

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

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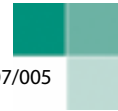
### Background:

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

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

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

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.



## Summary of changes since 2008

### Housing and homelessness

There is very strong link between homelessness and disability. More than 40% of the homeless are disabled in different degrees (majority in a medium degree). Many homeless people are chronically ill and require long-term medical and nursing care. Additionally, the average time of remaining homeless exceeds 7 years, and long-term homelessness is one of the factors which usually excludes people from access to social welfare homes. Disability is also considered to be one of the barriers in moving from hostels to supported apartments. <sup>1</sup>

According to the Ministry of Labour and Social Policy, in the programmes aimed at supporting homeless people, actions undertaken will be targeted to specific social groups, among them people with disabilities.

### New strategies and actions for the inclusion of disabled people

In December 2008, the Council of Ministers approved the [National Strategy on Social Protection and Social Inclusion 2008-2010](#). It includes thematic plans related to three components: the National Action Plan for Social Inclusion, National Pension Strategy and National Strategy for Healthcare and Long-term Care. As people with disabilities are amongst groups of people at risk of social exclusion they are directly or indirectly included in a large number of the activities combating social exclusion. Additionally, Priority 2 of the National Action Plan for Social Inclusion – ‘integration through activation’ - includes actions dedicated only to people with disabilities, entitled ‘Implementation of integration schemes for people with disability’ (Measure 2.4.3). The measures undertaken will be focused on labor market participation among inactive persons with disability, who face problems with finding jobs. Actions are planned to improve coordination between the vocational education and training service and social service. Among other measures, a legal framework facilitating the employment of people with disabilities is being planned (including: simplification of procedures and employer support methods, better coordination of activities of various public entities for disabled persons). It is also planned to create legal possibilities for preventing discrimination of disabled persons in the labor market, changes in the service system and new individual rehabilitation schemes covering versatile support will be introduced.

### New changes in incomes, benefits and pensions

In 2009 there have been some changes in the amount of some benefits and pensions. On 1<sup>st</sup> March of 2009 the indexation of pensions from the Social Insurance Fund was completed (the indexation rate amounted 106,1%). From November 2009 family benefits are going to be increased as well. However, the income criteria will not change and the changes are rather small, therefore their impact on the situation of people with disabilities will be limited.

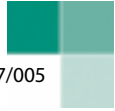
### New changes in long-term care and support

There have not been any important changes in long-term care and support in the last year.

### Implications of the economic crisis

The economic crisis has had an impact on Poland; however, comparatively Poland has not been affected by the crisis as much as other European countries.

<sup>1</sup> Data from social and demographic research from 2001, 2003, 2005 and 2007 – Pomeranian Forum for Coming Out of Homelessness



Nevertheless, the unavoidable cuts in the State budget are affecting the social policy sector and the budget of the Ministry of Labour and Social Policy has been significantly depleted. Due to the budget cuts, the income criteria for entitlement to social welfare benefits and family benefits, as well as the amounts of some financial services have not been changed.

Moreover, in 2009 the grant for the State Fund for Rehabilitation of Disabled Persons is PLN99 million less than intended (-13%).

## **PART ONE: SOCIAL INCLUSION PLANS (GENERAL)**

### **1.1 Published plans for social inclusion and protection**

In Poland special emphasis has been placed on the integration of people with disabilities, to be achieved mainly through access to the labour market, developing the social economy and reinforcing links between the guaranteed minimum income and employment activation instruments. The Polish National Reform Programme, approved by the Polish Council of Ministers in December 2005, defines three priority areas – macroeconomic policy, microeconomic policy and the labour market. The section on macroeconomic policy mentions four activities related to social protection that are necessary to improve public finances, of which activity 1.3, reform of the disability pension system, is particularly closely connected to people with disabilities. The National Reform Programme also defines two priorities in the area of labour market policy, the first of which is the creation and retention of new jobs and reducing unemployment. Activities within this priority include the professional activation of people with disabilities (for more information, see MLSP 2006, pp. 10-11).

As people with disabilities are amongst groups of people at risk of social exclusion, they are directly or indirectly included in large number of activities combating social exclusion. However, there are also measures targeting this group separately.

The National Action Plan on Social Protection and Social Inclusion 2006-2008 (MLSP 2006) defined three priorities: Priority 1: Support for families with children (see pp. 28-37 of the Plan); Priority 2: Inclusion by activation (see pp.37-45); and Priority 3: Mobilisation and partnership (see pp. 45-49). Actions focusing on family and children (Priority 1) include a new programme entitled “Family support programme before and after childbirth”, with the National Disabled Children Support Programme as an important part of this. The National Disabled Children Support Programme was planned as a continuation of the pilot governmental programme entitled “Early, multispecialised, complex, co-ordinated, and permanent aid to children threatened with disability, or disabled children, and their families” implemented in 2005-2007 by the Ministry of Health, Ministry of National Education and Ministry of Labour and Social Policy (see p. 28). Priority 1 also included actions focused on the development of care services (see p. 31). In the scope of this objective, the Ministry of Health planned to prepare by 2007 a bill on nursing care insurance and the integration of the social assistance and healthcare systems to improve the care system for older, sick and disabled family members. The next priority - inclusion by employment activation - includes actions targeting people with disabilities only in a section entitled “Activation and inclusion of the disabled” (pp. 38-39). Initiatives aimed to develop the social economy are also supported within this priority (p. 41).

