**Task 2017-18 Disability assessment – country report**

Country: Poland

Expert: Agnieszka Król

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# Part 1 – Main forms of disability assessment

The following forms of disability assessment are currently in use in Poland for a variety of purposes.

Example 1: Assessment of the degree of disability (16+ years old) and disability assessment (for children up to 16 years old)

Example 2: Assessment in respect of incapacity for work (ZUS)

Example 3: Assessment in respect of incapacity for work for farmers (KRUS)

Example 4: Assessment in respect of incapacity of military service for soldiers (MON)

Example 5: Allowance in respect of incapacity for work for uniformed services (MSWiA)

Example 6: Assessment from the psychological and pedagogical counselling centre for education purposes

Example 1: Assessment of the degree of disability (16+ years old) and disability assessment (for children up to 16 years old)

Policy function: Comprehensive assessment for multiple purposes (access to multiple benefits).

Benefit: There are various benefits (in cash, in kind, beneficial treatment and discounts) that the certificate entitles to, among them eligibility to social, rehabilitation and therapeutic services, as well as discounts (e.g. on public transport). For children up to 16 years old,[[1]](#footnote-2) making parents eligible for long-term care benefits.

Specificity: The disability assessment is designed for this specific purpose. Anyone can apply and a specific assessment is carried out.

Responsible: Territorial self-government units: in the first instance District (Poviat) Disability Assessment Boards (pl. *powiatowe zespoły ds. orzekania o niepełnosprawności)*, in the second instance Voivodship Disability Assessment Boards (pl. wojewodzkie zespoły ds. orzekania o niepełnosprawności). Supervision is exercised by the Government Plenipotentiary for Disabled Persons (pl. *Pełnomocnik Rządu ds. Osób Niepełnosprawnych*).[[2]](#footnote-3)

How to apply: <https://obywatel.gov.pl/ochrona-zdrowia-i-ubezpieczenia-spoleczne/uzyskaj-orzeczenie-o-stopniu-niepelnosprawnosci>.

Type of assessment: Functional capacity (but in practical terms it is often very much medical).

Qualifying criteria: Disabled persons are persons whose physical, psychological and or mental impairments permanently or periodically hinders, restricts or prevents performing social functions, in particular the ability to work.

Method: Combination of documentary evidence and personal interaction.

Assessors: Medical doctor (chairman), and a second assessor: psychologist, pedagogue, career counsellor, social worker or another doctor. If necessary, a specialist appropriate to the coexisting disease can be appointed.

Supporting evidence:

* A medical note from a doctor who treats the applicant and medical records.
* In the application form there is a very short self-assessment form completed by the individual (three very short questions on the rehabilitation equipment necessity, professional situation and ability to independent functioning)[[3]](#footnote-4) and an interview during the examination.

Decision maker: In the first instance District / Poviat Disability Assessment Boards (pl. powiatowe zespoły ds. orzekania o niepełnosprawności), in the second instance Voivodship Disability Assessment Boards (pl. wojewodzkie zespoły ds. orzekania o niepełnosprawności).

Further details of the assessment: [http://www.niepelnosprawni.gov.pl/art,13,instytucje-orzekajace-procedury-orzekania-tryb-i-zasady](http://www.niepelnosprawni.gov.pl/art%2C13%2Cinstytucje-orzekajace-procedury-orzekania-tryb-i-zasady).

Notification of outcome: Decision letter. For a person holding a disability certificate, the Starost or City Council issues disabled person's ID card, which confirms the status of the disabled person.

Appeal possible: Yes, the appeal against the decision of the Poviat Board is considered by the Voivodship Board. From the decision of the Voivodship Board an appeal can be made to the labour and social insurance court.

**Example 2: Assessment in respect of incapacity for work (ZUS)**

Policy function: Access to a disability pension (invalidity).

Benefit: Pension for incapacity to work (disability pension).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Social Insurance Institution (*pl. Zakład Ubezpieczeń Społecznych, ZUS*).

How to apply: Anyone can apply and a specific assessment is carried out. [http://www.zus.pl/documents/10182/39531/Informator+dla+os%C3%B3b+z+niepe%C5%82nosprawno%C5%9Bci%C4%85+2018.pdf/0b21de33-93a8-4b1c-ac11-48ec3c797ca2](http://www.zus.pl/documents/10182/39531/Informator%2Bdla%2Bos%C3%B3b%2Bz%2Bniepe%C5%82nosprawno%C5%9Bci%C4%85%2B2018.pdf/0b21de33-93a8-4b1c-ac11-48ec3c797ca2).

Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity) and to a certain extent economic loss (inability to work and earning opportunities).

Qualifying criteria: The degree of impairment is established in order to determine the extent of the restrictions that affect the person in his or her professional activity, earning opportunities and gaining economic independence. The disability pension is granted to an insured person who meets all of the following conditions:[[4]](#footnote-5)

* is incapable of work;
* has completed the required contributory and non-contributory period;
* the incapacity for work must have occurred during contributory and non-contributory periods, but not later than within 18 months after the cessation of these periods.

A person can be assessed with a total incapacity for work or partial incapacity for work. Incapacity for work is certified for a period of up to five years or longer – if there is no prognosis as to the restoration of earning capacity before the lapse of the five years. During a period of certified incapacity for work (indicated in the ZUS decision), the pension is payable.

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor (with a minimum of five years of active pursuit of the profession and the second degree of specialisation) in the first instance, ad in the second ZUS medical commissions.

Supporting evidence:

* A medical note from a doctor who treats the applicant.
* Evidence from a non-medical professional who knows the applicant (filled in by the last employer).

Decision maker: ZUS evaluating doctor and ZUS medical commissions.

Further details of the assessment: [http://www.zus.pl/documents/10182/167529/Informator+dla+os%C3%B3b+z+niepe%C5%82nosprawno%C5%9Bciami+2016/2b169b44-6d21-484f-b35b-0f077da17808](http://www.zus.pl/documents/10182/167529/Informator%2Bdla%2Bos%C3%B3b%2Bz%2Bniepe%C5%82nosprawno%C5%9Bciami%2B2016/2b169b44-6d21-484f-b35b-0f077da17808).

Notification of outcome: in 30 days.

Appeal possible: The person concerned may appeal to a ZUS medical commission against ZUS evaluating doctor decision up to 14 days. In turn, the president of ZUS may submit an application raising objections as to the correctness of the judgement sending the matter for examination by the ZUS medical commission within 14 days from the issuing of the decision by ZUS evaluating doctor.[[5]](#footnote-6)

Example 3: Assessment in respect of incapacity for work for farmers (KRUS)

Policy function: Access to a disability pension (invalidity).

Benefit: Benefit in cash.

Specificity: Any farmer can apply and a specific assessment is carried out.

Responsible: Agricultural Social Insurance Fund (Kasa Rolniczego Ubezpieczenia Społecznego, KRUS).

How to apply: -

Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity).

Qualifying criteria: The right to this benefit will be granted by the Fund to the farmer (householder), who: is permanently or periodically totally incapable of working on the agricultural holdings, that incapacity arose during the period of eligibility for a pension insurance policy and has been insured for the required period of time. Importantly: having assessment on not being able to work on agricultural holdings is not a sufficient condition for a general disability certificate as a person can gain other employment after retraining. But due to the disability assessment reform in the 90s, farmers once were included in one of the disability categories and their verdict has not expired, they retain their status as people with disabilities. Thus, a declaration of permanent or long-term incapacity to work on an agricultural holding, which farmers received before 1 January 1998 is treated on an equal footing with a certificate of significant degree of disability if the person is entitled to a nursing allowance; and in other cases, on an equal footing with a certificate of minor degree of disability.

