, and it was decided that vaccination of residents in nursing homes would start from 18 January 2021, via mobile vaccination units. A residential care facility that was interested in vaccination via a mobile vaccination unit was supposed to register at the Ministry of Labour. By mid-February, 575 facilities had been registered.⁵⁸ At the same time, vaccination of people older than 75 has started.⁵⁹

On 23 February 2021, the Ministry of Labour published information to show that, of the 31 000 clients and staff in social care facilities who were interested in being vaccinated, 11 428 (37 %) had already got their jab. The minister hopes to complete the vaccination of the remaining 63 % by mid-April.⁶⁰

Furthermore, in order to accelerate the reopening of schools, teachers up to 55 years of age who will be providing education in the classroom have been vaccinated as a priority group.⁶¹

⁵⁸ Ministry of Labour, 'Zoznam ZSS so záujmom o očkovanie' [The List of residential care facilities which applied for vaccination]. Available at: <https://www.employment.gov.sk/sk/koronavirus-pracovna-socialna-oblast/socialne-sluzby/>.

⁵⁹ Source: 'Ministerstvo prehodnotilo očkovaciu stratégiu' [The Ministry has changed vaccination strategy]. SME, 15.1.2021. Available at: <https://domov.sme.sk/c/22574498/koronavirus-ockovanie-vakcina-covid-pandemia.html>.

⁶⁰ Source: 'Zaočkovaných je 37 percent zamestnancov a klientov zariadení sociálnych služieb', TASR, 23.2.2021. Available at: <https://www.postoj.sk/72803/na-slovensku-je-doposial-zaockovanych-37-percent-zamestnancov-a-klientov-zariade>.

⁶¹ 'Cez víkend je pre učiteľov pripravených 21-tisíc vakcín. Ministri predstavili, kto sa môže očkovať a kde.' Denník N. 11.02.2021. Available at: <https://dennikn.sk/2267059/cez-vikend-je-pre-ucitelov-pripravenych-21-tisic-vakcin-ministri-predstavili-kto-sa-moze-ockovat-a-kde/?ref=mpm>.

5 Income and access to food and essential items

[Article 28 – Adequate standard of living and social protection](#)

5.1 Emergency measures

No measures relating to an adequate standard of living that have been adopted in Slovakia have had a specific disability dimension. Despite that, most mainstream measures seem inclusive of people with disabilities. For instance, § 30 B of Act No. 67/2020 Coll. on certain emergency financial measures in relation to the spread of the dangerous contagious human disease COVID-19⁶² introduced the consumer/housing loan moratorium, which enables people to postpone repayments for up to nine months. Citizens whose income has been negatively affected by the coronavirus pandemic can, in this way, be protected from loan debts. This measure was adopted during the first wave of the coronavirus in April 2020 and is still in force for new claimants. However, a person can claim for the postponement only once during the pandemic, while the nine-month period has not been prolonged.

The Government has also adopted the First Aid scheme⁶³ to help employees, businesses and the self-employed, which has been co-financed by the European Social Fund. From a disability perspective, the most significant measure in this scheme is the SOS subsidy, which was introduced to support the income of those people who are not eligible for any type of subsidy for employees or the self-employed. Originally, the SOS subsidy had been provided by the Ministry of Labour, Social Affairs and Family since 2010 as a humanitarian aid subsidy to people in a crisis situation, under Act No. 544/2010 Col. L..⁶⁴ The humanitarian aid subsidy was set at a maximum of EUR 800 annually. In April 2020, the humanitarian aid subsidy was transformed into the SOS subsidy during the extraordinary situation caused by the coronavirus pandemic.⁶⁵ The potential target group has been widened, and now includes persons who have lost their jobs under a so-called 'agreement on job performance' (*dohoda o vykonaní práce*) which is not a regular labour contract, but is limited to a maximum of 350 hours of work per year. In practice, these are part-time jobs that are often performed for a few hours a week. For people with severe disabilities, just as for students, they are a good opportunity to transition to the labour market or sustain a job if the person is not ready for a full-time job. However, during the first wave of the virus, the SOS subsidy explicitly excluded people receiving a disability pension (and other types of pension). The maximum sum of the subsidy was EUR 105 for March and EUR 210 for the following months until October.⁶⁶ From October 2020, the First Aid

⁶² Available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/67/20200929>.

⁶³ For more details on the scheme see, e.g., Buchel, O., Domonkos, S., Fašungová, L., Hábel, B., Hlaváč, M., Komadel, J., Veselková, M., *'First Aid' for Slovakia: Updated report on the economic policy response to the COVID-19 pandemic*, Social Policy Institute, July 2020. Available at: https://www.employment.gov.sk/files/slove.nsky/ministerstvo/analyticke-centrum/analyticke-komentare/spi_first_aid_sr_aug2020_final.pdf.

⁶⁴ Available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2010/544/>.

⁶⁵ Based on Government Resolution No. 103/2020 from 28.04.2020 on several measures in the area of subsidies provided by the Ministry of Labour during exceptional state, the emergency state, extraordinary situation, available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/103/20201030.html>.

⁶⁶ Source: O príspevky prvej pomoci môžu žiadať ďalšie skupiny [First aid subsidies now available for new groups]. Ministry of Labour, Family and Social affairs, 23.4.2020. Available at: <https://www.employment.gov.sk/sk/informacie-media/aktuality/o-prispevky-prvej-pomoci-mozu-ziadat-dalsie-skupiny-2.html>.

scheme was replaced by First Aid+, and the criteria for the SOS subsidy were slightly modified. Currently, disability pension recipients are also eligible for the subsidy, provided that their monthly pension does not exceed EUR 300. The annual total amount of the subsidy equals EUR 1 800, and the monthly amount cannot exceed EUR 300.⁶⁷

In addition to the financial aid distributed through the First Aid schemes, changes were made to the social insurance system. New allowances (so-called pandemic nursing and sickness benefits) were created for employees affected by the school closures or by mandatory quarantine. As a result, there was a notable increase in the number of allowances for those caring for a family member. From March to July 2020, the Social Insurance Agency paid 361 834 more nursing allowances compared with the same period last year.⁶⁸

As regards access to food, on the local level, various initiatives emerged to help older people and persons with disabilities with grocery shopping, getting their medicine from the pharmacy etc. For instance, the city of Bratislava published information on its official Facebook page on how individuals can help the elderly.⁶⁹ Besides that, the municipalities called for the possibility of reopening the school canteens even during school closures, in order to support access to food for socially disadvantaged children and seniors, who often used school canteen services even before the pandemic. Therefore, on 2 April 2020, the Public Health Authority issued an order⁷⁰ which stated that school canteens may be operational under certain conditions, including preventative measures to reduce the spread of coronavirus. Meals could not be eaten in canteens, but had to be delivered to the households of those interested in this service. However, the decision on reopening the canteens was up to each municipality, after consultation with the regional public health authority. Therefore, the impact of this measure may have been different across the country.

5.2 Impact of the COVID-19 crisis

In general, Slovakia has been viewed as a good performer concerning the risk of poverty and social exclusion; that is also the case in respect of people with disabilities, for whom poverty is less pronounced than in most EU countries. To a large extent, this has to do with social transfers, on which people with disabilities heavily rely. In fact, according to the EU statistics on income and living conditions (EU-SILC) (2018), while the at-risk-of-poverty rate for disabled persons in Slovakia would reach 57.8 % without social transfers, it is only 11.4 % with the social transfers.⁷¹

⁶⁷ Based on the amendment to Government Resolution No. 103/2020 from 28.04.2020, in effect since 30.10.2020, available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/103/20201030.html>.

⁶⁸ Source: Buchel, O., Domonkos, S., Fašungová, L., Hábel, B., Hlaváč, M., Komadel, J., Veselková, M., *'First Aid' for Slovakia: Updated report on the economic policy response to the COVID-19 pandemic*, Social Policy Institute, July 2020. Available at: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/analyticke-komentare/spi_first_aid_sr_aug2020_final.pdf.

⁶⁹ For more details, see: Centre for the Research of Ethnicity and Culture, *Coronavirus pandemic in the EU – Fundamental Rights implications – Slovakia*, April 2020. Available at: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-april-1#TabPubStudies>.

⁷⁰ The Order of the Public Health Authority on preparation and distribution of meals in school canteens during the pandemic. 02.04.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/OpatrenieUVZSR_priprava_a_vydaj_stravy_02042020.pdf.

⁷¹ For more details, see EDE report on the European Semester 2020 (to be published at the EDE website).

However, the extent to which the pandemic has affected the income of people with disabilities in Slovakia in contrast with the effect on non-disabled citizens is not yet known.

Finally, concerning the SOS subsidy mentioned in section 5.1, the number of recipients has been increasing during 2020, although it is not known how many of them are people with disabilities. While between March and June 2020, 325 claims for the subsidy were approved, in July there were 7 560 such approvals. In August, 132 new claims were approved, whilst a further 7 086 payments were made to the claimants from the previous months.⁷² Since October 2020, claims were no longer made to the ministry, but to the district offices of labour, social affairs and family. The data from the offices do not contain information on the proportion of disabled recipients.⁷³

⁷² Ministry of Labour, Social Affairs and Family, 'Zoznam schválených žiadateľov' [The List of approved claims]. Available at: <https://www.employment.gov.sk/sk/ministerstvo/poskytovanie-dotacii/archiv/2020/sos-dotacie.html>.

⁷³ The list of persons to whom the subsidy has been provided between October 2020 and 08.01.2021, is available at: https://www.upsvr.gov.sk/buxus/docs/statistic/Prva_pomoc/Zoznam_oznameni_o_poskytnuti_prisp evku_-Kompencacny_projekt_PP_4.pdf.

6 Access to transportation and the public spaces

Article 9 – Accessibility

6.1 Emergency measures

First wave

At the very beginning of the first wave of the pandemic in Slovakia, in the first three weeks of March 2020, freedom of movement and access to public spaces was not restricted by regulations. The Central Crisis Staff of the Slovak Republic and the Public Healthcare Authority only recommended that mobility should be limited to necessary activities and that social interactions should be limited.⁷⁴ However, from March 2020, the Public Health Authority restricted access to public spaces for all persons without any mouth-nose covering.⁷⁵ This measure has remained in force for the whole pandemic, with some loosening or tightening based on the pandemic situation.

From the disability perspective, a permanent exception from the restriction on accessing public spaces without a mouth-nose covering was introduced for persons with severe autism;⁷⁶ for all persons (including pupils) with moderate and severe intellectual disability and pupils with hearing impairment during in-class education;⁷⁷ for teachers and school professionals (teaching assistants and special education teachers) during teaching activities;⁷⁸ and, in the summer months, for persons with chronic breathing and skin problems.⁷⁹

Regarding transportation, in the weeks before the nationwide measure on wearing face masks came into force, various public transportation authorities individually introduced obligations to keep to certain hygiene rules in public transportation vehicles (wearing a face covering, seating of passengers, no access through the front door).⁸⁰

From the disability perspective, it was recommended – for example, in Bratislava – that drivers offer assistance to persons with disabilities, specifically to persons with visual

⁷⁴ FRA, *Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications*, Centre for the Research of Ethnicity and Culture. 23.03.2020. p. 2.

⁷⁵ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. UVZ SR. 24.03.2020. Available at: http://ruvzba.sk/aktuality/povinnost_nosit_ruska.pdf.

⁷⁶ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. UVZ SR. 20.04.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/Opatrenie_pre_nosenie_rusok.pdf.

⁷⁷ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. UVZ SR. 14.09.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/final_opatrenia_ruska_14_09.pdf.

⁷⁸ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. UVZ SR. 19.05.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/19_05_2020_final_opatrenia_ruska.pdf.

⁷⁹ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. UVZ SR. 3.7.2020. Available at: https://www.uvzsr.sk/docs/info/covid19/03_07_final_opatrenia_ruska.pdf.