According to the review of implementation of the National Action Plan for Social Inclusion for 2006-2008, the fact that the NAP/Inclusion takes a short-term perspective makes it impossible to assess the Plan as a whole because some of the activities have only recently begun to be implemented and some long-term measures are still at planning stage (MLSP, December 2008). The bill on nursing care insurance and integration of the social assistance and healthcare systems to improve the care system for older, sick and disabled family members is still not in force. Moreover, it is not evident how the government is going to continue this task and when and how such regulation will be implemented. On the other hand, the years 2007-2009 have brought significant changes in legislation on the employment activation of people with disabilities (see below).

In December 2008, the Council of Ministers approved the National Strategy on Social Protection and Social Inclusion 2008-2010 (MLSP, December 2008).

It includes thematic plans for three areas: the National Action Plan for Social Inclusion, the National Pension Strategy, and the National Strategy for Healthcare and Long-term Care. As people with disabilities are amongst groups of people at risk of social exclusion, they are directly or indirectly included in a large number of the activities combating social exclusion. Additionally, Priority 2 of the National Action Plan for Social Inclusion – “integration through activation” - includes actions dedicated only to people with disabilities under the heading “Implementation of integration schemes for people with disability” (measure 2.4.3). The measures undertaken will focus on labour market participation among inactive persons with disabilities, who face problems finding jobs. Actions are planned to improve coordination between vocational education and training services and social services. Among other measures, a legal framework facilitating the employment of people with disabilities is being planned (including the simplification of procedures and methods to support employers and better coordination of the activities targeting disabled people of various public bodies). Legislation is also planned preventing discrimination against disabled persons in the labour market and introducing changes to the social service system. New individual rehabilitation schemes providing flexible support will be introduced.

## 1.2 Major actions (policy or practical examples)

- In 2004 Poland transposed the provisions of the EU Employment Directive into national legislation.

Since 2004 new rules concerning subsidised employment have been in force and hence the new concept of “funds following the person”. An employer employing persons with disabilities is now entitled to a monthly subsidy from the State Fund for Rehabilitation to finance their salaries (an open market employer is entitled to smaller amounts than a sheltered market employer). Previous rules referred only to employers managing a sheltered workplace.

Since 2005 a few amendments to the legislation on promoting employment have strengthened access to ALMP measures for people with disabilities. Changes to the Act on the Promotion of Employment and the Act on Rehabilitation allow people with disabilities registered in county labour offices as job-seekers to use some instruments and labour market programmes which were previously restricted to people with disabilities registered as unemployed. These were important changes because previous rules made labour market programmes and instruments inaccessible to people with disabilities who have the right to disability pensions and/or benefits as they cannot register as unemployed.

Services to support employment have started to develop (due to efforts by NGOs). In 2007, the State Fund for the Rehabilitation of Disabled Persons launched a new targeted pilot programme called “Job Coach” aimed at developing a model for supported employment in Poland. Currently, 30 NGOs and self-government all over Poland are participating in this project.

Changes in legislation on social employment introduced in 2007 entitled people with disabilities to participate in activities provided by Social Integration Centres.
- Amendments to the Act on Rehabilitation introduced in 2007 allow employers employing people with disabilities to claim higher reimbursement of expenses for training people with disabilities, as well as changing the regulations on self-employment for people with disabilities.
- The pilot governmental programme called “Early, multispecialised, complex, coordinated, and permanent aid to children threatened with disability, or disabled children, and their families” (2005-2007) has been continued since 2008 in the framework of a targeted programme implemented by the State Fund for the Rehabilitation of Disabled Persons.

- Since January 2009, some other significant changes have been introduced with respect to the professional inclusion of people with disabilities: the monthly subsidy to finance salaries of employees with disabilities and subsidies for social insurance contributions were replaced by just one instrument – a subsidy to finance salaries by up to 75% of the payroll costs of commercial employers and up to 90% in the case of other employers, for instance non-governmental organisations; and new maximum amounts of financial support to the salaries of employees with disabilities were introduced: 160% of the minimum wage for persons with a significant disability, 140% with a moderate disability, 60% with a mild disability (previously 130%, 110%, 50%); ([see the ANED country report on employment](#)).