Method: Combination of documentary evidence and personal interaction.

Assessor: Doctors (in the first instance) and in the second instance medical commission of the KRUS (three medical doctors).

Supporting evidence: Documentation supporting the right to obtain the pension.

Decision maker: Doctors (in the first instance) and medical commissions of the KRUS (in the second instance).

Further details of the assessment: <https://www.krus.gov.pl/zadania-krus/swiadczenia/swiadczenia-z-ubezpieczenia-emerytalno-rentowego/renta-rolnicza-z-tytulu-niezdolnosci-do-pracy/>.

Notification of outcome: By letter.

Appeal possible: A KRUS expert's assessment may be appealed against to the KRUS medical committee within 14 days from the date of delivery of the extract from the content of the report. The decision of the medical committee is final.

Example 4: Assessment in respect of incapacity of military service for soldiers (MON)

Policy function: Access to a disability pension (invalidity).

Benefit: Benefits in cash.

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Ministry of National Defence (MON).

Type of assessment: Medical diagnosis[[6]](#footnote-7) (of a named condition) – in soldiers and functional capacity for uniformed services.

Qualifying criteria: The basic premise for the acquisition of a military disability pension is an assessment of invalidity, i.e. total incapacity for service. The invalidity has to be related (in temporal terms) to the military duty. The status of military invalid is received by a soldier who, due to the state of health has been declared to be completely unfit for military duty, and the abilities to take up other employment determine to which invalidity group he or she will be assigned, thus determine the amount of the pension.[[7]](#footnote-8) Three groups of invalidity[[8]](#footnote-9) of soldiers are established:

group I – entirely incapable of service;

group II - partially incapacitated persons;

group III - those who are able to work.

An absolute condition for entitlement to a disability military pension is the release of a soldier from service.

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical Committee (three medical doctors), Central Military Medical Committee (three to five medical doctors).

Supporting evidence: Documentation supporting the right to the pension.

Decision maker: Medical Committee.

Further details of the assessment: <http://bip.mon.gov.pl/f/pliki/rozne/2018/01/258.pdf>; <http://repozytorium.uni.wroc.pl/Content/78977/12_H_Plawucka_Renta_inwalidzka_w_systemie_zaopatrzenia_emerytalnego_sluzb_mundurowych.pdf>.

Notification of outcome: Letter.

Appeal possible: A person has a right to appeal against the decision from the district medical committee within 14 days to appeal to a higher-ranking committee. Supervision over the medical commissions is exercised by Minister of National Defence and Chairman of the Central Medical Commission, who can revoke any ruling of the Military Medical Commission that are incompatible with the law or that did not take into account important facts.

Example 5: Assessment in respect of incapacity for work for uniformed services[[9]](#footnote-10) (MSWiA)

Policy function: Access to a disability pension (invalidity).

Benefit: Benefits in cash.

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Ministry of the Interior and Administration.

Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity related to uniformed services).

Qualifying criteria: The basic premise for the acquisition of a uniformed services disability pension is an assessment of invalidity, i.e. total incapacity for service. The invalidity has to be related (in temporal terms) to the official duty. The status of invalidity is received by an officer who, due to the state of health has been declared to be completely unfit for the duty. Moreover, the abilities to take up other employment determine to which invalidity group he or she will be assigned, thus determine the amount of the pension.[[10]](#footnote-11) Three groups of invalidity[[11]](#footnote-12) of soldiers (officers) are established:

group I – entirely incapable of service;

group II - partially incapacitated persons;

group III - those who are able to work.

An absolute condition for entitlement to a disability military (police) pension is the release of an officer from service.

Method: Combination of documentary evidence and personal interaction.

Assessor: Regional Medical Committee (at least two medical doctors), in the second instance Central Medical Committee.

Supporting evidence: documentation supporting the right to the pension.

Decision maker: Medical Committee.

Further details of the assessment: [https://www.prawo.pl/akty/dz-u-2018-132-t-j,16795918.html](https://www.prawo.pl/akty/dz-u-2018-132-t-j%2C16795918.html).

Notification of outcome: Letter.

Appeal possible: A person has a right to appeal against the decision from the medical committee within 14 days to appeal to a higher-ranking committee. Supervision over the medical commissions is exercised by the Minister of Interior and Administration, through the Chairman of the Central Medical Commission.

Example 6: Assessment from the psychological and pedagogical counselling centre

Policy function: Additional support at school or college.

Benefit: Benefits in kind (e.g. services):

1) a decision on the need for special education;

2) a decision on the need for individual obligatory annual pre-school preparation;

3) a decision on the need for individual teaching;

4) a decision on the need for remedial classes.

Specificity: The disability assessment is designed for this specific purpose. Assessment and opinions are issued for children and pupils attending kindergartens, schools and centres located in the area of the clinic. Anyone can apply and a specific assessment is carried out.

Responsible: The teams in public psychological and pedagogical counselling centres.

How to apply: application made by parents or adult learner, application possible by e-PUAP (epuap.gov.pl), <http://www.wszystkojasne.waw.pl/informator-dla-rodzicow-2/4-uzyskac-orzeczenie-potrzebie-ksztalcenia-specjalnego/>.

Type of assessment: Assessment of need (e.g. for help / support).

Qualifying criteria:

* A certificate of a need of individual obligatory annual pre-school preparation is issued for children whose health condition makes it impossible or significantly hinders their attendance at the kindergarten for a period not shorter than 30 days and not longer than one school year.
* A certificate of a need of individual education is issued for pupils whose health condition makes it impossible or significantly hinders their attendance at school.
* A certificate for special education for the period of pre-school education, school year or educational stage, for children/students:

1. disabled:

* deaf, hard of hearing;
* blind and partially sighted;
* with physical disabilities, including aphasia;
* with mild, moderate or severe intellectual disabilities;
* with autism, including Asperger's syndrome;
* with conjugated disabilities;

2. at risk of social maladjustment;

3. socially unsuitable; requiring special organisation of learning and working methods;

* The need for revalidation and upbringing classes for children and youth with severe intellectual disabilities, for a period not longer than five school years.

Method: Combination of documentary evidence and personal interaction.

Assessor: the director of the advice centre or a person authorised by him/her as chairperson of the team; psychologist; pedagogue; doctor; and other specialists, in particular those qualified in the field of special pedagogy, if their participation in the work of the team is necessary. Also, as an advisor education assistant or Roma education assistant can be a part of the committee.

Supporting evidence:

* Evidence from a non-medical professional who knows the applicant.
* A medical note or letter from a doctor who treats the applicant.
* Structured self-assessment (statement or structured questionnaire completed by the individual).

Decision maker: The teams in public psychological and pedagogical counselling centres.

Further details of the assessment: <http://www.wszystkojasne.waw.pl/informator-dla-rodzicow> legal basis: <http://prawo.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20170001743>.

Notification of outcome: by letter or picked up personally from the office.

Appeal possible: The applicant may appeal against the decision to the superintendent of schools.

# Part 2 – Analysis and evaluation of specific assessments

This part of the report provides more in-depth analyses of three selected case studies of assessment procedure, their suitability and effectiveness. The cases are selected to enable systematic comparison between countries and to focus on areas of policy priority and development.