⁸⁰ For examples, see: <https://imhd.sk/ba/doc/sk/19429/Aktu%C3%A1lne-obmedzenia-v-bratislavskej-MHD-v-s%C3%BAvislosti-s-koronav%C3%ADrusom?dfpi=192>; <https://imhd.sk/po/doc/sk/19378/Dopravny-podnik-zavadza-dalsie-protiinfekcne-opatrenia-v-MHD>; <http://www.dpmz.sk/opatrenia-mhd-voci-sireniu-koronavirusu/>; <https://www.dpmk.sk/aktuality/2020/oznam-pre-verejnost-o-zavedeni-opatreni-proti-sireniu-koronavirusu-covid-19>.

impairment who are used to entering the vehicle through the front door.⁸¹ This measure refers only to public transportation in the cities and between towns and cities within the country. The Ministry of Transportation cancelled all international forms of public passenger transport, including international passenger flights, based on the recommendation of Central Crisis Staff, from 12 March 2020. In addition, an obligatory 14-day quarantine for everyone arriving from abroad was introduced.⁸²

Moreover, from 16 March 2020, shops were closed by the Public Healthcare Authority with the exception of premises selling essential items (grocers, pharmacies, drug stores, petrol stations, animal-feed shops, newsagents, postal and telecommunication services and e-shops and delivery services). Restaurants were allowed to open only to serve takeaway food.⁸³

Furthermore, earlier in March, at the beginning of the pandemic, various grocery store chains introduced special shopping hours (usually in the morning) for all adults older than 65, regardless of disability. From 22 April 2020, special shopping hours for older people were introduced nationwide by the Public Healthcare Authority.⁸⁴ These special shopping hours do not apply specifically to persons with disabilities; however, those older than 65 were included in this measure. There are no exceptions for persons with disabilities aged 65 or younger regarding special shopping hours.

Despite the above-mentioned general measures, access to public transportation and public spaces in everyday life was not as limited as in the second wave of the pandemic.

Second wave

In the second wave, freedom of movement and access to public spaces have been closely related to two major nationwide testing campaigns and the COVID Automat (explained below), which came into force on 8 February 2021.

Two major nationwide testing campaigns took place, from 31 October to 1 November 2020 and from 18 January to 26 January 2021. Both were closely related to restrictions on access to public spaces for persons without a valid Ag or PCR test from the

⁸¹ 'DPB zavádza dodatočné preventívne opatrenia pre spomalenie šírenia koronavírusu', 3.04.2020. Available at: <https://dpb.sk/sk/sprava/dpb-zavadza-dodatocne-preventivne-opatrenia-pre-spomalenie-sirenia-koronavirusu>.

⁸² 'Opatrenia Ústredného krízového štábu SR v súvislosti s ochorením COVID-19', 13.03.2020. Available at: https://www.uvzsr.sk/index.php?option=com_content&view=article&id=4090:opatrenia-ustredneho-krizoveho-tabu-sr-vnsuvislosti-snochorenim-covid-19&catid=250:koronavirus-2019-ncov&Itemid=153;

ŽSR, 'Slovak Lines aj Regiojet oznámili obmedzenia v doprave', Denník SME. 12.03.2020. Available at:

<https://ekonomika.sme.sk/c/22357310/zeleznice-slovenskej-republiky-od-piatka-zastavuju-medzinarodnu-osobnu-dopravu.html>.

⁸³ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. 15.03.2020. Available at:

https://www.uvzsr.sk/docs/info/covid19/Opatrenie_UVZ_SR_o_zakaze_a_obmedzeni_prevadzok_15032020.pdf.

⁸⁴ Opatrenie Úradu verejného zdravotníctva Slovenskej republiky pri ohrození verejného zdravia. 21.04.2020: https://www.ruvzstv.sk/wp-content/pdf_downloads/covid_19/22_04_2020_otvorenie_prevadzok_rezimove_opatrenia_hh_sr.pdf.

preceding week, with exceptions to secure necessary needs. As mentioned in section 4.4 of this report, there are exceptions from the obligation to be tested for specific groups of persons with disabilities (persons with autism, persons with intellectual disability and persons with severe illness – oncological, immunodeficiency).

On 5 February 2021, the Government decided⁸⁵ that the state of emergency would be prolonged until 19 March 2021, and that the nationwide curfew would not continue for longer than the end of the state of emergency. Based on the Government Resolution, the Public Healthcare Authority published Decree No. 47, which came into force on 8 February 2021,⁸⁶ setting out measures on entering premises, and the premises of an employer. Based on this Decree, non-tested persons (without a valid Ag or PCR test), aged from 10 to 65, are allowed to go out only to secure their necessary needs (such as getting groceries or going to the pharmacy, drug store, animal-feed shop or petrol station; going to a medical doctor or taking the Ag or PCR test; going to provide care to a dependent person; joining a specific life ceremony of a family member such as a wedding, baptism or funeral (limited up to six persons); walking a pet up to 1 000 metres away from the house and going out into green spaces within the district). For all other activities, a valid test is obligatory.

However, there are some exceptions from the testing obligation that refer to persons aged 66 and above, children up to 10 years of age and persons with some types of disabilities and chronic illness: specifically, persons whose health status or health contraindications do not allow testing for COVID-19, persons with severe or moderate intellectual disability, persons with autism and persons with severe chronic illnesses. These people are allowed to enter premises, including workplaces, without an Ag or PCR test.

In addition to previous obligations relating to the use of public transport, persons travelling to work by public transport are obliged to take an Ag or PCR test every seven days.

Another exemption for people with specific types of disabilities refers to the testing obligation before entering in-class education, as set out by Decree No. 47. Generally, when the schools are open again, in order to enter the school or a school facility, pupils and students in the fifth grade of primary school and upwards are obliged to be tested for COVID-19, along with one of their parents (except for students aged 18 and above).

Decree No. 47 sets out an exception from testing of all pupils at mainstream preschools and the elementary level of mainstream primary schools for children with disabilities at special preschools and at all grades of special schools.

⁸⁵ Uznesenie vlády Slovenskej republiky č.77 z 5. februára 2021. [Resolution of the Government of the Slovak Republic No. 77 from 05.02.2021]. Available at: https://korona.gov.sk/wp-content/uploads/2021/02/77_2021.pdf.

⁸⁶ Vyhláška č. 47 Úradu verejného zdravotníctva Slovenskej republiky, ktorou sa nariaďujú opatrenia pri ohrození verejného zdravia k režimu vstupu osôb do priestorov prevádzok a priestorov zamestnávateľa. Available at: https://korona.gov.sk/wp-content/uploads/2021/02/ciastka_19_2021.pdf.

“COVID Automat” in the second wave

Since 8 February 2021, access to public spaces and premises and opening of premises has been based on the Covid Automat alert system, which sets out various stages of pandemic measures depending on specific indicators. It also takes into account the regional aspect of the pandemic situation. According to the COVID Automat, the vast majority of districts in the country are in the two worst stages (as of 11 February 2021).

However, the information and measures coming from the Covid Automat seem to be very complicated and hard to understand for ordinary people, including persons with disabilities. Districts on the map are distinguished by colours according to the pandemic situation, and some individual experiences have shown that the information is not accessible for people with visual impairment.⁸⁷

In addition, the measure allowing for special shopping hours has been set for the whole of the second wave of the pandemic. As in the first wave, it refers to seniors older than 65 years of age.⁸⁸ However, from 8 March 2021, people with severe disabilities are also entitled to these special shopping hours.⁸⁹

6.2 Impact of the COVID-19 crisis

Regarding the restrictions on access to public spaces and public transportation without protective face masks, the Ministry of Health has made available special cards for persons with autism to prove their eligibility for exceptions from some pandemic measures (e.g. the obligations in relation to wearing face masks and testing).⁹⁰

Moreover, the Commissioner for Persons with Disabilities appealed to the Government to set up individual testing conditions for those persons with disabilities who are not exempt from the testing obligation and are not clients of residential social services facilities. This appeal was made during the second wave of the pandemic, when access to public spaces was restricted to those taking part in nationwide testing, including persons with disabilities.⁹¹

Only individual examples, specifically of persons with autism and persons with intellectual disabilities, are available in relation to the experience of coping with the pandemic and lockdown. According to their families, those people experienced more anxiety, stress and tension as a result of staying home, away from their everyday social

⁸⁷ See: <https://korona.gov.sk/> ; <https://www.health.gov.sk/Clanok?covid-19-16-02-2021-okresy-automat>.

⁸⁸ Vyhláška č. 45 Úradu verejného zdravotníctva Slovenskej republiky ktorou sa nariaďujú opatrenia pri ohrození verejného zdravia k obmedzeniam prevádzok a hromadných podujatí. Available at: https://korona.gov.sk/wp-content/uploads/2021/02/ciastka_19_2021.pdf.

⁸⁹ Vyhláška č. 98 Úradu verejného zdravotníctva Slovenskej republiky, ktorou sa nariaďujú opatrenia pri ohrození verejného zdravia k obmedzeniam prevádzok a hromadných podujatí. Available at: https://www.uvzsr.sk/docs/info/ut/ciastka_40_2021.pdf.

⁹⁰ Ministerstvo zaslalo do ambulancií skoro 2500 preukazov pre autistov. MZSR. 05.10.2020. Available at: <https://www.health.gov.sk/Clanok?mz-autisti-preukazy-vydane>.

⁹¹ Žiadosť o individuálne podmienky na testovanie osôb so zdravotným postihnutím. Úrad Komisára pre osoby so zdravotným postihnutím. Available at: <https://www.komisarprezdravotnepostihnutych.sk/Aktuality/Media/Ziadost-o-individualne-podmienky-na-testovanie-oso>.

contacts and activities. They also had to get used to a different daily regime and to wearing face masks.^{92 93}

⁹² Uvážnení. Ako prežívajú obmedzenia kvôli koronavírusu autisti? Hospodárske noviny. 26.04.2020. Available at: <https://hnonline.sk/tema/2136556-uvazneni-ako-prezivaju-obmedzenia-kvoli-koronavirusu-autisti>.

⁹³ 'Ak kričia, majte pre nich pochopenie. Ako žijú rodiny s hendikepovanými deťmi?' Aktuality. 28.03.2020. Available at: <https://www.aktuality.sk/clanok/775473/koronavirus-hendikepovani-ak-kricia-majte-pre-nich-pochopenie-rodicia-deti-s-mentalnym-postihnutim-opisali-svoj-zivot-v-izolacii/>.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

The following issues can be taken into consideration in the context of involuntary detention: problematic voluntariness in respect of the placement of persons deprived of legal capacity in residential social service facilities; monitoring of social services provision during the pandemic; access of people living in institutional care to family or friends; restrictions on personal liberty; mandatory state quarantine; and human rights monitoring of inpatient healthcare services by the Commissioner for Persons with Disabilities. Some of these issues have been addressed by specific measures during the pandemic, while others have remained unaddressed.

Detention in social services

First, it is to be noted that in Slovakia, according to the Act on Social Services, detention may not be provided in social service facilities to a person for whom a court has ordered protective treatment in a detention institution.⁹⁴ It is the case that in social services, a service user has to sign a contract with the provider. When a person is deprived of legal capacity, the contract is signed by her/his guardian. His/her agreement is replaced with the agreement of a guardian, and this is considered as voluntary placement. This problem has been addressed at the European Court of Human Rights, as it has arisen in several European countries.⁹⁵ This issue has not been addressed during the pandemic.

Independent monitoring in social service facilities during the pandemic

As regards the impact of the pandemic on independent monitoring in residential care facilities, there are several options for monitoring the situation of people with disabilities: the Ombudsperson, the Commissioner for Persons with Disabilities, the Commissioner for Children. Besides that, the Ministry of Labour, Social Affairs and Family undertakes inspection of the provision of social services and quality assessment of social services under Act No. 448/2008 Col. on Social Services.⁹⁶ None of these measures were introduced specifically in relation to the pandemic.