There are several rules which should ensure that people with disabilities and their organisations are involved in the development of disability programmes and policies. According to the Regulation on the rules for developing new legislation (2002), before arriving at a decision on preparing new legislation, groups interested in the proposal should be consulted and proposals published on the internet. It is, however, up to the group preparing the proposals which social partner they approach, to what extent consultations are conducted, as well as which opinions are expressed (OSI 2005). Secondly, there is a system of consultative advisory councils, appointed at central government and self-government levels, through which the government administration and/or local authorities and NGOs cooperate for the benefit of people with disabilities. At the government level this is the National Consultative Council for Persons with Disabilities appointed by the Government Plenipotentiary for Disabled Persons' Affairs. In every province Provincial Social Councils for the Affairs of People with Disabilities are appointed by each local authority, while in every county a Regional Social Council for Persons with Disabilities acts as the consultative advisory body. These councils review programmes for people with disabilities and evaluate their implementation. The provincial and regional authorities are also obliged to cooperate with NGOs working for the benefit of people with disabilities (Act on Rehabilitation 1997). Moreover, in 2003 an Act on Public Work and Volunteering was adopted, which established new regulations on the status of non-profit NGOs active in public affairs. The act stipulates that public administrations must conduct their activities with the cooperation of NGOs and other organisations specified. This cooperation can take the form of delegation of certain public tasks, sharing of information, consultation on proposed laws and advisory activities at various levels of government. However, despite these rules, cooperation is unsatisfactory and NGOs and the Government do not always take a joint approach to problem solving (Wapiennik, 2008a).

### 1.3 Recent research about disabled people's equality and social inclusion

Poland lacks comprehensive studies on disabled people's equality and social inclusion, therefore new research in this area is definitely required. Much more comprehensive research is available on the situation of people with disabilities on the labour market ([see the ANED country report on employment](#)), where some information about social inclusion can be found as well (low levels of education, inadequate vocational qualifications, lack of early career advice and appropriate identification of vocational training; lack of or limited access to information, and low quality of information, which constitutes one of the main institutional barriers that makes effective problem-solving for people with disabilities difficult). Interesting information is provided by the Central Statistical Office (CSO) as well as the annual reports of the Polish Government concerning actions taken to implement the Resolution of the *Sejm* (Parliament) of 1 August 1997 on the Charter of Rights for Persons with Disabilities (Council of Ministers 2009). Generally, people with disabilities are recognised as one of the groups particularly exposed to social exclusion and discrimination in Poland. People with severe disabilities and complex needs are in a particularly difficult situation.

Their situation has been recently described in the report on the specific risks of discrimination against persons in situation of major dependence or with complex needs (2008). This report underlines among other factors problems with physical accessibility, lack of policy regarding deinstitutionalisation (some community-based services are provided through the system of social assistance, but they are insufficient to support independent living by people with severe disabilities; isolation from society is accepted by society and policymakers), insufficient family support services, and obsolete regulation on guardianship. Regional differences are also described; families living in rural areas are disadvantaged and access to some services is a question of post code.

## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

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

Generally, people with disabilities in Poland are at a disproportionate risk of being poor. A need to incur higher expenditure on health care and more limited prospects on the labour market result in a weaker financial situation for families with disabled members. Households including at least one disabled person receive a significantly lower income than households in general (in 2004, their disposable income was 17.5% lower). Except for health, expenditure in these families in all basic categories is lower. The level of durable goods, in particular “luxury” goods (such as a microwave oven or dishwasher) and communications equipment (PC, internet, or cellular phone) is also lower (MLSP 2006). In 2005, the risk of minimum subsistence level poverty<sup>2</sup> in households including at least one person with disabilities was 2.4% higher than in households without persons with disabilities (14% vs. 11.6%) and 4.3% higher in households headed by a disabled person (15.9% vs. 11.6%). In households including at least one person with disabilities, 21.2% were living below the relative poverty line (vs. 17% in the case of families without persons with disabilities), and 20.5% below the legal poverty line (vs. 17.2%). Families with a disabled child are at particular risk of poverty. In 2005, the risk of minimum subsistence level poverty in households including at least one disabled child up to 16 years was 6.2% higher than in households without persons with disabilities (17.8% vs. 11.6%) (CSO 2007). It has to be emphasised that these statistics may underestimate the true extent of poverty among people with disabilities because they do not take into account the additional costs disabled people may incur because of their disabilities.

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

Source: CSO, 2007, p. 76.

<sup>2</sup> The minimum subsistence level determined by the Institute of Labour and Social Studies takes into account needs that cannot be postponed. A level of consumption below this minimum leads to biological emaciation. This measure does not take into account social needs, which are so important in calculating the social minimum. It therefore does not include needs relating to transport, communication and participation in culture, etc.



## What are the lessons for good policy and practice?

There is definitely a need for changes in the disability pensions and benefits system; the current system almost completely disregards disability-related additional costs. Disability benefits policy lack flexibility; a more individualised approach is clearly needed.