The case studies are based on existing policies though it should be noted that there is ongoing work on the disability assessment reform undertaken by the Inter-Ministerial Team for the Development of an Assessment System for Disability and Incapacity for Work chaired by the President of ZUS (see below p. 34).

## Case study 1: Assessment of the degree of disability

(admission to a general register or status of disabled person(s) or comprehensive assessment for multiple purposes).

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 1**).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

APPLICATION[[12]](#footnote-13)

The application form can be obtained in the Poviat Disability Assessment Committee office, occasionally it is possible to download it from their webpage or obtain by post. The application is submitted to the Poviat Disability Assessment Committee appropriate for the place of permanent residence or stay of the interested party and can be submitted by:

* the person concerned;
* the legal representative of the interested party (this applies mainly to children and incapacitated persons);
* the head of a social welfare centre, with the consent of the interested party.

The application contains (1) personal data (name, date and place of birth, address, ID number), (2) specification of the purpose for which it is necessary to obtain a decision; (3) brief data on the social and professional situation. Following documents shall be attached:

1. For the assessment on the degree of disability:
* medical records (hospital records, results of additional diagnostic tests, specialist consultations, etc.);
* medical certificate - containing a description of the state of health, diagnosis of the condition and coexisting diseases, issued by the doctor under whose medical care a person is - such a certificate is valid for one month from the date of issue;
* other documents influencing the determination of disability or degree of disability.
1. For the assessment on the eligibility of benefits and entitlements:
* medical records,
* declaration of invalidity or inability to work,
* other documents influencing the determination eligibility.

The documentation is issued free of charge, but in for specialised examinations the costs are not covered by the assessment system, the only exemption are examinations carried out by Voivodship Committees (see below).

COMMITTEE EXAMINATION

The committee (Poviat and Voivodeship) consists of at least two assessors - chairman (medical professional), and another professional: psychologist, educator, vocational advisor, social worker or another doctor. The members are obliged to undergo specialist assessment training and pass a test.[[13]](#footnote-14) The committee has a possibility of consulting cases with a specialist. For assessment on the eligibility of benefits and entitlements, the assessor is only the medical doctor.

The committee reviews the documentation and if in their opinion the documentation is not complete the chair informs the claimant by letter on the deadline of submitting the necessary documentation. In case of lack of submission, the procedure ceases. The applicant may also be referred to a specialist examination when e.g. the documentation is inconsistent. Pulmonary, ophthalmic, electromyographic, ultrasound and psychological examinations are carried out in the voivodeship team. Within three days of issuing the results are sent to the committee. The Voivodship Committee keeps a register of all of the examinations. The applicant has a right to ask for a copy of results.

The applicant participates in the meeting of the assessment committee. During the meeting, an examination is carried out - an assessment of the state of health and of the physical, mental and social functioning. The interested party shall be notified of the date of the examination not later than 7 days before the examination. Failure to attend results in the application being rejected. However, if not appearing is justified by important reasons, the chairman of the committee, at the request of the person concerned, shall set a new date. If the claimant cannot attend the meeting due to a long-term and deteriorating illness the chairman can decide to issue the certificate without the person’s presence and the medical examination can be carried out at home.

DECISION

The application should be considered no later than within one month[[14]](#footnote-15) from the date of its submission, or in more complex cases within two months. The Poviat Committee is obliged to notify the applicant of each case of failure to issue a decision within the aforementioned time limits, stating the reasons for the delay and indicating a new time limit for settling the matter. The decision can be permanent or temporary. The assessment should include among others, directions on adequate employment and training with regard to psychophysical possibilities, need of employment in Vocational Development Centres (ZAZ) or participation in the occupational therapy workshops, rehabilitation equipment, usage of the community support system, long-term care necessity. Pending the decision, the claimant may withdraw the application without justification. A person holding a certificate obtains also an Identification Card of Disabled Person[[15]](#footnote-16) from the City Council.

APPEAL

If the decision issued by the Poviat Committee does not meet the expectations of the applicant - the applicant should, within 14 days from the date of delivery of the decision, make an appeal to the Voivodeship Committee. The Poviat Committee sends the appeal together with the case files within seven days. Within this time limit, the Poviat Committee has the right to change the previous decision itself. An appeal against the decision of the Voivodship Disability Assessment Panel may be lodged with the Labour and Social Security Court within 30 days of the date of delivery of the decision. There is no right of appeal to the Provincial Disability Assessment Panel from decisions on indications to benefits and entitlements; this procedure is a single instance procedure.

BENEFITS

The assessment indicates eligibility for the following benefits:

* the opportunity to participate in the occupational therapy workshops;
* the eligibility to participate in stays in the rehabilitation centres financed by the State Fund for the Rehabilitation of Disabled Persons (PFRON); being entitled to financial support for rehabilitation equipment and technical aids facilitating the functioning;
* privileges in the form of tax reductions;
* public transport discounts;
* access to social, therapeutic and rehabilitation services provided by social welfare institutions and some non-governmental organizations, including:
	+ Medical Care Allowance *(pl. zasiłek pielęgnacyjny)* for persons with a moderate or significant degree of disability (184,42 Polish Zloty (PLN) in 2018) and other minor supplements related to disability (from the family benefits system),
	+ permanent benefit from the social assistance system (has income criterion).
* Regarding vocational rehabilitation and employment:
	+ A possibility of employment in the Vocational Development Centres, (pl. Zakłady Aktywności Zawodowej – ZAZ) and in the sheltered workshops, (pl. Zakłady Pracy Chronionej - ZPCH) and of participation in vocational trainings;
	+ Specific employee benefits (e.g. the right to additional holiday leave, longer breaks, shorter working hours);
	+ The possibility of supporting economic or agricultural activity.
* Exemptions from radio and television fees (subscription);

The benefit system operates differently for children up to 16 years old:[[16]](#footnote-17) it allows parents (who give up[[17]](#footnote-18) employment as a result of taking care of the child) to obtain care allowance (PLN 1 583 in 2019) and a supplement to the family allowance for the child’s education and rehabilitation (PLN 90 for a child up to five years old and PLN 110 for a child between 5 and 16 years old). The certificate makes the family eligible for the support from the State Fund for the Rehabilitation of Disabled Persons (PFRON), including rehabilitation stays, removal of architectural barriers, rehabilitation equipment. It is also connected with rehabilitation tax relief as well as exempt from the obligation to pay the broadcast receiving licence.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

Disability assessments are issued under the provisions of the Act on social and vocational rehabilitation and employment of persons with disabilities (Act on Rehabilitation) of 27 August 1997,[[18]](#footnote-19) and the Ordinance of the Minister of Labour and Social Policy of 1 February 2002 on disability assessment criteria in persons aged up to 16 years of age,[[19]](#footnote-20) as well as Regulation of the Minister of Economy, Labour and Social Policy of 15 July 2003 on the assessment of disability and the degree of disability.[[20]](#footnote-21)

Poviat Disability Assessment Boards issue disability certificates on (1) status of a disabled person, (2) degree of disability; (3) eligibility for benefits and entitlements. By definition, disabled persons are persons whose physical, psychological and or mental impairments permanently or periodically hinder, restrict or prevent performing social functions, in particular the ability to work. The degrees of disability are specified as follows:

* + significant degree of disability: persons with impairment, unable to work or capable of working only in sheltered conditions, and in order to fulfil social roles demanding permanent or long-term (more than 12 months) care and help of others, due to inability to exist independently;
	+ moderate degree of disability: persons with impairment, unable to work or able to work only in sheltered conditions, or demanding temporary or partial help from other persons in order to fulfil social roles;
	+ minor degree of disability: persons with impairment causing a substantial reduction of the ability to perform work, in comparison to capacity demonstrated by persons with similar vocational qualifications with a full-functional mental and physical ability, or having restrictions on performance of social roles, possible to compensate with orthopaedic objects, supportive or technical measures.[[21]](#footnote-22)

The highly criticized term inability to exist independently is also used in assessment and is used in the cases when: the body is impaired to an extent that makes it impossible to satisfy without the help of other persons the basic needs of life, which are considered to be primarily self-management, movement and communication.