The number of inspections by the Ministry of Labour, Social Affairs and Family in residential care facilities was not reduced by law during the pandemic. Inspectors had to follow the guidelines of the Public Health Authority and the Ministry of Labour, Social

⁹⁴ Social Service Act §61(2) https://www.slov-lex.sk/static/pdf/2008/448/ZZ_2008_448_20200425.pdf.

⁹⁵ Available at: <https://ludskeprava.rpsp.eu/milos/>.

⁹⁶ Ministry of Labour, Social Affairs and Family, information on inspection of the provision of social services <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/vykon-dohladu-nad-poskytovanim-socialnych-sluzieb/> and assessment of the quality. <https://www.employment.gov.sk/sk/rodina-socialna-pomoc/socialne-sluzby/kvalita-socialnych-sluzbach/>.

Affairs and Family, as well as taking into account the current situation of districts and social service providers in connection with COVID-19.⁹⁷ However, the pandemic caused a decrease in the number of inspections. In 2018, the Ministry executed 22 inspections out of 5 452 providers of social services (0.4 %); in 2019, it executed 37 supervisions out of 5 352 providers (0.69 %),⁹⁸ and in 2020, there were only 13 inspections (for more details, see table 2 in the annex to this report). The lack of inspections was mentioned as problematic by the Ombudsman in her report on control systems in social care facilities for older people. According to her research, there were only seven employees in the Ministry who were responsible for inspection.⁹⁹

Furthermore, with effect from 1 September 2019, the Ministry planned to assess the quality of social services on the basis of the quality of conditions, which are regulated in Annex No. 2 to the Act on Social Services. One such area is respect for fundamental human rights and freedoms. This was supported through implementation of the ESF national Quality of Social Services project.¹⁰⁰ Four pilot assessments were planned for 2019, all of which were postponed to 2020.¹⁰¹ Besides these pilot assessments, six other assessments were planned for 2020 via the national project. The Ministry has started four pilot assessments of social service providers.¹⁰² On the basis of the Pandemic Plan of the Ministry of Labour, Social Affairs and Family, during the declared state of emergency, the Ministry does not monitor the quality standards of social services, but verifies compliance with the specific quality standard criteria and inspects the crisis management plans of social service facilities in accordance with the relevant guidelines from the Ministry.¹⁰³

Access of people with disabilities in hospitals and in residential social care facilities to family or friends

One of the first measures to protect vulnerable groups such as older people and persons with disabilities was the suspension of visits to all hospitals and social service facilities on 7 March 2020.¹⁰⁴ On 7 May, the Public Health Authority published a recommendation for patient visits and priest visits for performing spiritual services to patients in healthcare facilities during the COVID-19 pandemic.¹⁰⁵ With the prior consent of the healthcare facility, several exceptions were possible, including one person accompanying a patient with mental health disorder such as dementia, learning disability or autism (if the absence of such a person would cause the patient anxiety)

⁹⁷ According to answers from the Ministry of Labour, Social Affairs and Family, 16.02.2021.

⁹⁸ Ministry of Labour, Social Affairs and Family, *Report on Social Situation of Inhabitants in Slovak Republic*, <https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-soc-situacii.html>.

⁹⁹ See Ombudsman report on control system in social care facilities for seniors, 2019, available at: https://www.vop.gov.sk/files/Sprava_system_kontroly_zariadeni_pre_seniorov_4.pdf.

¹⁰⁰ See webpage for the national project 'Quality of Social Services', available at: www.kvalitasocialnychsluzieb.gov.sk/.

¹⁰¹ Ministry of Labour, Social Affairs and Family, *Report on Social Situation of Inhabitants in Slovak Republic in 2019*, available at: <https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-socialnej-situacii-obyvatelstva/rok-2019.html>.

¹⁰² According to information from Ministry of Labour, Social Affairs and Family, 15.02.2021.

¹⁰³ According to information from Ministry of Labour, Social Affairs and Family, 16.02.2021.

¹⁰⁴ Public Order of the Public Health Authority on restrictions on visit in health and social care facilities. https://www.uvzsr.sk/docs/info/covid19/Rozhodnutie_zakaz_navstev_nemocnice.pdf.

¹⁰⁵ Public Health Authority Recommendation on patients' visits, 11.05.2020 https://www.uvzsr.sk/docs/info/covid19/Odporucania_hlavneho_hygienika_SR_navsteva_sprived_pacienta_v_ZZ.pdf.

and mental illness, under the condition that the accompanying person is younger than 65 years of age.

In the area of social services, on 22 April 2020, the Parliament approved an amendment to the Act on Social Services, which regulates the provision of social services during an emergency state.¹⁰⁶ It gives the Slovak Government the power to regulate some conditions of social service provision, including the right of the user to personal contact with close family and friends or the community.

Thus, during the first wave of the pandemic, according to the Regulation of the Government on changes in the area of social services in the time of the coronavirus pandemic,¹⁰⁷ direct social contact for a client of residential social services with family members or others close to them could not be secured during the pandemic. Furthermore, the ability to secure a placement for a new client in a residential care home was limited to necessary (life-threatening) cases, on condition that they had proof of a negative test result. Clients who were provided with residential social services on a weekly basis (only during working days) either had to stay in the care home during weekends as well or accept the interruption of their social services provision. Similarly, according to guidance from the Public Health Authority, the possibilities for group activities such as common eating were limited in residential care facilities.

Given the epidemiological situation in Slovakia and the society-wide relaxation of measures, as well as direct requests from recipients of social services, their relatives and the providers, the Ministry of Labour prepared a Plan for the Release (lifting) of Measures in Social Services, which was published on 2 June 2020.¹⁰⁸ Consequently, from 3 June 2020, the Public Health Authority¹⁰⁹ has allowed visits in social care facilities under the following sanitary conditions: only two persons could visit one client (exception only for palliative reasons), healthcare monitoring of visitors. Specific conditions were defined by the Ministry of Labour, Social Affairs and Family via a Plan for the Release of Measures in Social Services, in which four phases were planned.¹¹⁰ From 3 June, social care institutions (only those providing services for people younger than 62 years) could allow visits, and clients could leave the facility for a short period of time etc. From 8 June, the same also applied to facilities with clients above 62 years. Since 15 June, all limitations on the placement of new clients were cancelled and the organisation of collective events was permitted. First, visits were allowed in the outside areas of the facility (later, preferably outside, but also permitted inside from June 8). However, the specific epidemiological situation in each facility and local community should have been taken into account and the final decision on permission for visits was delegated to the service providers.

¹⁰⁶ Amendment to the Social Service Act, 22.04.2020 https://www.slov-lex.sk/static/pdf/2020/89/ZZ_2020_89_20200425.pdf.

¹⁰⁷ Government Regulation No. 116/2020, Government of the Slovak Republic, 07.05.2020: https://www.slov-lex.sk/static/pdf/2020/116/ZZ_2020_116_20200508.pdf.

¹⁰⁸ Plan for the Release of Measures in Social Services, Ministry of Labour, Social Affairs and Family, 02.06.2020 <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/uvzsr/plan-uvolnovania-opatreni-socialnych-sluzbach.pdf>.

¹⁰⁹ Public Order of the Public Health Authority on visits in health and social care facilities, 03.06.2020 https://www.uvzsr.sk/docs/info/covid19/opatrenie_zrusenie_zakazu_navstev_03_06_2020.pdf.

¹¹⁰ Specific guidance for visits in residential social care facilities, Ministry of Labour, Social Affairs and Family, 02.06.2020 https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/uvzsr/navstevy-zss_oss-2.pdf.

Before Christmas, the Ministry introduced new recommendations on visits in residential social services and short-term stays with family during Christmas holidays.¹¹¹ However, the pandemic situation in Slovakia was getting worse, and the largest association of social service providers did not recommend that its members should allow visits in residential care facilities and called for stricter measures.¹¹²

Restrictions of personal liberty

In March 2020, when restrictions on free movement were in place for all citizens in Slovakia, the Ministry of Labour, Social Affairs and Family circulated a recommendation on the restriction of free movement for clients of social care facilities. This recommendation was originally prepared by NGOs and the Commissioner for Persons with Disabilities,¹¹³ as the public authorities did not come up with any rules/guidelines, and social service providers did not know how tough the restrictions in residential care facilities should be. Experts from the NGOs and the commissioner emphasised the importance of fundamental rights and freedoms for recipients of social services in the context of the UN Convention on the Rights of Persons with Disabilities and other binding legislation. They pointed out that a human rights-based approach to the provision of social services also allows for the possibility of restricting certain fundamental rights and freedoms of recipients of social services, namely in the event of a collision of different values: including the value of personal freedom and life or health. The recommendation strongly suggested the temporary incorporation of this measure; that it should be reflected in internal regulations and individual risk plans for clients and that all clients of social services, including their relatives or court-appointed guardians, should be informed about it in a flexible and transparent manner.

In June 2020, the Ministerial Plan for the Release of Measures in Social Services contained guidance to restore the free movement of clients (including walks, visit to healthcare facilities, shopping, etc).¹¹⁴ NGOs prepared easy-to-read information on how to behave and prevent the risk of spreading of the virus.¹¹⁵

At the beginning of July 2020, the Ministry introduced guidance on preparation for the second wave of the pandemic. In the case of a locally worsening epidemiological situation, a provider can accept temporary restrictions in force, such as not allowing visits from a district with an increased incidence of COVID-19, returning to visits only outdoors (with the exception of immobile bedridden clients and clients in the terminal stage of life), introducing so-called contactless visits (without physical contact with the

¹¹¹ Recommendation on Christmas visits in residential social services, Ministry of Labour, Social Affairs and Family, 15.12.2020 https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/covid/usmernenie_vianoce-socialne-sluzby_final_15_12_2020.pdf.

¹¹² Statement of Association of social services providers, 16.12.2020 <https://apssvsr.sk/aktuality/stanovisko-apss-v-sr-k-odporucaniam-ministerstva-prace-socialnych-veci-a-rodiny/>.

¹¹³ Recommendation on movement restrictions https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/covid/navrh_zatvorenie-zariadeni_obmedzenie-osobnej-slobody_fin.pdf.

¹¹⁴ Guidance on free movement of clients in residential care, Ministry of Labour, Social Affairs and Family, June 2020 <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/uvzsr/vychadzky-zo-zss-3.pdf>.

¹¹⁵ Easy read information for clients, June 2020 <https://www.socia.sk/wp-content/uploads/2020/06/Docasne-opustenie-ZSS-easyread.pdf>.

client – hugs, kisses, handshakes), and adjusting the time of visits so that their regularity and length is minimised.¹¹⁶

Finally, as mentioned above, before Christmas, the Ministry introduced a recommendation on visits in residential social services and short-term stays with family during the Christmas holidays.¹¹⁷

Mandatory state quarantine

Mandatory quarantine was ordered on 9 March 2020 for people returning from specific countries.¹¹⁸

A few days later, a new Public Order introduced mandatory quarantine for all persons who, from 16 March 2020, returned from affected states abroad.¹¹⁹ From a disability perspective, with effect from 6 April 2020, the Public Health Authority amended this public order and named a group of exceptions from state quarantine. These included pregnant women, persons with reduced mobility, persons with psychiatric illness, people with mental health problems, severely disabled persons, persons with other severe illnesses and persons over 75 years of age. An exception was also made for persons close to them and accompanying them at the time of crossing the state borders of the Slovak Republic. These people were ordered to isolate in the home environment for 14 days. During the period of home isolation, such isolation was also ordered for people living with them in the common household.¹²⁰ The state mandatory quarantine measure was ended by Public Order on 9 June 2020.¹²¹

During the second wave of the pandemic, which started in Slovakia in late September and October 2020, mandatory state quarantine was not introduced again.¹²²

7.2 Impact of the COVID-19 crisis

As regards the usage of the means of non-physical and physical restraints for recipients of social services, residential care facilities are obliged to notify the Ministry of Labour about each such instance. Such restraints may not be used, except for cases

¹¹⁶ Guidance on preparation for second wave, Ministry of Labour, Social Affairs and Family, 08.07.2020 https://www.mpsvr.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/uvzsr/usmernenie-ii-vlna-080720_fin.pdf.