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

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

#### Main benefits payable by Social Insurance Institution:

*Incapacity pensions (renty z tytułu niezdolności do pracy, literally “pensions on the grounds of inability to work”)*

- An incapacity pension is available to an insured person who is incapable of working if she/he meets the following requirements:
  - 1) is incapable of working (in other words, has received a certificate of inability to work issued by the Social Insurance Institution, SII);
  - 2) has fulfilled the required insurance periods, in other words has completed the required contributory and non-contributory period – an insurance period of at least five years (that may include both contributory and permitted non-contributory periods, such as periods of sickness or maternity leave) during the decade prior to applying for the incapacity pension or before the occurrence of incapacity for work; if incapacity for work occurs at an age lower than 30 years, these periods are respectively shortened by between one and four years;
  - 3) the incapacity for work must have occurred during certain contributory and non-contributory periods or not later than within 18 months after the cessation of these periods; this requirement does not extend to an insured person who has proved a contributory and non-contributory period of at least 20 years for women and 25 years for men and is completely incapable of working.

The incapacity pension in respect of an accident at work or occupational disease is granted irrespective of the length of the accident insurance period and irrespective of the date of occurrence of incapacity for work.

Inability to work is evaluated by a Social Insurance Institution practitioner (SII practitioner). The practitioner’s certification of inability to work includes an evaluation of the degree and duration of the inability to work and a prognosis concerning re-establishment of capacity for work. The SII practitioner can issue a certificate of partial inability to work, total inability to work or inability to lead an independent life. Certificates attesting incapacity for work are issued for a period of not longer than five years or for a longer period if there is no prognosis of a return of earning capacity before the end of a five-year period. The assessment is based on an examination, all previous medical or psychological assessments and any other relevant documentation. The practitioner can also make the assessment without examining the person if the medical diagnosis is sufficient. Before making his/her decision, the practitioner can request supplementary documentation, particularly from other doctors and a psychologist, and additional medical examinations. The doctors and psychologist consulted base their opinions on an examination of the person with disabilities and by analysing his/her medical and employment records.

Their assessment takes into consideration 1) the degree of the impairment and a prognosis concerning re-establishment of essential functional capacity through medical treatment and rehabilitation and 2) the possibility of the subject's continuing in his/her current job or taking up a new one, and the usefulness of retraining (in consideration of the subject's type of current job, level of education, age and psychophysical condition). A "person incapable of work" means a person who has lost, completely or partly, his/her earning capacity due to physical impairment and retraining will not restore his or her earning capacity. A person who is "totally incapable of work" is a person who has lost the capability for any work. A person who is "partly incapable of work" is a person who has lost – to a considerable degree – capability for work that corresponds to his or her level of qualifications. A person "incapable of leading an independent life" is a person who needs permanent and long-term care and support to meet essential daily needs. People assessed as being totally unable to work may, however, still be considered able to work under specific conditions related to social and vocational rehabilitation. No other precise scale is evident.

- The pension is payable during a period of certified incapacity for work (indicated in the SII decision).
- The pension is payable by the SII from the Social Insurance Fund (SIF).
- The level of incapacity pension depends on the number of years' insurance that the person has paid and his/her level of inability to work as well as the basic amount.
  - Since 1 March 2009, the minimum level of the total incapacity pension has been PLN 675<sup>3</sup>.
  - A pension for a person who is partly incapable of work is payable at the rate of 75% of a pension for person completely incapable of work (the lowest amount of this pension as of 1 March 2009 is PLN 519).
  - If total inability to work is also accompanied by inability to lead an independent life, the pension is supplemented by a **nursing supplement**, or care supplement (*dodatek pielęgnacyjny*), (Pensions Act 1998). This is paid by the Social Insurance Institution (SII) from the Social Insurance Fund. As of 1 March 2009 this has been payable at the monthly rate of PLN 173.
- A person meeting the conditions for receiving the incapacity pension, who has received a decision on the advisability of vocational retraining due to incapacity for work in their earlier occupation, can receive a **training pension**. This pension is granted for a period of 6 months, which may be reduced or extended (by not longer than by 30 months; in other words, the training pension may be received for a maximum period of 36 months). The training pension is payable at the rate of 75% of the pension that the recipient would otherwise receive (but cannot be lower than the amount of the lowest partial incapacity pension).
- The incapacity pension is reduced when the person has an income (for instance from employment) higher than 70% of the average monthly wage and it is suspended when the income is higher than 130%. The training pension is not payable if the disabled person receives a wage or income (irrespective of its level).

<sup>3</sup> For comparison: the minimum monthly wage in Poland since 1 January 2009 has been PLN 1 276; the average monthly wage in the first quarter of 2009 was PLN 3 185. The social minimum for a one-person household in 2008 amounted to PLN 865. €1 = PLN 4.22 (as of 1 October 2009).