The assessment is determined by (1) the ability to live independently, (2) ability to perform social roles, (3) ability to work in appropriate conditions. Each of Board members assesses in relation to their qualifications: e.g. psychologist consider occurrence of mental dysfunctions that determine difficulties in independent functioning, including disorders of cognitive and emotional and motivational processes. The detailed list, and standards of qualifying conditions, are provided in the regulation[[22]](#footnote-23) and they include: moderate and severe mental impairment, mental illness, voice speech and hearing disorders, diseases of the genitourinary system, respiratory and cardiovascular diseases.[[23]](#footnote-24)

For persons person under 16 years of age only the fact of disability is determined (not its degree). The basis of assessment is to determine that:[[24]](#footnote-25)

* a person has physical or mental impairment;
* the expected duration of the disability exceeds 12 months;
* requires the provision of comprehensive care or assistance to meet basic living needs in a manner exceeding that needed by a person of a given age due to congenital malformation, long-term illness or damage to the body.

The law defines a list of conditions[[25]](#footnote-26) that qualify a child to be in need of care. A child's disability shall be declared for a fixed period of time, but not longer than until the child reaches the age of 16.

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times, and the assessment outcomes.*

According to EHIS at the end of 2014 3.8 million persons held a disability certificate, the structure of people with disabilities presents as follows: 42 % had a moderate degree of disability, 28 % significant, and 25 % minor degree. Children up to 16 years of age accounted for 5 % the general population of people with legal disability.[[26]](#footnote-27)

The up to date data on the number of persons assessed is gathered through the National Electronic Disability Assessment System (ESKMOoN) administered by Poviat and Voivodship Boards. The system offers a set of data, including, among others, personal information, gender, place of residence, the reason for the disability, the date of disability occurrence, the degree of disability and the duration of the assessment. Unfortunately, as of July 2017, the data is not transferred to the databases of the Main Statistical Office, despite the fact that the system would allow their use in public statistics for the survey of the population of legally disabled persons in Poland. It should be noticed, however, that the EKSMOoN system does not include registered decisions on disability or degree of disability issued between 1 January 1998 and 31 December 2007.[[27]](#footnote-28) Further evidence on the claims, appeals and other information related the Poviat and Voivodship assessments can be obtained on grounds of the access to public information. Additionally, some of the regions publish local statistics online.

According to the information from the Lesser Poland region the number of applications submitted in Poland to the Poviat Committees in 2013 equals on average 22 199 per 1 million inhabitants.[[28]](#footnote-29) Thus, as of 2013 on average one assessor employed full-time decided on 759 cases per year. With regards to children’s cases, the Poviat Boards issued more than 100 000 decisions each year (in 2011-2014). Over 85 % of the certificates classified children as disabled. The number of appeals against decisions amounted to 10 % of the total number of decisions.[[29]](#footnote-30)

According to the study published in 2012 by prof. Golinowska team out of almost 800 000 decisions issued annually, in about 1 % of cases appeals to the court were made. As a result of court proceedings, more than a quarter of judgments were changed already in the first instance. Waiting time of the verdict of the court is estimated for more than six months, and often exceeding a year.[[30]](#footnote-31)

With regards to the physical accessibility the results of scrutiny by the Supreme Audit Office (NIK) shows that buildings where assessments are taking place are generally meeting accessibility criteria.[[31]](#footnote-32) However, the same study reveals that in 66.6 % of the surveyed Committees deadlines for processing applications were not met. In some cases, it was even few months after time limit due to irregularity of committee meetings (assessors are often employed on the basis of civil legal agreement not job contract).[[32]](#footnote-33)

The costs for adjudication in Poviat and Voivodship Assessment Boards in 2012 were estimated for PLN 72-84 million and were increasing. These are not full costs, as they do not include fixed costs incurred for premises and their maintenance or other material costs related to the conduct of the assessment.[[33]](#footnote-34) The average estimated cost of issuing one decision as of 2013 was PLN 117.[[34]](#footnote-35)

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The presented case study has a designed in-put of non-medical assessors that comply with the not purely medical aim of the assessment, which is not the case in other types of assessment. Nevertheless, the assessment method uses pejorative language and focuses on weaknesses rather than support needs, which does not comply with the CRPD. The self-assessment of person with disability is not encouraged systematically. The assessment of the degrees of the disability can be confusing for the general public as it does not adequately describe situation of many persons with disabilities. In practice, contrary to the legal definition, persons assessed with severe degree of disability take up work in the open labour market, even if they have pronounced inability to independent existence. It contributes to misunderstanding of the social situation of disabled persons and maintains stereotypes. Even though the system is well rooted in the structures of local governance, due to its complexity it is perceived as difficult to navigate. It can especially cause confusion among persons with newly acquired disability, as in general information on entitlements related to specific assessments are not obvious and the information are not easily obtained especially in accessible formats. For instance, the definition of disability focuses on ability to work as a part of performing social functions which to certain extent can lead to diverse assessments of the same person in different systems as it is also the Social Insurance Institution (ZUS) that assesses ability to work.[[35]](#footnote-36)

The link between assessment and rehabilitation is weak as disability certificate does not guarantee vocational nor medical rehabilitation. There is no continuation after issuing the directives on rehabilitation – the claimant has to apply for rehabilitation separately.[[36]](#footnote-37)

The quality of assessment sometimes raises concerns as assessors are not always having required specialization. According to NIK’s scrutiny in 77.7 % of the audited Committees, decisions were issued by persons who did not meet all of the requirements set out in legal regulations. In three inspected Poviat teams the chair of the assessment committees and a medical doctor who issues medical documentation was the same person, which violated the principle of impartiality in the adjudication process. 66.6 % of the teams that took part in the research revealed cases of appointing as chairpersons a medical practitioner who does not specialize in the claimant’s disease or of failure to designate specialists to the panel of assessors, which is required by regulation. Moreover, very rarely the applicants were directed to specialist examinations (in some cases due to the geographical distance).

NIK control also points out that The Government Plenipotentiary for Disabled Persons[[37]](#footnote-38) has not effectively supervised the assessment system with respect to reviewing decisions as to their conformity with the documents collected and the rules and standards of procedures. More than 40 % of the contested decisions issued by controlled Poviat Boards has been changed by the second instance authority, of which up to 74.6 % of judgments a different assessment by the appeal body took place as a result of the analysis of the same evidence.[[38]](#footnote-39) Moreover, the design of appeal procedure, namely possibility of appeals to courts has made courts de facto "Disability Assessment Boards".

It is important to note that when errors in disability assessment have been found during internal controls by the provincial governors (voivodes) actions to correct them were taken with significant delay, sometimes more than one year later. This resulted in a number of certificates being issued that were either not in accordance with the law or the assessment standards.[[39]](#footnote-40)

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

In order to improve the quality of disability assessment, the electronic national monitoring system for disability assessment was implemented. Although still there are obstacles encountered it has a great potential to provide statistical data not only on the structure of certificated persons but also with regards to the details and qualities of assessments. Inclusion of non-medical specialists in the assessment processes (not present in other assessment methods) is considered a good practice.