¹¹⁷ Recommendation on Christmas visits in residential social services, Ministry of Labour, Social Affairs and Family, 15.12.2020 https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/covid/usmernenie_vianoce-socialne-sluzby_final_15_12_2020.pdf.

¹¹⁸ Public Order of the Public Health Authority, 19.03.2020 https://www.uvzsr.sk/docs/info/covid19/Opatrenie_UVZ_SR_karantenne_ucinne_od_19.03.2020.pdf.

¹¹⁹ Public Order of the Public Health Authority on quarantine, 15.03.2020 https://www.uvzsr.sk/docs/info/covid19/Opatrenie_UVZ_SR_o_zakaze_a_obmedzeni_prevadzok_15032020.pdf and amendment https://www.uvzsr.sk/docs/info/covid19/zmena_a_doplnenie_opatrenia_HH_SR_16_03.pdf.

¹²⁰ Public Order of the Public Health Authority on quarantine, 04.04.2021 https://www.uvzsr.sk/docs/info/covid19/Opatrenie_statna_karantena_04042020.pdf.

¹²¹ Public Order of the Public Health Authority, 09.06.2020 https://www.uvzsr.sk/docs/info/covid19/Opatrenie_UVZSR_domaca_izolacia_zrusenie_statnej_karateny_09062020.pdf.

¹²² SME, daily newspaper, based on press conference of the Ministry of Health, 12.02.2021 <https://domov.sme.sk/c/22595989/koronavirus-na-slovensku-novy-rezim-na-hraniciach-zacne-platit-od-stredy.html>.

in which the life or health of the recipient or the health and life of other persons is directly endangered, in which case the means of non-physical or physical restraint of the recipient may be used only for the length of time that is strictly necessary to eliminate the direct threat.

In 2020, there was a significant decrease in the number of notifications received regarding the use of such means in social services: 285 cases, compared with 502 in 2019, and 392 in 2018 (for more details, see table 3 in the annex to this report). It can be assumed that, to some extent, the decrease was caused by changes in living arrangements in institutional settings, where people often had to self-isolate to prevent the spread of the virus (in the case of an occurrence of the virus in the facility or on returning after hospitalisation).

As for the impact of mandatory state quarantine, this was heavily criticised by the Ombudsperson, for instance, who reported suspected violations of fundamental rights.¹²³ On 10 February 2021, she announced a submission to the Constitutional Court of the Slovak Republic in connection with the violation of fundamental rights and freedoms during the pandemic, especially the deprivation of personal liberty in the form of quarantine or isolation, insufficient legal and judicial protection against interference with fundamental rights and freedoms and so-called 'invoices' for state quarantine as well as the problem of vague and overly broad competencies of the Public Health Authority of the Slovak Republic (ÚVZ) and the Ministry of Health of the Slovak Republic during the pandemic.¹²⁴ However, as people with disabilities were exempt from the state quarantine (as mentioned in section 7.1 of this report), this measure did not have an impact on them.

In residential care facilities, there were problems with a lack of personal protective equipment, financial and personal support, etc.¹²⁵ at the beginning of the pandemic. According to our interview with the SocioFórum platform (an umbrella organisation of NGOs active in social affairs), communication with the Ministry of Labour, Social Affairs and Family was very ineffective and insufficient in the first few weeks.¹²⁶ Changes came when the first case of infection in a residential care home was confirmed on 12

¹²³ For more details, see FRA country bulletin for Slovakia, *Coronavirus pandemic in the EU – Fundamental Rights Implications*, June 2020, available at: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-june-1>.

¹²⁴ Ombudsperson Office press release on submission to the Constitutional Court of the Slovak Republic, 10.02.2021, available at: https://www.vop.gov.sk/files/2021_03_TS_VOP_ziada_US_o_posudenie_ustavnosti_niektorych_zasahov_pocas_pandemie.pdf?fbclid=IwAR1yAXS0xcmzx1qNgAIVza4fTQLNfY4a5tAFO0B0_8HeY3LcmpsahwpaPGQ.

¹²⁵ Statement of organisations active in the social services on the necessary measures to prevent the spread of COVID-19, 18.03.2020 <http://www.socioforum.sk/index.php/aktuality/35-aktuality/284-spolocne-stanovisko>.

¹²⁶ Independent platform SocioFórum, interview followed their internal newsletters for members – www.socioforum.sk.

April 2020 in Pezinok.¹²⁷ Providers in the private and NGO sectors were more flexible and quicker to act.¹²⁸

In response to the restrictions on visits to residential care facilities, the Association of Social Services Providers (an umbrella NGO) delivered around 550 tablets to residential care homes to enable their clients to communicate with family and friends. Several private companies donated the tablets to the Association, which then secured their distribution to clients of residential care homes.¹²⁹

In May 2020 (at the end of the first wave), the Public Health Authority stated in its report that, thanks to the restriction of visits and very strict sanitary regulations in residential social services facilities, the virus had been spread only through employees. A favourable epidemiological situation in most social service facilities was confirmed by comprehensive testing of clients and employees.¹³⁰

However, the Commissioner for Persons with Disabilities stated that, according to an EU Agency for Fundamental Rights (FRA) report,¹³¹ the most negative impact on people with disabilities in June stemmed from the inappropriate application of the plan for lifting measures in social services. According to the Ombudsperson, the plan was not implemented properly in many facilities – there were many cases in which visits were not allowed and interactions with relatives outside the facility were restricted. In addition, the new rules had not been published, and people with disabilities and their relatives were not properly informed about changes in measures. Thus, the rights of people with disabilities to maintain contact with people outside the facilities were disproportionately restricted.

¹²⁷ Information from the Public Health Authority, April 13, 2020, available at:

https://www.uvzsr.sk/index.php?option=com_content&view=article&id=4197:informacia-regionalneho-uradu-verejneho-zdravotnictva-v-bratislave-o-epidemiologickom-etreni-v-domove-socialnych-sluieb-a-zariadeni-pre-seniorov-v-pezinku&catid=250:koronavirus-2019-ncov&Itemid=153.

¹²⁸ For example, see: <https://www.nadaciaorange.sk/sk/co-sa-u-nas-deje/fond-pomoci?fbclid=IwAR2XmzJXkIIIi4IRTudspTmRJ7r6Gosb5wxgLY9P5-CjimfTxFLv0JDAaM> or <https://ktopomozeslovensku.sk/o-projekte>.

¹²⁹ Website of the Association of Social Services Providers, 14.05.2020, available at: <https://apssvsr.sk/aktuality/projekt-tablet-zo-srdca-je-tu/>.

¹³⁰ Monthly report of the Public Health Authority, 28.05.2020, available at: https://korona.gov.sk/wp-content/uploads/2020/05/analyza_covid_28052020_final.pdf.

¹³¹ FRA country bulletin for Slovakia, *Coronavirus pandemic in the EU – Fundamental Rights Implications*, June 2020, available at: <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-june-1>.

8 Violence, exploitation or abuse

[Article 16 – Freedom from violence, exploitation and abuse](#)

8.1 Emergency measures

During the pandemic, no new general or disability specific legislation on violence, exploitation or abuse was proposed.

General legislation on non-discrimination was adopted in 2004, with the latest amendment in 2016.¹³² The Criminal Act No. 300/2005 Coll.¹³³ was amended during the pandemic, with two amendments on 1 November 2020¹³⁴ and 1 January 2021.¹³⁵ None of the amendments refers to violence, exploitation or abuse of persons.

In addition, the Ministry of the Interior's national project on 'Improving access to services for crime victims and establishing contact points for victims' was implemented. The project originally started in December 2015 and continued during the pandemic until January 2021.¹³⁶ Its activities are focused on five target groups: victims among older people, victims of violent crimes, victims of hate crimes and extremism, victims of trafficking and victims of youth. It is not a disability-specific project. However, it can be assumed that people with disabilities are not excluded where they also belong to one of these groups.¹³⁷

8.2 Impact of the COVID-19 crisis

Some information on the impact of the pandemic on rates of violence, exploitation or abuse in residential social services facilities and in individual households can be found in the reports of the FRA and the Coordination and Methodological Centre for the Prevention of Violence against Women (KMC) at the Institute for Labour and Family Research (IVPR). The reference period is from March to June 2020.

At first, the violence-oriented research conducted by KMC during the first wave of the pandemic focused on the total population, and on women in particular. The research was not disability specific; however, some risk groups were identified: one third of respondents suffered from a chronic illness, almost 4 % were persons with disabilities, almost 8 % were persons older than 65 years and about 4 % were pregnant. According to this research, almost 70 % of respondents were afraid of increasing inequalities in relation to persons with disabilities, but the causes behind this finding were not analysed further.¹³⁸

¹³² See: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2004/365/20160102.html>

¹³³ See: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2005/300/20210101>.

¹³⁴ See: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/288/20201101.html>.

¹³⁵ See: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/312/20210101.html>.

¹³⁶ See: <https://www.minv.sk/?narodny-projekt-zlepsenie-pristupu-obeti-trestnych-cinov-k-sluzbam-a-vytvorenie-kontaktnych-bodov-pre-obete>.

¹³⁷ Pomoc obetiam. National Project. Ministry of Interior. No. 1. Available at: https://prevenciakriminality.sk/pdf/view/5/%7B%22Domov%22:%7B%22route%22:%22index%22%7D,%22Bro%5Cu017e%5Cu00fary%22:%7B%22route%22:%22menu_article_view%22,%22param%22:%7B%22slug%22:%22brozury%22%7D%7D%7D.

¹³⁸ KURUC, A., VALKOVIČOVÁ, V. and JABLONICKÁ-ZEZULOVÁ, J. (2020). *Prieskum životnej situácie počas pandémie COVID-19*. Bratislava: IVPR. Available at: <https://ivpr.gov.sk/prieskum-zivotnej-situacie-pocas-pandemie-covid-19-andrej-kuruc-veronika-valkovicova-jana-jablonicka-zezulova-2020/>.

Disability-specific data from this research are available on request.¹³⁹ About 9 % of persons with chronic disease and 4.5 % of persons with disabilities experienced some form of violence during the first wave. All respondents with disabilities and almost all (98.5 %) persons with chronic illness were afraid of the worsening social situation in Slovakia.

During the first wave from 30 March 2020 to 14 June 2020, KMC also conducted weekly surveys among facilities providing services for women experiencing violence. There is evidence of increased violence towards women during pandemic, but disability-specific data from these surveys are not available.^{140 141}

With regard to institutional violence, according to an FRA report, the Office of the Commissioner of Persons with Disabilities had limited possibilities for monitoring human rights violations in social services facilities. The Office requested that the facilities provide information on securing the rights of clients; on securing the protection of clients and staff; and on the adjustments which were adopted to implement the guidelines from public health authorities.¹⁴²

¹³⁹ Data were provided by KMC on 01.03.2021.

¹⁴⁰ 'Dáta potvrdili, že násilie na ženách počas koronakrízy výrazne stúplo'. Press Release. KMC. 18.06.2020. Available at: https://ivpr.gov.sk/wp-content/uploads/2020/06/TS_zistovanie_kr%C3%ADzov%C3%A9-ubytovanie_2020_final.pdf.

¹⁴¹ 01.07.2020. Available at: https://ivpr.gov.sk/wp-content/uploads/2020/07/TS_NLZ_jul_2020.pdf.

¹⁴² Centre for Research of Ethnicity and Culture, European Agency for Fundamental Rights, *Coronavirus pandemic in the EU – Fundamental Rights Implications*, 03.06.2020. p. 11.

9 Independent living

Article 19 – Living independently and being included in the community

9.1 Emergency measures

Personal assistance during the pandemic

Due to the quarantine and the curfew measures, in some cases, personal assistants could not provide support to people with disabilities in their households. This issue has been addressed in legislation¹⁴³ in a way that means that personal assistance can be now provided by family members. The maximum amount of time for providing such assistance is 10 hours per day. This option also applies to parents of children with disabilities who normally cannot provide such assistance to their children until they turn 18. The person providing such support shall sign a contract with the person with disability for a limited period of time (beginning at the earliest from 27 March 2020).