The number of incapacity pensions paid by the SIF is systematically decreasing every year: the average number of persons receiving incapacity pensions fell from 2.526 million in 2001 to 1.474 million in 2007, and in 2008 incapacity pensions were paid on average to 1.381 million persons (8% - pensions for total incapacity to work and lead an independent life; 33.3% - total incapacity pensions; 58.7% - partial incapacity pensions). In 2008, the average monthly level of the incapacity pension together with nursing supplements was PLN 1 096 (42.5% of the average monthly wage) (SII 2009b). In 2008, an average of 297 training pensions were paid per month, and the average monthly amount was PLN 1 640.13 (SII 2009a).

- Details on incapacity pensions are specified in the Pensions Act. The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on incapacity pensions are available (with statistics) on the website of the Social Insurance Institution ([www.zus.pl](http://www.zus.pl)) and the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Information is also available from [MISSOC](#).

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

- The social pension is available for every adult who is totally unable to work due to an impairment which occurred before reaching the age of 18 (or 25 years in the case of full-time students or those undertaking doctoral studies or scientific post-graduate studies).
- The decision on granting the social pension is issued and the benefit is paid by the Social Insurance Institution (SII). Social pensions are financed by the State budget.
- A person can receive a permanent or temporary social pension depending on the duration of his/her inability to work. In the case of temporary inability to work, a temporary social pension is granted for a period indicated in a decision issued by the SII practitioner.
- The level of social pension is fixed and set at 84% of the lowest level of the incapacity pension. Since 1 March 2009 it has come to PLN 567 (gross). The social pension is suspended when a person receives a monthly income (for instance from employment) that is higher than 30% of the average monthly wage. This means that currently recipients cannot become a full-time employee. People who are totally incapable of work because of a disability developed in childhood and who have the right to a social pension usually do not have the possibility to get an incapacity pension as they do not fulfil the third condition required in the Pensions Act relating to the number of years of insurance contributions made.
- In 2008 a total amount of PLN 1.527 billion was paid in respect of social pensions to c240 500 persons (SII 2009a).
- Details of the social pension are given by the Act on Social Pensions. The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the social pension are available (with statistics) on the website of the Social Insurance Institution ([www.zus.pl](http://www.zus.pl)) and the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Information is also available from [MISSOC](#).

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

- People with disabilities can also benefit from the social insurance system for farmers, which includes, among other benefits, disability insurance. Old-age and disability insurance are financed from the pension fund, which is financed by contributions for old-age, disability and survivor insurance, paid by insured farmers and State budget subsidies. These subsidies constitute

about 94% of the ASII's revenue. In 2007, 276 000 people received farmer disability pensions from the ASII, and the average disability pension paid out from the ASII in 2006 was PLN 645 (MLSP 2008).

- Details of the farmer disability pension in the event of inability to work are specified in the Act on Social Insurance for Farmers. The full text of this act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the farmer disability pension in the event of inability to work is available on the website of the Agricultural Social Insurance Institution (ASII): [www.krus.gov.pl](http://www.krus.gov.pl).

### **Main benefits payable in the social assistance scheme:**

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

- An adult who is totally incapable of working can also apply for a permanent allowance from the social assistance system if his/her income is lower than the income threshold specified in the social assistance regulations. People who are totally incapable of working but are not eligible either for an incapacity pension nor for a social pension can be in this situation. The net income for a one-person household cannot exceed PLN 477, and for a family, the net income per person cannot exceed PLN 351 (as of 1 October 2006).
- A person is eligible to receive a permanent allowance if she/he meets the income criteria and is totally incapable of working due to age or disability (in other words, the person has received a certificate of moderate or significant disability issued by a Disability Assessment Board or total incapacity certificate issued by an SII practitioner, or has reached the age of 60 (women) or 65 (men).
- The amount of the permanent allowance makes up the difference between the threshold level of income specified in the social assistance regulations and the income of the person or family. As of 1 October 2006, it is payable at the minimum monthly rate of PLN 30 and maximum PLN 444. In 2008, permanent allowances were granted to 182 622 persons (MPiPS-03, I-XII 2008).
- Permanent allowances are financed from the State budget and paid by local self-governments.
- Details of the permanent allowance are specified in the Act on Social Assistance. The full text of this Act is available on the website of the Polish Parliament (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the permanent allowance is available (with statistics) on the website of the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Some information is also available from [MISSOC](http://www.missoc.gov.pl).

### **Main benefits from the family benefits system:**

- People with disabilities (who are legally recognised as disabled) can also benefit from the family benefit system that is available to all families with children receiving a low income.
- Family benefits are financed from the State budget and paid by local self-governments. The income criteria for a family with a disabled child are more generous than for other families. The right to a family allowance is granted if income per head in a family does not exceed PLN 504, or PLN 583 if there is a child with disabilities in a family. The amount of family allowance paid depends on the child's age: it is payable at the monthly rate of PLN 68 per child up to the age of 5, PLN 91 per child between the age of 5 and 18, and PLN 98 per young person between the age of 18 and 24 (as of 1 November 2009).

