



Poland Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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Poland's welfare state has been usually described as one with weak de-familisation (e.g. Polska 2030, 2009) so the role of a family has remained crucial also with regard to disability services. The whole institutional system of support for disabled persons is characterised as 'fragmented' and driven by a sectoral logic (Gańczarz, Kubicki, Rudnicki 2014), which means it is disintegrated in terms of management, resource-allocation and responsibilities. As a consequence, while in many policy areas relating to disability a centralized approach is observed, coordination among sectors is faulty, mainly due to a weak position of the central administrative body, the Government Plenipotentiary for Disabled People (Pełnomocnik Rządu d.s. Osób Niepełnosprawnych), whose role is assigned by law to the Deputy Minister of Labour, and whose responsibilities are limited to substantive supervision of specific institutions with no power to effectively coordinate their actions. In most of the policy areas, there is a central-level body, yet a variety of services are at the same time provided at local level, at the discretion of municipalities. This is reflected in the field of SCSS.



SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

Early Childhood Intervention

In general, there is a lack of clear conditions and criteria of eligibility, and provision of Early Childhood Intervention services. The main problem is the absence of a uniform definition of disability in the Polish legal framework. Medical diagnosis, especially of disabilities which are not always visible (e.g. psychological, intellectual disorders) is difficult to obtain for parents.

In the pre-natal period, assistance is available under the "For Life" (Za Życiem) government programme, in force since 2016. Families with 'seriously ill' (that, is with a serious and irreversible impairment or incurable and life-threatening illness) children, are entitled to special medical assistance (free or subsidised medical products and instant access to medical services and services by pharmacies).

There are creches designed specifically to provide for disabled children. They may apply for public financial support (grant-based), regardless of their status (both public and private facilities are eligible). While in general, the maximum number of children per caretaker is 8, in case of children with disabilities – it is 5.

For children with disabilities over three years of age, eligible for pre-schooling (kindergarten), there are three types of such facilities designed: 1) standard (for children with no disabilities); 2) integrative (aiming to bring to together children with and without disabilities) and 3) special (for children with serious disabilities, which rule out option 1 or 2). Only options 2 and 3 offer special assistance to children with disability, however, in integrative kindergartens, the scope of services targeting the children with disabilities is modest. Only in option 3 children with severe impairments can count on specialized care (assistance of oligophrenopedagogue, physical therapist, psychologist, speech therapist etc.). There is no uniform pattern, as pre-schooling (as well as compulsory education) belongs to the field of local government responsibilities. If the parents wish to enrol their children in type 3 kindergarten, they need to present an official statement issued by a public psycho-pedagogical consultancy centre.

There are special early childhood development support (ECDS) measures provided by specialist teams. The services could be provided on-site, that is, in kindergartens or foster homes (including foster families). Such a team's basic line up consists of a guidance counsellor, psychologist and speech therapist (it is possible to extend the composition to other specialists, according to the specific needs). Parents should apply for such assistance at public psycho-pedagogical consultancy centres. The services are free of charge for the users. The teams are in general placed by educational facilities and financed by municipalities (subsidized in case of non-public facilities) using the means from the general educational financial allocation (distributed from central to local level). There are also financial resources to cover such aims available directly at the central level (under the "For Life" programme). Other specialized facilities apart from educational ones may also apply for the status of ECDS providers and (if their offers are accepted) receive financing accordingly. Children qualified for support remain eligible until they enrol in school.

There is a possibility to apply for rehabilitation services (from the age 3 years) in special public or private facilities (subsidised by the State Fund for Rehabilitation of Disabled Persons, PFRON), with a parent present and attending with the child¹. There is a special register at the regional (Voivodes) level of facilities entitled to provide rehabilitation services subsidised by PFRON, which includes the specific types of disabilities that are eligible as well as a list of the services provided.

¹In addition, parents may apply for a parking permit for the disabled, following formal recognition of disability of the child.