Transportation allowance

During the state of emergency, it was possible to provide a lump sum as an individual transportation allowance for people with disabilities without submitting documents to prove the use of individual transport (e.g., taxi). This exception lasted till the end of June 2020.

9.2 Impact of the COVID-19 crisis

Concerning the availability of personal assistance, the NGO representing people with muscular dystrophy (also running the Agency for Personal Assistance) highlighted in March 2020 how coronavirus had negatively affected the provision of personal assistance. In some cases, personal assistants were needed to take care of their family members, and so were not available to provide personal assistance. Therefore, the Agency has arranged 'emergency' assistants, especially for persons living on their own (without family members).¹⁴⁴

Easy-to-read information on COVID-19 was prepared by NGOs and shared publicly on social media.¹⁴⁵

Lots of restrictions were in force concerning the provision of outpatient and outreach social services (for more details, see section 10) and access to shops or public spaces (see section 6.1).

¹⁴³ Act No. 63/2020 on social insurance, 20.03.2020 https://www.slov-lex.sk/static/pdf/2020/63/ZZ_2020_63_20200327.pdf.

¹⁴⁴ Organisation of Muscular Dystrophy, Facebook status, 14.03.2020 https://www.facebook.com/permalink.php?story_fbid=3345166612167100&id=529443277072795.

¹⁴⁵ Easy read comics on coronavirus in Slovak and Hungarian, available at: https://www.socia.sk/wp-content/uploads/2020/03/EasyRead_koronavirus_aktualizovane.pdf; and https://www.socia.sk/wp-content/uploads/2020/04/COVID_19_easyread_final.pdf and https://www.socia.sk/wp-content/uploads/2020/05/COVID-19_EasyRead_HU-1.pdf.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

In Slovakia, 65 % of social services capacity for people with disabilities and older people (people with support needs) consists of residential care facilities (see graph 4 in the annex to this report). From the outbreak of the pandemic, the focus of public authorities was on the situation in residential social services.

However, rehabilitation services are mostly provided as outpatient services, and their users have been affected by the pandemic to a great extent as well. On 24 March 2020, the Public Health Authority ordered the closure of outpatient (daily) social services, mainly for older people and people with disabilities.¹⁴⁶ On 25 March 2020, the Ministry of Labour, Social Affairs and Family issued a recommendation to close all outpatient social services.¹⁴⁷ The Ministry instructed providers to stay in touch with their users (phone, internet, bringing food, shopping, pharmacy, etc.). If there are justified concerns about a client's life or lack of support, providers should refer such cases to the municipality or self-governing region. On 9 April 2020, the Ministry initiated a Government decree to implement measures for economic mobilisation entities to provide protective equipment for these entities – employees of social services.

On 22 April, 6 May and 19 May 2020 the Public Health Authority allowed the reopening of a large number of services and shops, but not outpatient social services,¹⁴⁸ which were closed until the beginning of June. The only exception was the social service rehabilitation centres, which were opened from 12 May 2020.¹⁴⁹ According to the same order, special pedagogical centres were reopened as well. In order to map the impact of the closure of outpatient services on its users, the SocioFórum platform carried out two surveys – one among social service providers and the other among family members of service users. The findings of both surveys suggested that the releasing of conditions could take place during May (ideally in the middle), provided that the strict hygienic requirements; the spatial and personnel circumstances of each outpatient social service provider; and the individual decision of the recipient and his relatives are respected.¹⁵⁰

¹⁴⁶ Public Health Authority Order, 23.03.2020:

https://www.uvzsr.sk/docs/info/covid19/Opatrenie_UVZSR_poskytovanie_socialnych_sluzieb24032_020.pdf.

¹⁴⁷ Recommendation of the Ministry of Labour, Social Affairs and Family, 25.03.2020:

https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/odporucany-postup-pri-uzatvoreni-ambulantnych-zss-final_25.03.20.pdf.

¹⁴⁸ Public Health Authority Order, 22.04.2020:

https://www.uvzsr.sk/docs/info/covid19/22_04_2020_otvorenie_prevadzok_rezimize_opatrenia_H_H_SR.pdf and 06.05.2020

https://www.uvzsr.sk/docs/info/covid19/opatrenie_UVZ_SR_prevadzky_2_faza_05_05_2020.pdf and 19.05.2020

https://www.uvzsr.sk/docs/info/covid19/19_05_2020_navrh_opatrenie_UVZ_SR_prevadzky_3_faza_01.pdf.

¹⁴⁹ Public Health Authority Order, 12.05.2020:

https://www.uvzsr.sk/docs/info/covid19/Opatrenie_UVZSR_vynimka_poradenske_centra_strava_rehabilitacie_12_05_2020_MSIVS.pdf.

¹⁵⁰ Results of the SocioFórum survey of providers, 05.05.2020 <https://www.socia.sk/wp-content/uploads/2020/05/Dotazn%C3%ADk-VYHODNOTENIE-Poskytovatelia.pdf> and with

These findings and suggestions were presented to the Ministry of Labour, Social Affairs and Family. Consequently, the Ministry prepared the Plan for the Release (lifting) of Measures in Social Services, which was then published on its website of on 2 June 2020.¹⁵¹ together with the related measures from the Public Health Authority.¹⁵² From that date, outpatient social services could be reopened.

During the second wave of the pandemic, outpatient and outreach services have had to follow the instructions under the pandemic plan of the Ministry of Labour, Social Affairs and Family that was introduced on 29 September 2020 and updated on 4 February 2021.¹⁵³ Social services are closed not in general, but according to local pandemic situations and the needs of clients.

As a response to the COVID-19 outbreak, certain emergency measures were implemented in conjunction with the Office of Labour, Social Affairs and Family. This office is responsible for a wide social protection agenda, including compensation for severe disability or public employment services. People were asked to communicate with the office via email, by post or phone or electronically (e.g., by filling in online application forms). It was also possible to submit documentation in person, but only at the office reception or another submission point set up at the entrance. Furthermore, if a client did not manage to deliver the necessary documentation for the office to make a decision in his/her case within the specified period, during the crisis situation, the stated obligation shall be considered fulfilled if the documentation is delivered within eight working days after the end of the crisis regime. The office also performed social assessment activities primarily by telephone, and only in justified cases in the presence of the assessed person or in his/her household.¹⁵⁴

10.2 Impact of COVID-19 and/or emergency measures adopted

As yet, there are no disability-specific data on developments in access for people with disabilities to habilitation and rehabilitation during the pandemic in Slovakia. The data on the use of outpatient and outreach social services are regularly published in the summer months in the annual report on the social situation of inhabitants of the Slovak Republic.¹⁵⁵

The pandemic situation also affected the functioning of counselling centres for children with disabilities. Although their operation was not limited in any way, the curfew that

families, 05.05.2020 <https://www.socia.sk/wp-content/uploads/2020/05/DOTAZNIK-vyhodnotenie-RODINY.pdf>.

¹⁵¹ 'Plan for the Release of Measures in Social Services', Ministry of Labour, Social Affairs and Family, 02.06.2020, available at: <https://www.employment.gov.sk/files/slovensky/rodina-socialna-pomoc/socialne-sluzby/uvzsr/plan-uvolnovania-opatreni-socialnych-sluzbach.pdf>.

¹⁵² Public Health Authority Order, 02.06.2020 https://www.uvzsr.sk/docs/info/covid19/final_opatrenie_prevadzky_4_faza_02_06.pdf.

¹⁵³ Pandemic Plan of the Ministry of the Labour, Social Affairs and Family https://www.employment.gov.sk/files/sk/koronavirus-pracovna-socialna-oblast/socialne-sluzby/pandemicky-plan-mpsvr-sr/novelizacia_pandemicky-plan-mpsvr-sr-4-2-2021_podpis.pdf.

¹⁵⁴ Central Office of Labour, Social Affairs and Family, measures to prevent spreading the virus, 09.03.2020 https://www.upsvr.gov.sk/media/medialne-spravy/ustredie-prace-socialnych-veci-a-rodiny-prijima-opatrenia-cielom-ktorych-je-predist-sireniu-virusu.html?page_id=981372&fbclid=IwAR33GiEAC2x9jsbUW50MAt7Gp3idOWSPiao2ifhbJ-YP-I7ivmYvkPwk344.

¹⁵⁵ Yearly reports are available here: <https://www.employment.gov.sk/sk/ministerstvo/vyskum-oblasti-prace-socialnych-veci-institut-socialnej-politiky/spravy-soc-situacii.html>.

came into force from 25 October 2020 did not provide an exemption for accompanying children to these facilities. Therefore, their practical access to the counselling services was limited. This measure restricted the right of children with disabilities to receive health services, social services and quality education. As of 2 November 2020, the situation changed, and accompanying children to counselling centres is now allowed again.¹⁵⁶

¹⁵⁶ According to the FRA country bulletin for Slovakia, *Coronavirus pandemic in the EU – Fundamental Rights Implications*, June 2020; Government Resolution No. 693/2020 on proposal to further extend measures regarding the state of emergency pursuant to Chapter 5 of the Law No. 227/2002 Coll. on State Security in Times of War and State of Emergency declared by the Government Resolution No. 578 of 30.09.2020, 28.10.2020, available at: <https://rokovania.gov.sk/RVL/Resolution/18844/1?fbclid=IwAR3rgHYmuJwgBQV3HGGVIUYHWT AQ2jacEk1GC50S8nDImggxvsG6ErCea7g>.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

In the area of justice, no disability-specific measures were adopted to ensure equal access for people with disabilities to justice during the pandemic. The courts adopted several measures related to the coronavirus outbreak at the beginning of March.¹⁵⁷ The Ministry of Justice published guidance on the activities of notaries and lawyers, saying that their services are not limited at present, but they need to respect general recommendations (prefer contact other than personal contact, avoid gatherings of a large number of persons, disinfect the premises, etc.).¹⁵⁸

On 25 March, the national Parliament approved, under accelerated legislation procedure, a new law on certain emergency measures in relation to the spread of COVID-19, according to which, during the state of emergency, the courts shall hold hearings, major hearings, and public hearings only to the necessary extent. For health protection reasons, the public shall be excluded from the hearings, major hearings and public hearings.¹⁵⁹ Courts conducted proceedings only on custody and imprisonment matters, matters relating to care of minors and proceedings whose deferral would cause irreversible and irreparable damage. Court staff were required to wear face masks and disinfect their hands regularly. It was advised that, as far as possible, videoconferences should be used when interrogating suspects. As of 1 June 2020, all courts returned to their usual (pre-crisis) mode of operation while following epidemiological measures (wearing of face masks, regular hand disinfecting, regular disinfection of premises). All court proceedings were again open to the public. Stricter measures were adopted in October. Recommendations and measures from the Ministry of Justice were always reacting to changes in national legislation and Public Health Authority orders.¹⁶⁰ Finally, on 22 January 2021, the Ministry of Justice issued a Decree on the conduct of hearings, major hearings and public meetings in times of emergency and state of emergency. According to the decree, all acts should be issued (all hearings, major hearings and public meetings) concerning protective treatment (imposition, change of the method, continuation, dismissal), proceedings for the care of children, proceedings for legal capacity, proceedings on the admissibility of detention in a medical facility, proceedings for the appointment of a guardian, etcetera.¹⁶¹

11.2 Impact of COVID-19 crisis

Official data on access for people with disabilities to the courts are not collected in Slovakia. An indicator could be the number of complaints addressed to the

¹⁵⁷ Ministry of Justice of the Slovak Republic, Information published at the website of the Ministry, March 11, 2020:

<https://www.justice.gov.sk/Stranky/aktualitadetail.aspx?announcementID=2655>.

¹⁵⁸ Ministry of Justice of the Slovak Republic. Information published at the website of the Ministry, March 23, 2020: <https://www.justice.gov.sk/Stranky/aktualitadetail.aspx?announcementID=2706>.