- A number of supplements may be granted in addition to the family allowance. One of them is the **supplement for the education and rehabilitation of a child with disabilities** (in Polish: *dodatek z tytułu kształcenia i rehabilitacji dziecka niepełnosprawnego*). This supplement is granted for a child with disabilities up to the age of 16 and for a person with a moderate or significant disability between the age of 16 and 24. It is granted to cover increased spending on rehabilitation and education of the child. The supplement is payable at the monthly rate of PLN 60 per child under 5 years and PLN 80 per child aged under 24 years (as of 1 November 2009). A monthly average of approximately 203 000 education and rehabilitation supplements were paid in 2008 (MLSP 2009).
- The family benefits system includes two other benefits important for people with disabilities and their families: nursing allowance and nursing benefit.
  - **Nursing allowance** (in Polish: *zasitek pielęgnacyjny*) is granted to partially cover expenses related to care and support for a person with disabilities who is unable to lead an independent life. Entitlement to a nursing allowance is not means-tested on family income per person. The nursing allowance is granted to: 1) a child with disabilities, holding a certificate of disability and requiring permanent assistance from another person; 2) a person aged 16 and over holding a certificate of significant disability; 3) a person aged 16 and over holding a certificate of moderate disability if the disability manifested itself before the age of 21; 4) a person who has reached the age of 75, irrespective of disability. A person who is entitled to a nursing supplement cannot receive a nursing allowance. As of 1 September 2006 the monthly amount of nursing allowance is PLN 153. In 2008, the number of nursing allowances paid monthly came to ca 771 000 (MLSP 2009);
  - **Nursing benefit** (in Polish: *świadczenie pielęgnacyjne*) is assigned on the basis of one of the child's parents (or guardian) resigning from work in order to take care of a child with disabilities. The right to nursing benefit is granted if income per head in family does not exceed PLN 583. The amount of nursing benefit comes to PL 520 a month (from November 2009). In 2008, nursing benefits were paid on average (monthly) to ca 70 000 persons (MLSP 2009).
- Details of benefits from the family benefit system are specified in the Act on Family Benefits. The full text of this Act is available on the Polish Parliament website (<http://isip.sejm.gov.pl/prawo/index.html>). More information on the family benefit system is available (with statistics) on the website of the Ministry of Labour and Social Policy ([www.mpips.gov.pl](http://www.mpips.gov.pl)). Some information is also available from [MISSOC](#).

### 2.3 Policy and practice (summary)

Some rules concerning disability pensions provide disincentives to employment for people with disabilities (benefit gap). The incapacity pension is reduced when the person earns more than 70% of the average monthly wage and it is suspended when his/her income exceeds 130% of the average wage. This can lead to a situation when people with disabilities receive salaries below the level justified by their qualifications in order to maintain the full amount of the pension. It can also decrease their motivation to seek employment. This mechanism is even more visible in the case of people entitled to a social pension (in other words, people who have been totally incapable of working since childhood). When a person with disabilities receives a monthly income (for example from employment) that is higher than 30% of the average monthly wage, the pension is suspended. This means that such a person cannot undertake a full-time job.

Additionally, such a person is not entitled to get an incapacity pension later on because he/she does not fulfil the third condition required in the Pensions Act (relating to years of insurance contributions paid). This definitely does not encourage younger people with disabilities whose disability developed during childhood to work in paid employment (for more details, see the [ANED country report on the employment of disabled people in European countries](#)). At the same time, in the age group of over 44 years, a trend towards employment deactivation can be identified. The deactivation of the general population of older people in Poland has been supported by policies aimed at mitigating effects of economic transformation. Several opportunities were created to receive social assistance provided by the State, which encouraged employment deactivation and leaving the labour market. Disability pensions for people with disabilities are one of the elements of this system. Poland has the highest rate of people with disabilities in Europe, which to some degree results from older people with a certified disability leaving the labour market (MLSP 2006).

As mentioned above, people with disabilities have a disproportionate risk of being poor. Disability benefits in Poland are set very low, and non-earned sources (for instance disability pensions) are the main sources of income for 84% people with disabilities. The number of people with disabilities receiving income from employment is only 8%. Currently, a person who is entitled to a social pension and a nursing allowance receives monthly approximately PLN 600 (net). Admittedly, this is above the minimum subsistence level estimated by the Institute of Labour and Social Studies (about PLN 386 for a household with one person in 2007), and above the legal poverty line (PLN 477) but below the social minimum<sup>4</sup> (about PLN 820 for a household with one person in 2007) (see [http://www.ipiss.com.pl/opracowania\\_min.html](http://www.ipiss.com.pl/opracowania_min.html)).