Education Support

As national statistics (GUS 2018) report, there are approximately 160.000 students with disabilities enrolled in schools, : 93,400 in elementary education (of whom 30,600 in special schools), 34,300 middle-schoolers (of whom 16,600 in special schools) and 32,500 in high-schoolers (of whom 23,000 in special schools). In addition, 9,500 students of elementary school age and 2,000 of middle school age received individual education.

Just like in case of pre-schooling, school education at elementary level (see section on early intervention and care) follows the same three option model ranging from regular to integrative, to specialized schools.

Education support is provided by authorities supervising schools. Students with disabilities are entitled to free-of-charge transportation to/from school. Students with light disabilities are entitled to transportation while in elementary school only. Students with moderate and serious disabilities (physical and/or intellectual) are entitled to transportation beyond elementary school (high-school level, up to 21 years of age). If municipality (*gmina*) does not provide transportation, the costs of transportation organized by parents/guardians on their own are subject to reimbursement.

As stipulated by the Law on Education, free-of-charge assistance (of various types) is available for students enrolled in the general school system (public and private schools alike), such as the provision of assistant teachers and auxiliary personnel in schools, access to special psycho-pedagogical assistance outside school.

Students with disabilities may request to extend each stage of compulsory education by a year. The maximum age for attending elementary school is 20 years, while maximum age for attending a special school is 24.

Students with disabilities have the right to request mandatory examinations to be organized in a way suitable to their special needs.

Employment Support

In general, the anti-discrimination principle is the main frame of reference for the labour market/employment legislation and public policies. The main form of employment support is subsidization through the State Fund for Rehabilitation of Disabled Persons (PFRON). By the Act on Vocational and Social Rehabilitation of Persons with Disabilities, any employer with at least 25 employees (full time equivalents, FTE) is obliged to make monthly payments to the PFRON, if the share of the employees with certified disability is lower than 6%. Employers enjoy a waiver if the share of employees with disabilities is at least 6% or if they purchase services/goods from designated providers named in the legislation (so-called Levi-Quota system). Employers with at least 6% of disabled employees on the payroll or those which are exempted from the obligation to PFRON contributions may apply for monthly subsidy to partially cover (lump sum, whose amount depends on how serious is disability of the employee) the wages of a disabled employee.

Finally, there are sheltered workplaces (*zakłady pracy chronionej*, ZPCh). To attain/maintain the special status of sheltered workplaces, they must report at least 50% of employees with disabilities, including 20% with moderate and serious degree disabilities. Any employer can apply for such status, provided they meet the general conditions. Status of sheltered workshop (ZPCh) is granted by administrative decision by Voivode (wojewoda), a regional representative of the central government. According to the data released by the Plenipotentiary, in the 1st half of 2018 there were 975 sheltered workplaces operating (private, all legal forms are eligible, except for partnerships), with 153 thousand staff (of whom 120 thousand disabled, that is 78%). The incentives offered by the State include: waivers on some taxes, reimbursement of certain costs borne due to adaptation of workplaces to the needs of disabled staff, co-financing of interest rates for loans for covering activities related to vocational and social rehabilitation of disabled workers.

Entities that buy goods or services from a company with at least 25 employees on the payroll of whom 30% have moderate and serious degree disabilities (holding status of a sheltered workshop /ZPCh/ is mentioned explicitly as a condition) may apply for their PFRON contributions to be reduced by up to 50% of the monthly contribution due.

There is another category of sheltered employment provided through the vocational activity centres (*zakłady aktywności zawodowej*, ZAZ), whose target are people with moderate and serious degree disabilities. In case of the former, it is specified

that potential employees must have recognised impairment of intellectual or psychological nature or Autism Spectrum Disorder. Unlike sheltered workshops (ZPCh), vocational activity centres (ZAZ) cannot be operated by commercial companies. Only local government and NGOs can establish a vocational activity centre (ZAZ). The minimum share of disabled staff is set at 70%. Status of the vocational activity centre (ZAZ) is granted by administrative decision by Voivode. According to national statistics (GUS 2017), there were at the time of writing this factsheet in the end of 2018 about 100 vocational activity centres (ZAZ) employing nearly 4,000 persons. Vocational activity centres (ZAZ) are exempted from most taxes related to their activities.