## Case study 2: Assessment in respect of incapacity for work (ZUS)

*(eligibility for invalidity pension, as defined by MISSOC).*

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 2**).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

APPLICATION

The application[[40]](#footnote-41) filled in by the applicant (or in case of incapacitation the legal representative) can be submitted to any Social Insurance Institution (ZUS) office, though it will be considered at the office competent for the place of residence or stay. The application can also be submitted online at [www.zus.pl](http://www.zus.pl) (it requires having registered PUE ZUS account and a trusted profile on the electronic platform of public services - e-PUAP). The required attachments include information of social security contribution and non-contribution periods (ERP-6),[[41]](#footnote-42) information concerning the course of insurance of the insured person (E 207)[[42]](#footnote-43) with documentation from the employers, health certificate;[[43]](#footnote-44) and a professional questionnaire (filled by employer).[[44]](#footnote-45) The application can be withdrawn without justification.

EXAMINATION

After filing an application, the formal assessment is carried out. Subsequently, the applicant is summoned for an examination, unless his/her arrival at the registered ZUS office is not possible due to his/her health condition. In such a case, the examination (upon a justified request) is carried out at claimant’s place of residence. The ZUS medical examiner may also issue a decision on the basis of medical documentation without an examination. Failure to attend the examination or hospital observation without a legitimate reason results in abandonment of the procedure.[[45]](#footnote-46)

The assessor is a ZUS-certified doctor with a minimum of five years of active pursuit of the profession and the second degree of specialisation (especially in the following fields: internal medicine, surgery, neurology, psychiatry, occupational medicine, social medicine), and has completed a training determined by the President of ZUS.

The task of the ZUS medical examiners and medical commissions is to pronounce on inability to work for the purpose of determining entitlement to social insurance benefits. The ZUS medical examiner assesses inability to work, its degree and determines:

* date of becoming unable to work;
* permanence or expected duration of incapacity for work;
* a causal link between incapacity for work and certain circumstances;
* inability to live independently;
* the purpose of professional retraining.[[46]](#footnote-47)

Before issuing the certificate, the doctor may supplement the documentation enclosed with the application, in particular with the opinions of a consultant or psychologist, or with the results of additional examinations or hospital observations. It is the role of the local ZUS branch to direct the applicant to an examination carried out by an examiner, a medical commission, a consultant doctor, a psychologist or to a hospital observation. The costs of the transport for additional examination (only the cheapest public transport available) are refunded by ZUS.[[47]](#footnote-48)

DECISION

On the basis of the examination, the examiner issues a decision on partial or total incapacity for workand the inability to independent existence. During a period of certified incapacity for work (indicated in the ZUS decision), the pension is payable. In addition to incapacity pension, the effect of judicial proceedings may also be referral to treatment and rehabilitation (during which a rehabilitation benefit is paid) or referral for professional retraining. Incapacity for work is certified for a period of up to five years or longer in justified cases. ZUS is obliged to issue a decision on the pension within 30 days from the date of the last circumstances of the case and as research shows it is in general respected.[[48]](#footnote-49) The certificate shall be delivered to the interested party in person or by mail.

APPEAL

Appeal to the ZUS medical committee can be made within 14 days from the date of delivery of the certificate. An objection shall be lodged through the ZUS unit relevant to the place of residence of the interested party. Also in the case of incorrectness in the decision, within 14 days from the date of the ruling, the President of ZUS may report the alleged defectiveness of the decision and refer the matter to the medical committee for consideration.[[49]](#footnote-50) The ZUS medical committee decision can be appealed against to the district court - Labour and Social Security Court competent for the place of residence of the appellant - within one month of the delivery date. The appeal shall be filed through the Social Insurance Institution (ZUS) .[[50]](#footnote-51)

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The legal basis for the current assessment on inability to work is Article 12,13 and 14 of the Law on retirement and other pensions provided by the Social Security Fund of 17 December 1998, as amended,[[51]](#footnote-52) and the Ordinance of the Minister of Social Policy of 14 December 2004 on pronouncing incapacity for work.[[52]](#footnote-53)

A disability pension is granted to an insured person who meets all of the following conditions:

1. is incapable of work;
2. has completed the required social insurance contributory and non-contributory period;[[53]](#footnote-54)
3. the incapacity for work must have occurred during contributory and non-contributory periods, but not later than within 18 months after the cessation of these periods.[[54]](#footnote-55)

**By ZUS’ definition a person incapable of work**is a person who has lost, completely or partly, their earning capacity due to a disturbance of body fitness, and for whom retraining does not promise the restoration of his or her earning capacity.

**Completely incapable of work**is a person who has lost their capability for any work.

**Partly incapable of work**is a person who lost, to a considerable degree, their capability for work corresponding to their qualifications.[[55]](#footnote-56) It is not defined in percentage nor grades.

The inability to independent existence is certified (with the complete incapability of work) in a case of disturbance of body fitness which requires permanent or long-term care and assistance of other person in satisfaction of primary living needs.

Decision on the necessity of vocational retraining, on the basis of which the training grant is made, is issued in relation to a person unable to work in the previous profession, but with potential to regain this ability after retraining for another profession.

According to the standards of ZUS when assessing the degree and persistence of incapacity and prognosis on the recovery of ability to work the following shall be taken into account:

1. the extent to which the body has been impaired and possibility of restoring necessary ability through treatment and rehabilitation,
2. the possibility of performing the previous work or taking up other work and the purposefulness of professional retraining, taking into account the type and nature of the previous work, level of education, age and psychophysical predispositions.[[56]](#footnote-57)

The standards of disability assessment by ZUS are published[[57]](#footnote-58) in the form of directions. For example, the law defines partial inability to work as the loss (to a significant extent) of the ability to work in correspondence with the level of qualifications held, but does not specify further guidance. ZUS assessment standards suggest that in Polish legislation the reference point is a regulation of the Minister of Labour and Social Policy of 27 April 2010 on the classification of professions and specialities for labour market needs. This classification of occupations and specialities was prepared on the basis of the International Standard Classification of Occupations (ISCO-08), account has been taken of four levels of qualification, defined in reference to the levels of education defined in the International Classification of Educational Standards (ISCED 97),[[58]](#footnote-59) but it is not directly referred to in the regulation. It is also important to note that at the official webpage “assessment standards” subpage is empty.[[59]](#footnote-60)

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

Between 1998 and 2016 a strongly decreasing trend in a total number of disability pension recipients was observed due to the 1997 disability assessment reform. Descending from more than 2 500 000 recipients in 1998, through approximately 1 500 000 in 2006 and to 1 000 000 in 2014. In 2016 disability pensions were paid on average to 883.6 thousand persons, the average monthly amount of the pension was PLN 1 571.51, and 48 100 new pensions were granted.[[60]](#footnote-61) As of December 2017 recipients of disability pensions payable by ZUS amounted 814 244, interestingly, the gender division is visible: 543 809 males to 270 436 females.[[61]](#footnote-62) There is approx. 350 000 of persons pronounced as unable of independent existence.