In 2008, total expenditure for social purposes constituted 32.6% of all state expenditure. This share was lower by 4% than in 2006. Around 85% of state social expenditure constituted subsidies (subsidies for the Social Insurance Fund, the Labour Fund, the ASII and others). The remaining state social expenditure was the costs of family and nursing benefits (about 11%), and expenditure on social assistance (ca 5%) (MLSP 2008). It can be estimated that in 2006 more than 10% of total social expenditure was directed towards disability pensions (approximately 2.1% of GDP) (Chłoń & Domińczak 2007). According to the Ministry of Labour and Social Policy, due to the ageing population, in the future more persons will receive old-age and disability pensions, while spending on health and long-term care will increase. Social expenditure projections for Poland indicate that as a result of the implementation of pension reform, expenditure on old-age pensions (expressed as a percentage of GDP) will start to gradually decrease from one of the highest levels in the EU-25, provided that no new solutions significantly increasing spending on the social insurance system are introduced (MLSP 2006).

Since 2000, the number of disability pensions paid has been systematically decreasing. Between the years 2000 and 2008, the number of disability pensions financed from the SIF dropped significantly (from 2.64 million to 1.381 million) (SII 2009b). However, the reason behind this was rarely employment. It was accompanied by an increase in the number of early old-age pensions and pre-retirement benefits (Chłoń & Domińczak 2007).

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<sup>4</sup> The social minimum is a measurement that specifies a reasonable level of household expenditure for basic consumer and subsistence needs. It takes account of not only goods for subsistence needs (food, clothes, accommodation, health protection and hygiene) but also expenditure linked to work (local transport and communications), education (children's education), support for family and social contacts/bonds, and participation in culture.



As of 1 January 2006, automatic old-age pensions have been introduced for persons who have reached the statutory retirement age and have been receiving a disability pension, as well as for those who have completed any contributory and non-contributory period (of less than 20 years for men and 15 years for women): in their case the disability pension is automatically converted to an old-age pension (SII 2009a).

## **PART THREE: CARE AND SUPPORT**

### **3.1 Recent research publications (key points)**

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

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

The system of social assistance in Poland is financed from the State budget and by local authorities (self-governments). As one of the elements of state social policy, the social assistance system is meant to support those citizens and families who, for objective reasons, are not able to fulfil their primary necessities of life. Social assistance is provided by government bodies and self-government administrations, which cooperate with social organisations, individuals and legal entities. A person is entitled to receive money from the social assistance system if his/her income is lower than the income threshold specified in the social assistance regulations (in 2007, the net income for a one-person household could not exceed PLN 477, and for a family, the net income per person could not exceed PLN 351). Social assistance benefits are broken down into mandatory (obligatory) and non-mandatory (optional). A guaranteed permanent allowance (see above) is provided to those groups of persons who for many reasons (such as age and disability) are incapable of work. Other cases of difficult situations and hardship qualify for optional forms of assistance. Aside from cash benefits, the municipalities provide also in-kind assistance, social work, special advisory services, and care or nursing services at the client's place of residence or at care centres.

One of the most important non-cash services available for people with disabilities in the framework of social assistance are care services and specialist care services. A single person is entitled to these services if because of age, illness or other reasons they need other people's help. Care services can also be granted to a person living with their family if the family's help is insufficient; thanks to this, the family may get some help in providing care to the disabled member of the family. Care services include: help with fulfilling daily needs (tidying up, washing, shopping, and cooking), hygiene, nursing care (in accordance with a doctor's advice), and, if possible, social contact. Specialist care services are services based on specific needs arising from a particular disease or disability and are provided by professionally qualified staff. Care services are granted on the basis of an administrative decision by social assistance centres and are free of charge only for those individuals who meet the income criteria. It is the responsibility of each municipality to set conditions for granting and paying for these services (the Act on Social Assistance and the Regulation on specialist care services). The amount paid for these services depends on the person's monthly income. In 2008, care services and specialist care services provided at home were granted to nearly 92 500 persons, and specialist care services for people with mental health problems were granted to 10 200 persons (MPiPS-03, I-XII 2008). Care and specialist care services can also be provided in so-called support centres. These are institutions providing various kinds services adjusted to the specific needs of participants. There are several types of support centres: community self-help homes, day centres, homes for mothers with young children and pregnant women, and shelters for the homeless and self-help clubs (Act on Social Assistance 2004). As far as people with disabilities are concerned, the most important are community self-help centres - support centres for people with mental disorders (in other words for people with mental health problems and people with intellectual disabilities). In 2008, there were 605 such homes with 19 299 places (MPiPS-03, I-XII 2008).

According to the social assistance regulations, a person who because of a difficult life situation, age, disability or illness needs support to lead his/her daily life but does not need 24-hour support services in an institution can be granted a residence in sheltered apartment.