¹⁵⁹ Act on emergency measures in relation to the pandemic and in the judiciary, March 25, 2020 https://www.slov-lex.sk/static/pdf/2020/62/ZZ_2020_62_20200327.pdf.

¹⁶⁰ Ministry of Justice of the Slovak Republic, Preventive measure due to COVID-19 in justice, chronologically <http://www.justice.gov.sk/Stranky/Ministerstvo/Opatrenia-COVID-19.aspx>.

¹⁶¹ https://www.slov-lex.sk/static/pdf/2021/24/ZZ_2021_24_20210123.pdf.

Commissioner for Persons with Disabilities in this regard. Unfortunately, the annual report of the Commissioner is not available yet.¹⁶²

¹⁶² Brief information about complaints is published on the website of the Office of the Commissioner for Persons with Disabilities, but it is not possible to abstract complaints concerning access to justice, <https://www.komisarprezdravotnepostihnutych.sk/Agenda/Podnety>.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

First wave

At the outbreak of the pandemic in Slovakia, the schools were closed gradually on a regional and municipality level, starting on 9 March 2020. The Ministry of Education, Science, Research and Sport of the SR closed schools nationwide between 16 and 27 March 2020,¹⁶³ but school closures continued until 1 June 2020.

All the important documentation, decisions and guidelines regarding the organisation of education during the school closures has been published on the website of the Ministry.¹⁶⁴ Moreover, on 25 March, the distance learning website www.ucimenadialku.sk was launched to publish the guidelines and other supporting documents for schools and the public.

In addition, the Research Institute of Child Psychology and Pathopsychology (Výskumný ústav detskej psychológie a patopsychológie – VÚDPaP) published sets of guidelines and study materials for special education teachers and school psychologists to provide help with the education of children and pupils with special educational needs.¹⁶⁵

As of 1 June 2020, preschools and primary schools in both mainstream and special education were allowed to reopen, based on Decision No. 2020/12033:2-A2110.¹⁶⁶ Specifically, except for preschools, only grades 0-5 were opened in mainstream primary schools, and grades 0-9 were opened in primary schools for pupils with disabilities on 1 June 2020.

School opening and attendance was voluntary. The founders of schools (municipalities, self-governing regions, churches, private entities, NGOs), in cooperation with school directors decided whether to open them or not, depending on the personnel, space and hygiene conditions that they were able to secure in the schools. Parents decided whether to send their child to school, considering the pandemic and family situation and needs (e.g. health conditions of the child and other family members in the common household). On 22 June 2020, grades 6-9 of primary schools, secondary schools and school facilities were allowed to reopen with strict

¹⁶³ *Usmernenie Ministerky školstva, vedy, výskumu a športu SR vo veci prerušenia vyučovania v školách a školských zariadeniach.* 12.03.2020. Available at: <https://www.minedu.sk/usmernenie-ministerky-skolstva-vedy-vyskumu-a-sportu-sr-vo-veci-prerusenja-vyučovania-v-skolach-a-skolskych-zariadeniach-z-12-marca-2020/>.

¹⁶⁴ <https://www.minedu.sk/rozhodnutia-a-usmernenia-v-case-covid-19/?page=1>.

¹⁶⁵ *Dokumenty, ktoré vydal VÚDPaP v súvislosti s mimoriadnou situáciou pre šírenie koronavírusu,* VÚDPaP. Available at: <https://vudpap.sk/koronavirus/sars-cov-2-dokumenty/>.

¹⁶⁶ Decision No. 2020/12033:2-A2110. 28.05.2020. Available at: <https://www.minedu.sk/data/att/16446.pdf>.

hygiene measures. Pupils not attending schools in June continued with distance education.^{167 168}

Second wave

Organisation of education during the second wave of the pandemic can be divided into two main periods: from 12 October to 21 December 2020 and from 11 January 2021 onwards. The winter holidays were extended from 21 December 2020 to 11 January 2021.

Furthermore, the decisions of the Ministry of Education followed the governmental decisions on nationwide lockdowns and curfews.

During the second wave of the pandemic, the Ministry closed secondary schools by Decision No. 2020/17294:1-A1810¹⁶⁹ since 12 October 2020. All mainstream and special schools from grade 5 and upwards had to close from 26 October 2020, based on Decision No. 2020/17949:1-A1810.¹⁷⁰

Two Decisions of the Ministry – Nos. 2020/18259:1-A1810¹⁷¹ and 2020/18259:2-A1810¹⁷² - allowed for the reopening of special schools (grades 5 to 10) in November, after the nationwide curfew, which took place from 2 November to 8 November 2020¹⁷³ due to the nationwide testing. Mainstream schools (grades 5 to 9) stayed closed.

Special secondary schools were allowed to reopen from mid-November 2020.

From 11 January 2021, under the new nationwide lockdown and curfew which came into force on 1 January 2021, all schools at all grades, including special schools, remained closed.¹⁷⁴ There was an exception for preschools, special preschools and school clubs for children of key worker parents or those who cannot work from home. During the school closure, distance education continued.

Mainstream preschools, the elementary level of mainstream primary schools (grades 1 to 4), the last year of mainstream secondary schools and all levels of special preschools and schools were allowed to open from 8 February 2021, based on the decision of the municipality, in accordance with the regional and local epidemiological situation.

¹⁶⁷ FRA, Centre for the Research of Ethnicity and Culture, *Coronavirus pandemic in the EU – Fundamental Rights Implications*. 03.06.2020.

¹⁶⁸ FRA, Centre for the Research of Ethnicity and Culture, *Coronavirus pandemic in the EU – Fundamental Rights Implications*, 02.07.2020.

¹⁶⁹ Decision No. 2020/17294:1-A1810. 11.10.2020. Available at: <https://www.minedu.sk/data/att/17745.pdf>.

¹⁷⁰ Decision No. 2020/17949:1-A1810. 23.10.2020. Available at: <https://www.minedu.sk/data/att/17698.pdf>.

¹⁷¹ Decision No. 2020/18259:1-A1810. 02.11.2020. Available at: <https://www.minedu.sk/data/att/17796.pdf>.

¹⁷² Decision No. 2020/18259:2-A1810. 12.11.2020. Available at: <https://www.minedu.sk/data/att/17908.pdf>.

¹⁷³ Uznesenie Vlády SR č. 693. 28.10.2020. Available at: http://ruvzsk.slovanet.sk/wp-content/uploads/2020/10/uznesenie-693_2020.pdf.

¹⁷⁴ Decision No. 2021/9418:2-A1810. 08.01.2021. Available at: <https://ucimenadiaku.sk/usmernenia/otvorenie-skolskeho-roka-2020-2021/18419.pdf>.

All other pupils, including pupils and students with disabilities attending grades 5 to 9 of mainstream primary schools and grades 1 to 3 at mainstream secondary schools, are continuing with distance education. On the other hand, counselling centres are allowed to open again, offering only individual activities under strict hygiene measures.

From the perspective of organisation and support, during the second wave, distance education for pupils with disabilities was managed at the Government level by the Ministry of Education and its institutions.¹⁷⁵

They provided schools with guidelines and recommendations to tackle the impact of distance education on pupils with disabilities.

Specifically, some recommendations for schools on education of pupils with disabilities were published by the Ministry at the beginning of the school year 2020/2021. The Ministry emphasises the various specific needs of pupils with disability, therefore it first of all recommends taking into account an individual approach during distance education. Secondly, cooperation between teachers, teaching assistants, special education teachers, school psychologists and counselling centres is highly recommended. Thirdly, establishing forms of communication (not only online but also offline forms) and amount of contact time between teachers, professional school staff, parents and the pupil with disability is emphasised. Moreover, it is important to know about the pupil's access to technical equipment which enables online education, and to adjust the form of homework assignment to meet the technical conditions of the household.

The Ministry also recommends repetition over teaching new content.

A specific approach to distance education for pupils with disabilities from a socially disadvantaged background, and cooperation with field social workers, is highly recommended.

Overall, it is important to give pupils a positive motivation and to prefer evaluation of learning outcomes in words rather than by numbers.

The Ministry also gives recommendations for the education of pupils with specific disabilities. If a pupil with autism is not able to learn in an environment other than he/she is used to, it is important to stay in contact with his/her family and to find other ways of engagement with other activities.¹⁷⁶

The National Institute for Education (ŠPÚ) published the methodological guidelines on the content and organisation of education at primary school level in both mainstream

¹⁷⁵ The schools followed their recommendations and guidelines on organisation of distance education. In autumn 2020, they were implemented at the school level. As an example, see: *Crisis Plan for Distance Education. School Education Programme*. ZŠ Medzilaborecká 11. 2020/2021. p. 45. Available at: <http://zsmedzilaba.eu/skolsky-vzdelavaci-program-2019-2020/>. *Distance Education Rules*. ZŠ Nevädzova 2. Available at: <http://www.zsnevadzova.sk/sk/distancne-vzdelavanie/pravidla-pre-distancne-vzdelavanie.alej?ind=>.

¹⁷⁶ *Odporúčania k dištančnému vzdelávaniu žiakov so zdravotným znevýhodnením k začiatku školského roka 2020/2021*. Available at: <https://www.minedu.sk/data/att/17182.pdf>.

and special streams, for both periods of autumn – winter school closure, starting on 26 October 2020 and 11 January 2021.^{177 178}

From the disability perspective, the guidelines emphasise the role of special education teachers and teaching assistants in the distance education of pupils with disabilities. In addition, in reaction to the research findings from the first wave (see part 12.2. for details), guidelines for the education of pupils without internet access are included; however, they are not disability specific.

12.2 Impact of the COVID-19 crisis

As a consequence of emergency measures, face-to-face support programmes for children with disabilities in counselling centres were interrupted with the school closures in March 2020. During the first wave of the pandemic, they were reopened again on 13 May 2020 under strict hygiene measures.¹⁷⁹

During the closures, educational support for teachers, school professional staff and pupils and their parents was provided online through various initiatives and activities, such as the activities of VUDPaP and of the Platform of Families with Children with Disabilities (the Platform). They organised webinars and shared ideas with parents, focusing on activities to help children's development in the home environment.

Despite these initiatives and efforts, due to pre-existing social and economic conditions in families and health conditions, 52 000 pupils (7.5 %) were left without any form of education (online or offline), according to the Institute of Educational Policy.

Approximately 3 100 pupils with disabilities in special primary schools (18.1 %) did not join any form of distance education. Opportunities to connect to distance education varied by type of disability. Among pupils with autism, 4.4 % did not connect to distance education, while 21.2 % of pupils with intellectual disability were left out.

Data on multiple disadvantages, i.e., how many of them were also children from socially disadvantaged background, have not been available.

The proportion of pupils with disabilities in special primary schools not connected to online education due to the lack of internet access or computer skills was even higher (11 000, 63.6 %). The rate was highest (73.1 %) among pupils with intellectual disabilities. Furthermore, almost 32 % of pupils with autism were left without access to online education. It is assumed that many of these pupils were educated through offline distance education. They received homework in paper form at their homes and were contacted by teachers individually, e. g. by phone. Only offline methods were used by 53.1 % of teachers from special primary schools. About one fifth of teachers perceived

¹⁷⁷ *Methodological guidelines*. ŠPÚ. 26.10.2020. Available at: https://www.ucimenadialku.sk/usmernenia/otvorenie-skolskeho-roka-2020-2021/Metodicke_usmernenie_ZS_SZS_26-10-2020_NEW.pdf.

¹⁷⁸ *Methodological guidelines*. ŠPÚ. 11.01.2021. Available at: <https://ucimenadialku.sk/usmernenia/otvorenie-skolskeho-roka-2020-2021/metodick%C3%A9%20usmernenie%20pre%20ZS%202021.pdf>.