Taking into account the certificates issued by the ZUS-certified doctors in 2017, it can be noted that in relation to 15.7 %, i.e. 104 900 of the total number of the examined persons, physicians issued negative judgments stating no inability to work, no entitlement to rehabilitation benefits or no health detriment.[[62]](#footnote-63)

With regards to the second instance Medical Committees, in 2017, a total of 38 ZUS medical committees operated in 16 branches of the Social Insurance Institution (ZUS).[[63]](#footnote-64) In that year, ZUS medical commissions issued 18 800 amending certificates, which constituted 29.8 % of the total number of judgments delivered by the committees, in 44 300 (70.0 %) of appeal cases, medical commissions confirmed the findings of the ZUS-certified examiner, and in the remaining 0.2 % of cases, i.e. 103 judgments, a lack of information on the final outcome was noted.

With regards to the degree of certified disability in December 2016 disability pensions were structured as follows:[[64]](#footnote-65)

|  |  |
| --- | --- |
| Disability pensions in general including those of:  | 100.0% |
| Complete inability to undertake employment and an independent existence:  | 9.4% |
| Total incapacity for work: | 25.4% |
| Partial incapacity for work:  | 65.2% |

Among the first-time certified persons disability in 2017 11,1 % (11,4 % in 2016) was issued with total incapacity of work and inability to independent existence, 32,7 % (33 % in 2016) with incapacity of work, 56,2 % (55,6 % in 2016) with partial incapacity of work.[[65]](#footnote-66)

According to the newest data from March 2018, invalidity pensions are mostly received by men, who make up 66.8 % of the pensioner population. The gender division is visible also in the amount of the pension - the highest percentage of women, i.e. 22.7 %, receive pensions in the amount from PLN 700.01 to PLN 900.00. The highest percentage of men, i.e. 18.3 %, is collected by pension in the amount from PLN 1000,01 to PLN 1200,00.[[66]](#footnote-67)

Further details with regards to the implementation statistics can be found in the reports of ZUS available online.[[67]](#footnote-68)

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

Segregation into certification on the inability to work for pension purposes and certification on the degree of disability was introduced in 1997 due to assessment reform. The analysis shows that the system in the first years of transformation after 1989 the ZUS system took the role of social protection against high unemployment. The Supreme Audit Office claims that the objectives of the reform have not been achieved, and the main priority: increasing the role of rehabilitation and changing the role of benefits from compensatory to activization was not met.[[68]](#footnote-69) Moreover, it is very much criticized as not compliant with the CRPD as it proposes negative judgment on inabilities rather than assessing support needs, and uses stigmatizing language. It is common that persons assessed as incapable of work or certified with incapacity of independent existence finish higher education and/or have work.[[69]](#footnote-70)

The ZUS assessment of incapacity to work is a profoundly medical assessment. Comprehensive research conducted by prof. Golinowska shows that in practice the assessment is based mainly on the biological element. The information concerning the socio-occupational element is based on an interview with the respondent and to limited extend takes into account the opinion of the last employer of the applicant (the form that employers fills can provide very brief, limited, not always sufficient data).[[70]](#footnote-71) The medical focus of the assessment of inability to work is problematic even to the ZUS-certified assessors themselves. The respondents of prof. Golinowska study (medical doctors from ZUS and KRUS) openly admitted that they were not qualified for decisions on inability or ability to work or service. Inability to work is assessed by doctors, who when diagnosing a physical impairment and further prognosis for its improvement have to associate it with the ability to work. As they admit, they do not have sufficient knowledge and tools for making an adequate assessment, so their opinions about inability/ability to work are not sufficiently documented, and often are subjective. As the authors of the research summarize:

*“In the opinion of the respondents to the qualitative and quantitative research, the certifying physician can only assess the body's inefficiency and damage to health and, after training (and in cooperation with e.g. a nurse or a social worker), also functional inability (basic -ADL and instrumental - IADL), but has no qualifications to assess the inability/ability to work on their own. For this purpose, professional experts are needed.*”[[71]](#footnote-72)

Moreover, not all of the assessors had required training. According to the evaluation conducted by the Supreme Audit Office[[72]](#footnote-73) assessors had the necessary medical specializations, however, some of them (68.5 % of the number of controlled teams) had not undergone training determined by the President of ZUS. In some teams, even 1/3 of physicians were allowed to adjudicate without fulfilling this condition. Moreover, in many cases it was a practice to issue certificates in the cases of diseases doctor does not specialize in. Despite the possibility of engaging opinions of consultant physicians this tool was used too rarely (such opinions were presented only in 6.5 % of issued judgements), which could have had an impact on the high number of appeals (11,2 % of issued decisions). In 50 % of the inspected units, there were cases of not obtaining any information about the work of the person applying for the certificate.

NIK also claims that due to the fact the fact that judgments are generally not detailed and short, the justifications of the judgments did not always contain individual assessment of the incapacity for work. There was therefore no actual assessment of incapacity for work, in connexion with the impairment and with specific circumstances.

The above-mentioned issues with regards to quality of assessment translate often into patient’s critical perspectives, a qualitative research have reported perceived negligence of medical officers and “inhumane procedures”, as well as issuing decisions based on cursory interviews that lacked insight into the individual’s health condition and their actual capabilities. Family caregivers that participated in the study often referred critically to medical assessors and their decisions (e.g. cases of an individual having had long-term treatment for schizophrenia being considered fully capable to work).[[73]](#footnote-74)

In the opinion of NIK, the Chief Medical Officer of ZUS did not effectively enforce the recommendations and conclusions from the carried-out controls, which resulted in the same irregularities found in subsequent checks. These concerned in particular: non-compliance of findings with the principles of certification, lack of documentation necessary to issue the certificate, lack of consultant's opinion - affecting the quality of assessment. The Supreme Audit Office draws attention, that judgments are only subject to jurisdictional control when the party is not satisfied; in other cases, the correction of any errors, or elimination of defective judgments from the legal circulation can only take place through their ongoing monitoring and enforcement of recommendations.[[74]](#footnote-75)

With regards to appeal procedures, in the NIK’s studied sample, as a result of consideration of the objection or allegation of defectiveness, the medical committees have changed the content of 23 % of decisions issued by medical examiners; in up to 70 % of those cases, a different assessment was made on the basis of the same documentation. NIK draws the conclusion that it indicates that the assessment was not sufficiently thorough. Moreover, the Supreme Physician of ZUS did not conduct an ongoing analysis of court appeal proceedings (in particular the grounds for judgments) with regard to arguments and the circumstances justifying different judgments of courts, even though in 91.9 % of cases the court changed ZUS decision based on the same documentation.

It is also important to mention, that ZUS made a minimal use of the power to issue decisions on the advisability of vocational retraining (0.07 % of decisions in pension cases), even though the purpose of the training is to enable a person to commence a work in a new profession. Moreover, it was also found, that the cooperation between the ZUS branches and job centres (training organisers) was not effective, the Supreme Audit Office claimed the regulation of training pension turned out to be not used in practice.[[75]](#footnote-76) Relevant doubts also relate to the determination of the expected duration of the incapacity to work that should be determined by the doctor.[[76]](#footnote-77)

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The ongoing digitalisation of assessment can be seen as a promising practice as online application procedures is supportive for persons with disabilities. It should also be noted that ZUS publishes annual statistical reports online presenting vast variety of data concerning disability assessment as well as online informative materials for persons with disabilities with regards to procedures.[[77]](#footnote-78)

## Case study 3: Assessment for long-term care benefits

*(eligibility for long-term care benefits as defined in MISSOC).*

There is no separate systemic national disability assessment method assessing eligibility for long-term care benefits for persons with disabilities as defined in MISSOC, other that the ones describe above. There is no unified system of Personal Assistance, the existing services are project-based, non-systemic and limited in budget, duration and territorial availability.[[78]](#footnote-79)