This applies particularly to persons with mental health problems, those leaving foster families (and other facilities for children and young people) and to refugees (Act on Social Assistance). In fact, the number of such facilities in the framework of social assistance, although increasing every year, is small and unfortunately sheltered housing does not play an important role in disability policy (406 sheltered apartments with 1 701 places in 2008) (MPiPS-03, I-XII 2008).

In practice, if a family cannot take care of a person with disabilities and such a person needs 24-hour care and cannot lead an independent life (and for whom help in form of care services is not sufficient) there is only one possibility – a social welfare home which provides 24-hour care. The person is referred to the nearest home of a relevant type. There are six kinds of social welfare home in Poland: for children and young persons with intellectual disabilities (up to 30 years old; however, in particular situations people can remain in the home after the age of 30, for example if they have difficulty adapting to changes in their environment), for adults with intellectual disabilities, for the elderly, for persons with chronic diseases, for persons with chronic mental illness, and for persons with a physical disability. A person who needs intensive medical care is directed to a chronic medical care home or to a nursing home. By law, if a person who absolutely needs help does not agree to be placed in a social welfare home, the welfare authorities are obliged to notify the relevant court or public prosecutor; then the decision is taken by a family court. According to CSO data (2008), there were 1 092 residential institutions for people with different types of disability and for the elderly with ca 82 000 residents in 2007. Although newly established homes cannot have more than 100 residents, this requirement does not apply to facilities established before the year 2000. There are therefore still social welfare homes with more than 100 residents.

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

Another issue is the accessibility of the physical environment. People with disabilities can also benefit from the resources of the State Fund for the Rehabilitation of Disabled People and apply for funds to eliminate architectural, technical and communication barriers. However, current measures are not sufficient and people with disabilities still face numerous barriers in built environments, among other things in their own homes (see the [ANED country report on independent living](#)). As for transportation, children and young people are in the best situation as communes (*gmina*) are obliged to provide free of charge transportation to kindergartens and schools for children with disabilities. Adults with disabilities are in a much more difficult situation, particularly in rural areas (OSI 2005).

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

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

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<sup>5</sup>See [ec.europa.eu/social/BlobServlet?docId=4483&langId=en](http://ec.europa.eu/social/BlobServlet?docId=4483&langId=en) . Sections 4.4 & 4.5 provide information about quality indicators.

## PART FOUR: SUMMARY INFORMATION

### 4.1 Conclusions and recommendations (summary)

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

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

This example of good practice will introduce the personal assistance services provided by the Foundation for People with Muscular Disorders (referred to as “the Foundation”). Personal assistants have been provided by the Foundation since 2000. Since 2004 this service has constituted part of a larger project Lift to Work, which is part of the EQUAL initiative. The Foundation cooperates with partners across the whole country to implement the project (see: [www.miesnie.szczecin.pl](http://www.miesnie.szczecin.pl)). A model for the provision of personal assistants was drawn from the Scandinavian countries, and it was the Fuga Mundi Foundation in Lublin that designed a concept for running such services in Poland. These services are meant for people with a severe movement disability (who are mentally competent), caused by muscular and nervous system disorders, who often require 24-hour care. They are helped in leading independent lives by their personal assistants. People who have succeeded in the recruitment process and have done well at personality tests can be employed as personal assistants. The Foundation does not require any special qualifications.

The support provided to clients is determined on an individual basis. Each client completes a special questionnaire and is interviewed. On this basis the client is offered a package of services provided by the Foundation. A decision on granting the services is taken by the Foundation’s executive board. The board also decides on the level of payment, which is often of merely symbolic. Persons benefiting from services as part of the project “Lift to Work” receive services for free. Both the services and payment for them are adjusted to the individual needs of the client and the resources of the Foundation. For many people with a movement disability, a personal assistant’s services constitute the only chance to have an independent life. Unfortunately, they are not very common in Poland. EQUAL also provides a mechanism for dissemination, thanks to which the service is being promoted to county self-governments all over Poland. The personal assistants provided by the Foundation are unique. In Poland there is a profession of an assistant to a disabled person, who supports and advises a person with disabilities in the rehabilitation process. To differentiate from this, the Foundation calls its service a “personal assistant”. These personal assistants are often known by the Foundation as “an intelligent prosthesis”, and his/her work is often compared to that of an interpreter. A personal assistant is not supposed to take decisions for a person with a disability, but to help them carry out decisions that they have made for themselves; an assistant cannot substitute for social relationships, but only make them possible. The Foundation has managed to create a model solution. The project’s duration of several years has allowed them to learn about risks and problems relating to the services of a personal assistant. The Foundation is also fighting the stereotype of a poor and helpless disabled person.

Many very active persons with disabilities, making decent money, benefit from the services provided by the Foundation (source: Wapiennik 2008).

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