¹⁷⁹ See: https://vudpap.sk/wp-content/uploads/2020/05/Smernica_vzor.pdf.

the need to improve their skills in the distance education of pupils with special educational needs.¹⁸⁰

The pandemic has also led to the acceleration in digitalisation of educational content for pupils with disabilities. The Centre for Science and Technical Information of the Slovak Republic helped the Matej Hrebenda Slovak Library for the Visually Impaired in Levoča to digitise class books, workbooks and other subject-related literature. This activity was very much welcomed by pupils, their parents, teachers and teaching assistants. It has enabled pupils to be more independent from their families and school professionals in their studies.¹⁸¹

In order to accelerate the reopening of schools in the second wave of the pandemic, teachers up to 55 years of age who are going to provide in-class education have been vaccinated as a priority group.¹⁸² For more information on vaccination, see section 4.6.

¹⁸⁰ OSTERTÁGOVÁ, A. – ČOKYNA, J. (2020). 'Hlavné zistenia z dotazníkového prieskumu v základných a stredných školách o priebehu dištančnej výučby v školskom roku 2019/2020'. Komentár 2/2020. [Main survey outcomes at primary and secondary schools on the process of distance education in the school year 2019/2020. Commentary 2/2020]. Inštitút vzdelávacej politiky. Available at: <https://www.minedu.sk/data/att/17338.pdf>.

¹⁸¹ Učebnice či pracovné zošity. Digitalizácia pomohla sprístupniť jedinečný obsah. MŠVVaŠ SR. 09.02.2021. Available at: <https://www.minedu.sk/ucebnice-ci-pracovne-zosity-digitalizacia-pomohla-sprístupnit-jedinecny-obsah/>.

¹⁸² 'Cez víkend je pre učiteľov pripravených 21-tisíc vakcín. Ministri predstavili, kto sa môže očkovať a kde', Denník N. 11.02.2021. Available at: <https://dennikn.sk/2267059/cez-vikend-je-pre-ucitelov-pripravenych-21-tisic-vakcin-ministri-predstavili-kto-sa-moze-ockovat-a-kde/?ref=mpm>.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

Several measures seem especially relevant from a disability perspective in terms of job loss prevention. These are: working from home during COVID-19, First Aid subsidies to sustain workplaces, support for people who have lost their part-time jobs under an agreement on job performance.

With regard to working from home, on 2 April 2020, an amendment to the Labour Code¹⁸³ was approved by the Parliament, which states that, during the time in which measures to prevent the spread of the virus are in force, the employer is allowed to impose working from home, provided that the work tasks can be performed remotely, and an employee has a right to work from home, provided that the work tasks can be performed remotely and that the employer does not face serious obstacles in enabling the employee to work from home. However, the Central Office of Labour, Social Affairs and Family (COLSaF) which is responsible for subsidy payments to sheltered workshops and sheltered workplaces, came up with a guideline,¹⁸⁴ according to which people with disabilities working in sheltered workshops/workplaces cannot in fact work from home. In particular, COLSaF stated that from a legal point of view,¹⁸⁵ each sheltered workplace has to be approved as suitable for persons with disabilities by the Public Health Authority. Therefore, once an employee begins working remotely from another place (home), the sheltered workshop/workplace should lose their status as such for the period when employees are working from home, and consequently, it would lose the subsidies available to sheltered workshops/workplaces (although it might still be eligible for subsidies under the First Aid Scheme, as explained in the following paragraph).

It is to be noted that in 2019, slightly more than 10 000 people with disabilities were working in sheltered workshops/workplaces in Slovakia,¹⁸⁶ which is ca. 10 % of all 105 102 employed disability pension recipients.¹⁸⁷ Therefore, on 15 May 2020, the

¹⁸³ Zákon č. 66/2020 Z.z., ktorým sa dopĺňa zákon č. 311/2001 Z. z. Zákonník práce v znení neskorších predpisov a ktorým sa dopĺňajú niektoré zákony. Available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2020/66/>.

¹⁸⁴ Informácia pre zriaďovateľov - CHD a CHP a integračných podnikov o preplácaní nákladov na prevádzku CHD/CHP/integračných sociálnych podnikov a nákladov na pracovných asistentov v prípade uzatvorenia prevádzok na základe rozhodnutia hlavného hygienika [Information for sheltered workshops, sheltered workplaces, work integrative social enterprises on payments of the subsidies to cover their operating costs, and the work assistant subsidies in case of closure based on the decision of the chief hygienist]. 13.5.2020. Available at: https://www.upsvr.gov.sk/sluzby-zamestnanosti/aktuality/informacia-pre-zriadovatelov-chd-a-chp-a-integracne-podniky.html?page_id=1002258.

¹⁸⁵ Act No. 5/2004 Col. L. as amended, § 55. Available at: <https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/2004/5/>.

¹⁸⁶ Správa o sociálnej situácii obyvateľstva Slovenskej republiky za rok 2019 [Report on the Social Situation of Population in the Slovak Republic for year 2019]. Ministry of Labour, Social Affairs and Family of the Slovak Republic, 2020. Available at: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/2020/sprava_o_soc_situacii_obyvateľstva_sr_2019.pdf.

¹⁸⁷ The number of employed disability pension recipients refers to December 2019 and was provided on request by the Social Insurance Agency.

DPOs sent a letter to the Minister of Labour and the director of COLSaF¹⁸⁸ in which they pointed to the fact that the guideline issued by COLSaF restricts the right of employees to work from home, as set out in the amendment to the Labour Code. In fact, people with disabilities employed at sheltered workshops/workplaces could work only at their regular workplace, although the Public Health Authority had called for working remotely whenever possible, or else they might stay at home, but not work (even if they could). This might have negative consequences on their wellbeing and potential opportunities to return to work after the pandemic, especially if the employer has to limit their business activities due to this restriction on remote work. The DPOs did not succeed in their efforts until February 2021, when an amendment to the Labour Code was approved, based on a legislative initiative by a Member of Parliament. The amendment states that during the pandemic, working from home by a person with disabilities who is employed at a sheltered workshop/workplace is considered as working from a sheltered workshop/workplace.¹⁸⁹ The amendment will enter into force on 1 March 2021.

Concerning compensation to employers and self-employed persons for the restrictions on their business activities during the pandemic, with the aim of sustaining as many workplaces as possible, the Government has adopted the First Aid Scheme,¹⁹⁰ which has been co-financed by the European Social Fund. As mentioned in the previous paragraph, for sheltered workshops/workplaces and social enterprises, the question was under what conditions they would be eligible for support from this scheme, or from the standard scheme for sheltered workshops/workplaces.¹⁹¹ COLSaF therefore issued a guideline¹⁹² in which it set out that social enterprises are, in principle, eligible for subsidies under the First Aid Scheme. It is up to them to decide which of the two schemes they need to use. In some circumstances, combined support from both schemes can be provided to them, e. g. the allowance to cover operating expenses of a sheltered workshop/workplace under the standard scheme and a wage subsidy for work assistants (instead of the standard allowance for a work assistant) under the First Aid Scheme. The only condition is that they cannot claim for compensation of the same

¹⁸⁸ Based on the information by a representative of Slovak Disability Council via e-mail on 28.01.2021, for the purpose of this report.

¹⁸⁹ The amendment to the Labour Code is available at:

<https://www.nrsr.sk/web/Dynamic/DocumentPreview.aspx?DocID=490926>.

¹⁹⁰ For more details on the scheme see e. g.: Buchel, O., Domonkos, S., Fašungová, L., Hábel, B., Hlaváč, M., Komadel, J., Veselková, M., *'First Aid' for Slovakia: Updated report on the economic policy response to the COVID-19 pandemic*, Social Policy Institute, July 2020. Available at: https://www.employment.gov.sk/files/slovensky/ministerstvo/analyticke-centrum/analyticke-komentare/spi_first_aid_sr_aug2020_final.pdf.

¹⁹¹ I.e., the allowances under Act No. 5/2004 Col. L. on Employment Services as amended, namely:
The allowance to set up a sheltered workshop or a sheltered workplace;
The allowance to maintain employees with disabilities at work;
The self-employment allowance for a person with disabilities;
The allowance to cover expenses for work assistant;
The allowance to partially cover the operating expenses of sheltered workshop and sheltered workplace.

¹⁹² 'Informácia pre zriaďovateľov - CHD a CHP a integračných podnikov o preplácaní nákladov na prevádzku CHD/CHP/integračných sociálnych podnikov a nákladov na pracovných asistentov v prípade uzatvorenia prevádzok na základe rozhodnutia hlavného hygienika' [Information for sheltered workshops, sheltered workplaces, work integrative social enterprises on payments of the subsidies to cover their operating costs, and the work assistant subsidies in case of closure based on the decision of the chief hygienist]. 13.5.2020. Available at: https://www.upsvr.gov.sk/sluzby-zamestnanosti/aktuality/informacia-pre-zriadovatelov-chd-a-chp-a-integracne-podniky.html?page_id=1002258.

costs, especially wage subsidies, under both schemes. Concerning the subsidies for work assistants who provide assistance to persons with disabilities at the workplace, the standard scheme for sheltered workshops/workplaces does not allow for covering such costs for the time when the assistance was not provided, based on Commission Regulation (EU) No. 651/2014 of 17 June 2014,¹⁹³ which sets out that the eligible costs shall be the costs solely for time spent on the assistance of the disadvantaged workers. Therefore, these costs can be claimed only under the First Aid Scheme.

Finally, the pandemic might have significantly affected labour market participation by those people with disabilities who have part-time jobs under agreement on job performance. These jobs may, for example, include cleaning, cooking, gardening – tasks that cannot be performed from home. Therefore, the Government has adopted specific measures within the First Aid scheme to support the income of those people who lost their jobs under agreement on job performance, namely the SOS subsidy during the extraordinary situation caused by the coronavirus pandemic. Originally, the recipients of a disability pension were not eligible for this subsidy, but from October 2020 they can make a claim unless their monthly pension exceeds EUR 300 (for more details, see section 5.1 of this report).

13.2 Impact of the COVID-19 crisis

As yet, the Labour Force Survey data on the employment rate for people with disabilities in 2020 have not been made available. Therefore, it is difficult to assess whether people with disabilities have been disproportionately impacted by the COVID-19 pandemic in comparison with non-disabled citizens in terms of job loss.

However, despite not being able to compare different effects of the pandemic on disabled and non-disabled people, the administrative data of the Social Insurance Agency on disability pension recipients who are employed¹⁹⁴ indicate that, compared with previous years, in 2020, labour market participation of people with disabilities has worsened. Whereas from 2017 to 2019, the number of disability pension recipients employed increased from 96 938 through 101 931 to 105 102, in June 2020 it fell to 100 796, and in December 2020 it reached 101 752 (i.e., even below the level of December 2018). The year-on-year decrease between December 2019 and December 2020 was 3.19 percentage points. Furthermore, these data indicate that, while for persons employed under standard labour contracts, the year-on-year decrease was 2 percentage points (from 77 861 in December 2019 to 76 542 people in December 2020), and also 2 percentage points for the self-employed (from 7 843 to 7 713 people), it was much more significant for people working under the agreement on job performance, falling by 11 percentage points (from 12 873 to 11 479 people).

¹⁹³ Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0651&from=EN>.

¹⁹⁴ Data provided on request.

14 Good practices and recommendations

14.1 Examples of good practice

First, the Government has clearly made a lot of efforts to protect people living in institutions from the spread of coronavirus, including regular testing since November, vaccination of service users and staff directly in residential care facilities, and distribution of portable oxygen concentrators to prevent hospitalisation of COVID-positive clients (for more details, see section 4 of this report).

Secondly, the Government has adopted a measure to sustain access for people with disabilities to personal assistance by allowing family members of a person with disabilities to provide him/her with personal assistance (for more details, see section 9.1 of this report).

Thirdly, the pandemic has led to acceleration in digitalisation of educational content for pupils with disabilities, i.e., most workbooks and other subject-related literature is now accessible in e-formats and available online (for more details, see section 12.2 of this report).