As MISSOC states: "Long-term care is provided piece-meal through legislation on a number of others, risks including old-age, invalidity, survivors, health care and also in the legislation on social assistance. The long-term care is based on: (1) social assistance (*pomoc społeczna*, benefits in kind); (2) social insurance (Medical Care Supplement); (3) universal coverage"[[79]](#footnote-80) In the disability assessment context the following benefits could be especially regarded as long-term care benefits:

* Medical Care Allowance (*pl. zasiłek pielęgnacyjny*) that is given based on the assessment of Example 1. It has to be highlighted though that the support is scarce as the benefit equals approximately EUR 35 per month, PLN 153.
* Special Attendance Allowance (*pl. specjalny zasiłek opiekuńczy*) (approximately EUR 119, PLN 520) – however it has to be noted that it is offered to carers not to the persons with disabilities and has an income criterion (EUR 180/monthly per person in the household). It is distributed based on the disability certificate (as assessed in Example 1) and an interview conducted by social services.
* Medical Care Supplement (*pl. dodatek pielęgnacyjny*) (approx. EUR 49,5, PLN 215,84) - a benefit that as it can be granted to persons who are assessed as unable of independent existence and unable to work (given on the basis of assessment in Example 2).
* Carers of children with disabilities are eligible also for other forms of long-term care benefits (assessment Example 1). E.g. nursing benefit (pl. *świadczenie pielęgnacyjne*) – support for people who are not in paid employment because of a need to take care of a disabled child (under 18 or 25 in case of education). The money is paid to the parent PLN 1 406 (approx. EUR 322) per month.

The only long-term care[[80]](#footnote-81) need assessment that is not mentioned in classical studies on disability assessment in Poland is based on Regulation of Minister of Health of 22 November 2013 and assesses eligibility to benefits in the field of nursing and care services as part of long-term care. By definition the medical long-term care benefits are designed for “bedridden” and chronically-ill patients who require systematic nursing services, usually connected with the elderly care. Persons with chronic illnesses, aggravating disability, those who are ill, but not eligible for hospitalisation and need permanent professional nursing, rehabilitation and care, are eligible for this type of service. The service is located in the health care system not the social insurance, a person eligible for the benefit is not assessed through this procedure as disabled. The assessment is based on the Barthel scale, and the score under 40 qualifies to home or residential care. Thus, due to strict requirements most of the disabled population is not addressed in this legislation. The duration of home care depends on the existing health problems of the concerned person.

It is important to add that long-term care benefits were the main demand during the 2018’s major disability rights protest - 40 days occupation of the Parliament by disabled persons and their parents. Their main never fulfilled demand was a monthly benefit of PLN 500 (approximately EUR 120) for persons with severe disabilities who need substantial support. The protest became a topic of heated discussion highlighting the need for adequate long-term care policies.

To sum up, as the subject of the analysis is the assessment methods (and not specifically benefits) the certificate from example 1 or 2 (in some cases in combination with income criterion) make a person with disabilities eligible for certain long-term care benefits.

# Summary and conclusion

*Taking an overview of national approaches to disability assessment and including any recommendations. Considering the range of examples identified in Part 1, and the analysis of selected cases in Part 2, please reflect on the extent to which these various assessment systems are integrated (or not). For instance, to what extent are similar application processes, similar assessment methodology, or similar administrative processes used to determine eligibility for different benefits? How could the system in your country become more integrated, cost-effective, or result in an easier applicant journey through the processes? Please also indicate any explicit references to the CRPD in the assessment procedure or whether the CRPD has been taken into account in determining the assessment procedure to be used.*

In general, the existing assessment systems are perceived critically by both policy experts, DPOs and many persons with disabilities as being unnecessarily divided, difficult to navigate, causing confusion for the users and thus making it difficult for persons with disabilities to exercise their rights. The system, as demonstrated by various researches, is fragmented, does not offer accurate solutions and uses terminology that is not compliant with CRPD. There is a consensus that the reform in needed not only for the purpose of disability assessment itself but also for broader disability-related policies.

As of 2018, disability is assessed by several different institutions: two social insurance institutions (ZUS and KRUS), ministries, and the structures of local government. Appropriate executive, appeal and supervisory structures have been established in all of these institutions for the purposes of disability certification that generates costs and requires coordination of resources in all of the institutions order to achieve high quality of the decision-making processes.[[81]](#footnote-82) The assessments described in the Case Study 1 and Case Study 2 are the most widespread. Between them the principle of only one-way translation of decisions has been adopted: only decisions issued by ZUS are translated into decisions on the degree of disability.[[82]](#footnote-83) The assessments described in the examples 3,4 and 5 are designed exclusively for professional groups, assessing the inability to work in a certain profession and thus making persons eligible for pensions (which are generally higher that the ZUS ones). Children assessment is also multi-institutional and requires multiple examinations by different bodies.

As the assessment procedures do not constitute a single system and are contradictory in many aspects the problem of navigating between them occurs. Taking into account that at least two separate designs apply to the same person, he or she can be treated differently. Namely, if a person with one of the certificates in examples 2, 3, 4 and 5 wants to obtain ID of disabled person she or he has to be assessed separately to the Poviat Disability Assessment Board (Example 1).[[83]](#footnote-84) From the individual perspective, the multitude of assessment systems is linked to the need to prepare multiple sets of documents, undergo numerous examinations, in many cases requires additional medical records (thus contributing to the bureaucratization of health care system) and finally causes additional waiting time as examination dates can be distant.

The results of a comprehensive research conducted by prof. Gąciarz and team on the obstacles to construct a comprehensive disability system conclude that one of the most important institutional problems it is lack of coordination.

*“the lack of liaison mechanisms between the various stages of support and between institutions from different sectors of public administration dealing with people with disabilities, causes a lack of continuity between individual forms of assistance and, as a result, weakening institution’s impact on the situation of people with disabilities. This is a disadvantage of the institutional set-up, which also manifests itself in the absence of exchange of information on persons with disabilities between different institutions, which makes it difficult or impossible to formulate comprehensive support plans for specific individuals, families or even communities. […] The problems result, among others, from the separation of health care and disability assessment from social assistance activities, and the latter from activisation on the labour market.”*[[84]](#footnote-85)

The results of this research also highlight that what is problematic is creation of task-based rather than sectoral division of institutional competences. It results in fragmentation of support and is based partially on the fragmentized disability assessment system. The division also leads to the lack of knowledge on the vast majority of people with disabilities, which are outside the area of formal interest of particular institutions. Research indicates that the turning point was the transfer of payments (disability benefits) from social services competence to ZUS and breaking off the contact with a significant group of recipients.[[85]](#footnote-86)The incoherence of the system contributes further to the lack of data that would support monitoring the situation of people with disabilities.