There is also a type of entity called social cooperatives (*spółdzielnia socjalna*), which, from a legal point of view, is a hybrid of a private company and NGO with two general aims: to provide social and vocational reintegration of members, and to operate a company with a view of generating revenue. If there is a financial surplus recorded, it must be allocated towards aims defined by the statute of the cooperative, as it is a not-for-profit entity. Persons with disabilities are named among other categories of people entitled to establish social cooperatives. Social cooperatives are associated in the All-Poland Review Union of Social Cooperatives (Ogólnopolski Związek Rewizyjny Spółdzielni Socjalnych) with 226-member cooperatives listed (218 – active).

Employers are also obliged to 'reasonably accommodate' (*racjonalnie usprawnić*) the workplace to the needs of disabled workers (according to the Clause 23a of the Act on Vocational and Social Rehabilitation and Employment of People with Disabilities). These accommodations embrace: removal of architectural/physical barriers, provision of appropriate equipment (e.g. voice-controlled office equipment - facilitating the blind), as well as setting working hours, work tasks assignments, training and integration offer – depending on the type of disability and reported needs.

Day Care

Except for local government and NGO-driven initiatives, there is no centrally-coordinated policy/measures for providing day care to persons with disabilities. There are joint initiatives involving both local government and NGOs. Despite those efforts, there is a huge institutional vacuum (a limbo, so to say), where all disabled people aged over 24 incapable of entering the open labour market or finding sheltered employment end up. The problem still awaits a coordinated policy response. Examples of service-providing entities (as stated above, either receiving aid from local administration or grant-based) that address the needs of adult people with serious disabilities include: community clubs, support and rehabilitation centres, manual therapy workshops. Manual therapy workshops (*warsztaty terapii zajęciowej*, WTZ) have been operating since 1991. Manual therapy workshops (WTZ) are non-for-profit endeavours financed in a large part by PFRON. WTZ offer primarily manual therapy in various forms. Any organisation that is going to set up a manual therapy workshop (WTZ), must apply to the district family aid centre (*powiatowe centrum pomocy rodzinie* PCPR). There are approximately 700 manual therapy workshops (WTZ), according to national statistics (GUS 2017) as of 2016.

Living Support

Public social welfare at municipal level provides personal assistance/ personal care.

Social workers (*opiekunowie środowiskowi*) employed by local welfare centres (*ośrodki pomocy społecznej*, OPS) or district family aid centres (PCPR)² provide daily assistance to persons in need (not only due to disability³ but also elderly). The assistance covers daily chores, shopping, assistance with formal matters. This assistance is conditional on a decision by local welfare centres (OPS) or district family aid centres (PCPR) (depending on which receives the request) rather than a medical doctor (but medical records should be supplied along with the formal request for assistance). It is not free-of-charge service, but a waiver is granted to persons with very low incomes (thresholds set by law). The fees are determined by municipality. In general, it is available to persons living on their own but persons living in households may also apply, if other household members are not capable of providing care on their own.

²OPS are organised at the basic level of municipality (gmina), while PCPR – at upper level of district (powiat).

³All kinds of disabilities. However, the decision is not made by a doctor but social welfare. Even people with temporary impairments (e.g. recovering after their release from a hospital) may apply.

Provision of assistive technology or supportive equipment is not granted directly but through subsidies, more specifically refunds for purchasing equipment from PFRON, that is, on the national level. PFRON subsidizes purchase of such goods/ services for disabled children made by their parents as: short-term stay in rehabilitation facilities for a disabled children, rehabilitation equipment (60-80% of the price), orthopaedic equipment, removal of architectural barriers (up to 95% of the price, no more than 57 thousand PLN).

Persons with disabilities are also entitled to support channelled by PFRON into the "Active local government programme" (*Aktywny samorząd*). The means come from the state budget (PFRON) but are distributed by local government. Subsidies are available for purchase of equipment (e.g. electric wheelchairs, special appliances to accommodate cars to the needs of disabled drivers, prosthetics

Assisting dogs are not provided by public services. Training and allocation of dogs are tasks performed by NGOs, usually holding a legal status of foundation. The Polish Association of the Blind (Polski Związek Niewidomych, PZN) has a long history of training and providing guide dogs. Financial support (subsidies from PFRON) is available to training facilities to cover costs of training and subsistence for dogs.