14.2 Recommendations

Several recommendations can be made based on the evidence in this report:

- In the area of personal liberty, it is important to ensure that the restrictions of social contacts of people living in institutions are proportionate, i.e., they do not last longer than is necessary, and that these people and their next of kin are informed in a comprehensive way about the lifting of restrictions (for more details, see section 7.2 of this report). To support the implementation of this recommendation, it also seems useful to perform specific monitoring of proportionality and awareness of the rules regulating social contacts in residential care facilities.
- In the area of independent living, it is necessary to prioritise face-to-face access for people with disabilities to outpatient social services, as soon as possible, with regard to the epidemiologic situation, in order to support their well-being, prevent social isolation, and help family members/caregivers in meeting the support needs of their relatives with disabilities (for more details, see section 10 of this report).
- In the area of education, based on the findings of the Institute of Educational Policy, it is necessary to address the disproportionately worse access for pupils with disabilities to distance education, and in particular to online education, through investments in ICT equipment, as well as in the skills of teachers and pupils in using this equipment (for more details, see section 12.2 of this report). We find the distance education of pupils with disabilities to be of the same importance as in-class education. The special education teachers and teaching assistants should give support and assistance to teachers and parents with adjustments of educational activities and learning materials. In cooperation with counselling centres, they should ensure that the assistive technologies and compensatory aids are accessible for and available to pupils with disabilities.
- In the employment area, it will be important for the sustainability of workplaces for people with disabilities and the creation of new ones to retain the possibility of

working from home without suspending the subsidies for these workplaces (for more details, see section 13.1 of this report).

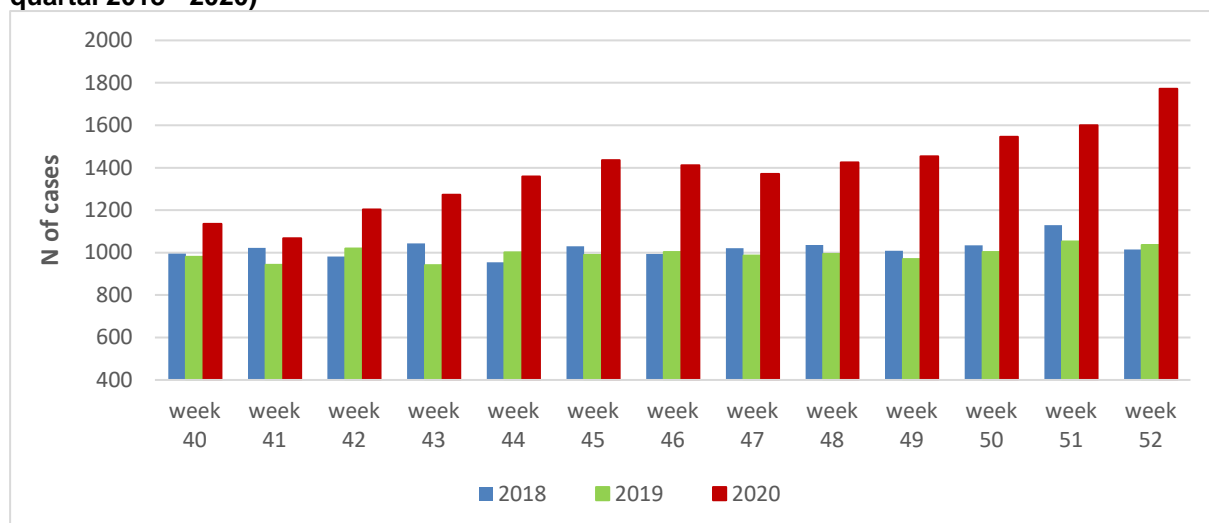
- Overall, it seems especially important that the public administration enables the involvement of people with disabilities and strengthens co-operation with their organisations in discussing priority areas.
- Finally, improvements in data collection and data availability are needed to ensure that recovery planning is evidence-based, specifically in relation to people with disabilities.

14.3 Other relevant evidence

Not applicable.

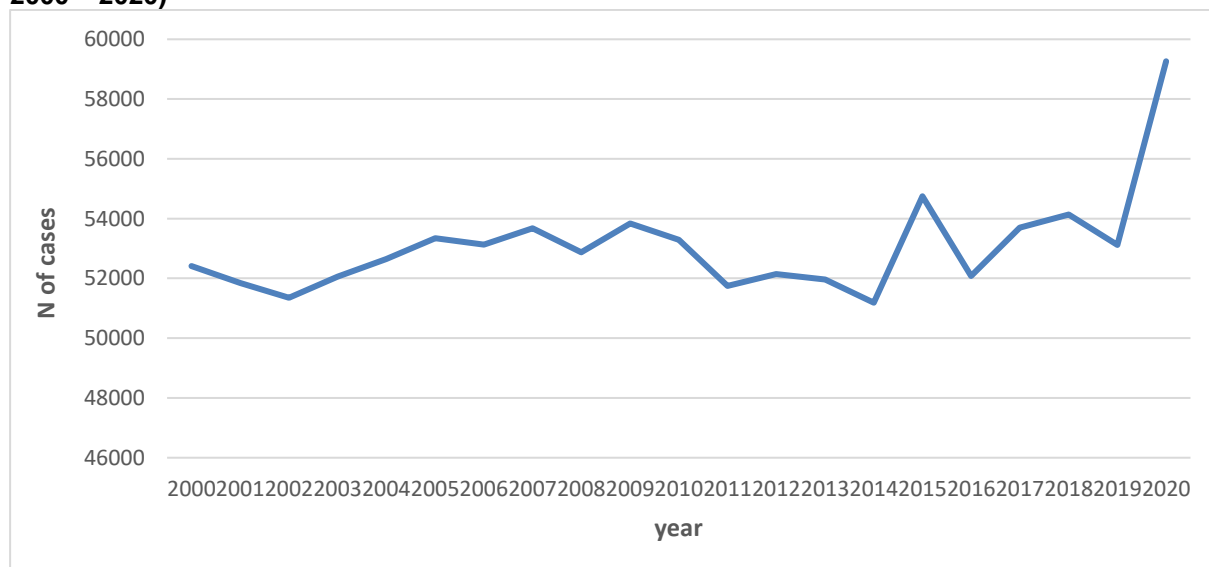
Annexes

Graph 1: Mortality comparison in the Slovak Republic - total population (weekly frequencies, 4th quartal 2018 - 2020)



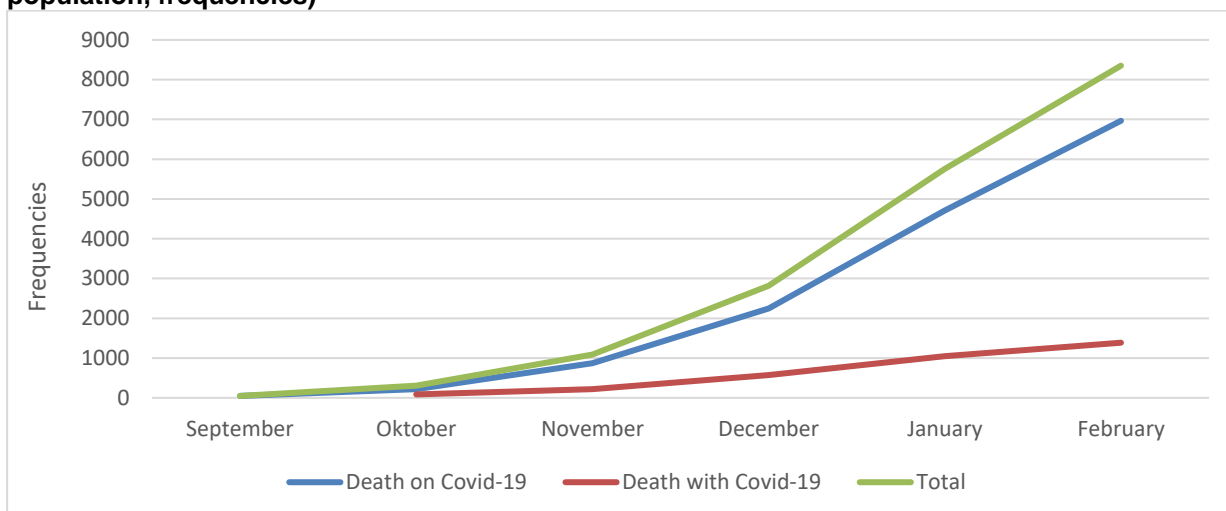
Source: Open data. Statistical Office of the SR. (weeks 40-52, 2018-2020)

Graph 2: Mortality trends in the Slovak Republic – total population (frequencies, annual data 2000 – 2020)



Source: Open data. Statistical Office of the SR. (2000 – 2020)

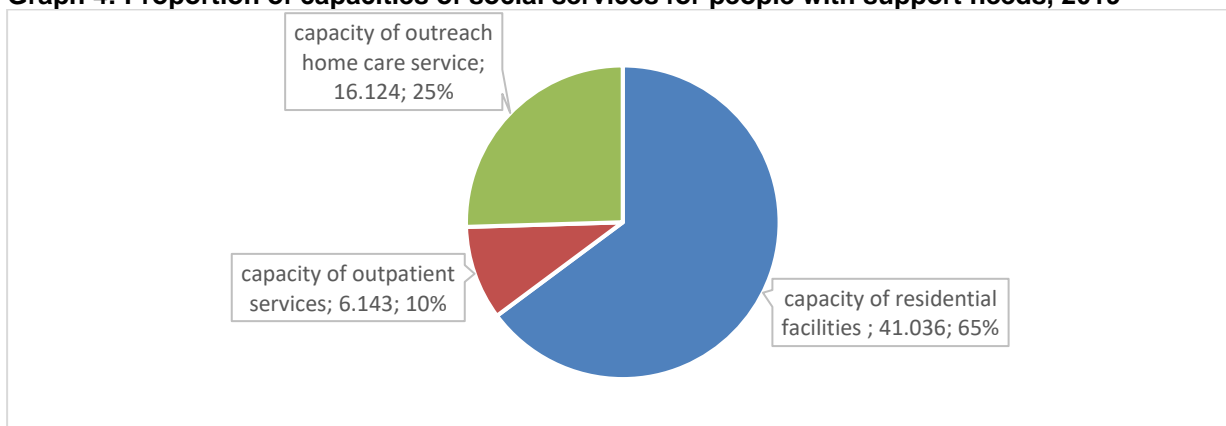
Graph 3: Mortality in connection to COVID-19 during the second wave till 25 February 2021 (total population, frequencies)



Source: Healthcare Supervisory Authority (UDZS), 2021

Processed by: Institute of Health Analyses (IZA) and Institute for Labour and Family Research (IVPR)

Graph 4: Proportion of capacities of social services for people with support needs, 2019



Source: Statistics of the Ministry of Labour, Social Affairs and Family, Report ŠÚ SR Soc 1-01, Reports MPSVR SR 7-01, 10-01 a 11-01

Table 1: Clients of residential social services who died from COVID-19 by age categories

Age	Frequencies	%
25 - 64	10	5,0
65 - 74	29	14,4
75 - 84	71	35,1
85 - 94	82	40,6
95+	10	5,0
Total	202	100

Source: Healthcare Supervisory Authority (UDZS), 2021

Processed by: Institute of Health Analyses (IZA) and Institute for Labour and Family Research (IVPR)

Table 2: Inspections in residential care facilities in years 2017-2020

	2017	2018	2019	2020
Total number of executed and completed inspections	16	22	37	13

Source: Ministry of Labour, Social Affairs and Family, data 2017 – 2019 according to Report on Social Situation of Inhabitants in the Slovak Republic, data 2020 on request from the ministry

Table 3: An overview of the number of notifications of use of means of restriction received

	2013	2014	2015	2016	2017	2018	2019	2020
Total	305	320	336	265	316	392	502	285
Physical	216	256	238	129	147	132	143	84
Non-physical	89	64	98	136	169	260	359	201

Source: Ministry of Labour, Social Affairs and Family, data 2013 – 2019 according to Report on Social Situation of Inhabitants in the Slovak Republic, data 2020 on request from the ministry

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