Long-Term Institutional Care and Respite Care

Long-term care is mostly provided by Social Assistance Houses (*domy pomocy społecznej*, DPS), a form of residential activities. It is only partially subsidized, not free-of-charge. Adults with disabilities among other groups deemed incapable of functioning independently may be placed in DPS only by their own decision or by the decision of court on legal incapacity.

There is no respite care recognised as a measure of support by the state. It has been debated since the spring of 2018, when a group of opposition deputies submitted a draft legislation regarding the public support for disabled persons and their assisting family members. There are, however, such services offered by some municipalities (directly or through outsourcing to NGOs) in larger cities (e.g. Cracow, Gdańsk, Poznań, Białystok). The care-taker may entrust the person in their care to a care-giving facility for part of a day or a longer period (the rules vary). The service is free-of-charge but available only to persons with officially recognised serious degree of disability.

Leisure and Social-Life Support

Only bottom-up initiatives exist, stemming on the one hand from policies of municipalities, and, on the other, from NGOs. Apart from sports activities, there is no comprehensive picture of available leisure and social-life support activities for persons with disabilities.

Sports activities have been expanding quickly, even at competitive level: Poland's team at the last Winter Paralympic Games in 2018 consisted of 8 members. Nevertheless, organisational infrastructure for people with disabilities who are interested in recreational and/or rehabilitation-oriented sports activities is still modest and largely confined to large and mid-sized cities. There is an umbrella-organisation, called the Polish Association of Sports for Disabled (Polski Związek Sportu Niepełnosprawnych) „Start”, congregating clubs that either target people with disabilities exclusively or have adopted an integrative formula. Sports clubs have access to public financing via the Ministry of Sport and Tourism and PFRON.

FUTURE TRENDS

Polish public policies towards disabled citizens have been subject to criticism, mostly because they leave the lion's share of responsibilities for social care through the different life course stages on the shoulders of the family, which – as indicated in the introduction – remains the central institution of social welfare in Poland, also regarding disabled persons who due to their age (children) and/or overall state of health cannot function independently. The recent (spring and summer of 2018) protests of assisting family members/caretakers of adult people with disabilities drew attention of the public to the problems faced by the citizens who have no recourse but to give up professional activities to manage their responsibilities caring for persons with disabilities. Although the core demands are of a financial nature, the ongoing debate pertains also to the issues of services (their inadequacy or inaccessibility). As a result the draft legislation mentioned in the section on long-term institutional care, was submitted by parliamentary opposition only to be voted off in October by government majority. On the other hand, the government-prepared draft aiming to establish a special central fund called the Solidarity Fund for Supporting the Disabled (*Solidarnościowy Fundusz Wsparcia Osób Niepełnosprawnych*) has been passed into law in October and awaits signature by the President. The Fund will be financed by means acquired by the state from the "solidarity tribute". The tribute is a form of a special income tax to be paid by the citizens with annual incomes of over 1 mln. PLN (estimated number of such taxpayers in 21,000). The Fund is set to finance such objectives as social and vocational support of the disabled, promotion and enhancement of the system supporting the disabled and innovations in the field of social and vocational rehabilitation. More detailed information can only be provided, when specific regulations to accompany the legislation are enacted.

During the campaign before local elections (October/November 2018), the issue of services for disabled and their families also surfaced, the best-known case being Warsaw, where the candidate of opposition parties' coalition proposed the introduction of a locally-financed respite leave programme. Following his win, it remains to be seen whether the pledge will be honoured. Having in mind respite leave programmes launched by some other big cities already, the example to be possibly set by the capital city could further encourage other municipalities to follow.

Perhaps the most important development is that issues related to disability and daily problems encountered by persons with disabilities and their care-takers have moved from periphery to the mainstream of the public debate. While the attention of the public may turn away at some point, it is certainly a 'window of opportunity' that has just opened.

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