It has consequences not only for the institutional level but also employment, the third sector and general public opinion on disability-related issues. Analysing differences in understandings of the inability to work in both ZUS and Poviat assessment systems B. Kłos concludes:

*Such a construction of medical certification for disability results in lack of transparency of the system and inconsistency of jurisprudence, and in reception social disability status is judged to be unfair and incomprehensible.*[[86]](#footnote-87)

From the perspective of an individual it is crucial to understand that the complexity of assessment system hinders persons with disabilities from understanding their rights and benefits they are eligible to. In a survey carried out in the Pomeranian region in 2008 it was found, that persons with disabilities do not have sufficient information on entitlements related to specific types of disability certificates. Some respondents did not distinguish between the two main types of assessment (ZUS and the Poviat assessment) and the rights attaching to them.[[87]](#footnote-88) There is also no system of reaching out to people (including families with children with disabilities) who have just obtained a certificate and do not yet know what support they can count on*.* Moreover, a frequent lack of a person in the office who is able to provide comprehensive information on the issue has been reported.[[88]](#footnote-89) Research also stresses that the meeting with the assessors may involve feelings of misunderstanding or negligence of assessors, issuing decisions based on cursory interviews that lacked insight into the individual’s realm, as well as stress, humiliation and feeling of injustice during examination.[[89]](#footnote-90)

Terminology remains important critical aspect of assessment procedures. It has to be highlighted that the definition of disability formulated in the Act on Rehabilitation is not consistent with Art 1. of the CRPD.[[90]](#footnote-91) The national acts are based on the medical model focusing on dysfunctions and limitations and are using pejorative terminology such as “incapacity to work”, "mental retardation", “inability to perform social roles” or “inability to independent existence”. The use of this approach strengthens prejudices among general society and has consequences on the labour market as employers’ attention is directed to the weaknesses rather than the strengths of a disabled candidate for a job.[[91]](#footnote-92) Especially, the assessment of inability to work rather than support needs may contribute to the exclusion from the labour market.

A separate issue is disclosure of the type of disability on the certificates, namely the "symbol of the cause of disability". It can have consequences on the labour market. For instance, if a person submits the certificate to any official or employer, they can recognize the disability even if it is not visible or not related to the job. It raises concerns with regard to privacy and information autonomy and issue was considered by the Constitutional Tribunal.[[92]](#footnote-93)

According to the estimations done by the experts from prof. Golinowska team the multi-institutional disability assessment systems costs appr. PLN 300 billion and is increasing. The share of court costs increases (approaching 10 % of all costs) as applicants more and more often perceive the decision not to grant the right as unfair or unjust, which is in many cases confirmed by courts in appeal procedures.[[93]](#footnote-94)

There is a consensus between experts, DPOs as well as policymakers that the reform of the assessment system is needed and crucial as it is a basis for other problems related to disability policies. Due to increasing complaints, in 2008, the Ombudsman addressed the Government Plenipotentiary for Disabled Persons with regard to the problems of disability assessment for pension and non-pension purposes. As of February 2019, there are ongoing works undertaken by the Inter-Ministerial Team for the Development of an Assessment System for Disability and Incapacity for Work chaired by the President of ZUS. The prospected reform aims at simplification, standardization, and unification. While new legislation is anticipated, concerns are raised regarding possible non-compliance of the introduced terminology with the CRPD (e.g. it is proposed to assess ‘non-self-reliance’). In response to them, the Ombudsman had raised doubts about the proposed changes and asked for a re-examination of the bill in terms of compliance with CRPD.[[94]](#footnote-95) The correspondence between the Ombudsman and the Social Insurance Institution (ZUS) showed that the reform does not meet CRPD public consultation standards, as, in the opinion of the ZUS representatives, people with disabilities were sufficiently consulted, as representatives of two non-governmental organizations had adviser's voice during team's work.[[95]](#footnote-96) It is, thus, essential to ensure high quality public consultation on the assessment reform. Especially, as the 2018s disability rights protests shed the light on the weakness of dialogue between the government and disability rights movement. The disappointment of disabled persons with not being included in decision-making was widely expressed in the media (see ANED Country Fiche on EU2020, 2018).[[96]](#footnote-97)

Research on the needs of assessment reform by prof. Golinowska[[97]](#footnote-98) show that a key component is interdisciplinary composition of assessment boards that should include medical doctors competent in bodily impairments, but also psychologist, social workers or job consultants that specialize in the field of disability and employment. Defining the status of medical assessor would be beneficial as well as more detailed determination of the scope of their specialization. Designing learning processes for assessors would be crucial as well as additional training on CRPD, social skills, human-rights based approach, up to date accessibility related issues would be recommended. As the research shows, the opinion of the medical assessors most important changes, are the following:

* Standardization of procedures in the assessment system;
* Higher wages of assessors;
* Access to specialized training;
* Unification of existing systems;
* Coordination between assessment and rehabilitation procedures;
* Access to educational materials for assessors.

The disability community has also formulated needs with regards to the disability assessment reform as it is one of the policies most expected to be changed. The popular webpage niepelnosprawni.pl[[98]](#footnote-99) led by one of the major organisations has gathered comments of persons with disabilities expressing the need for unification, ensuring that only doctors who specialise in a certain disease can issue a certificate and the judgement is made by more than one assessor. It is also expected that the procedures should be as short as possible and for selected disabilities the certificate shall be permanent. There is hope that the reform will also eliminate the benefit trap.

A comprehensive set of recommendations from the disability rights community was issued in 2017 by The Congress of Persons with Disabilities that gathered DPOs and experts. The Guidelines for draft laws for the New Support System for Persons with Disabilities present aims of new regulation, definitions compliant with the CRPD, are rooted in the human rights-based approach as well as the perspective of needs and potentials rather than impairments. The proposed model is based on an interdisciplinary assessment board and suggests assessment of needs in specific areas including medical rehabilitation, social and vocational rehabilitation. All the assessed needs are connected with guaranteed social services (e.g. specialist counselling, psychological support, support for independent living, rehabilitation, respite care etc).[[99]](#footnote-100)

General recommendations

* It is recommended that the reform would eliminate multiple methods of assessment andintroduce a unified system of disability assessment (in line with ICF) based in a specialised institution, that would focus on articulating support needs rather than describing dysfunctions.[[100]](#footnote-101)
* The model should be fully based on human-rights approach and should ensure participation of organizations of persons with disabilities in design and consolation.[[101]](#footnote-102)
* The assessment committees should be designed as interdisciplinary bodies rather than medicine-centred, as medical doctors are not qualified to assess all of the support needs especially on the rapidly changing labour market.[[102]](#footnote-103)
* Persons with disabilities should be more engaged in generating the information on which disability assessments are made.[[103]](#footnote-104)
* The system should become fully digitalized and the statistical data derived from it shall be accessible in public statistic.[[104]](#footnote-105)
* The system should ensure interaction of sectoral activities: rehabilitation, education, long- term care (including personal assistance), labour market support, psychological support and other forms of social participation.[[105]](#footnote-106) Ensuring wider communication between disability assessment and implementation of rehabilitation and integration tasks would contribute to unifying the system.[[106]](#footnote-107)
* Standardisation of the assessment.[[107]](#footnote-108)
* The system should include mechanisms for children until the age of 16 years and especially, should merge educational assessment with the Poviat one, and introduce degrees within disability assessments of children.[[108]](#footnote-109)
* The reform would also require rethinking the user-friendliness of the procedures,[[109]](#footnote-110) including training of the assessors in the human-rights based approach.
* The assessment process should be made fully accessible[[110]](#footnote-111) and the comprehensive programme Accessibility Plus[[111]](#footnote-112) could support it.
* The monitoring and evaluation of the system, especially with regards to the analysis of the appeal cases should be implemented more extensively.[[112]](#footnote-113)

It is crucial in upcoming months to monitor the developments of work on the assessment reform especially their compliance with CRPD and participation of persons with disabilities in decision-making.

1. A child's disability certificate is issued for a fixed period of time, but not more than 16 years of age. See <https://pcpr.powiat.krakow.pl/powiatowy-zespol-ds-orzekania-i-niepelnosprawnosci/>. [↑](#footnote-ref-2)
2. <http://www.niepelnosprawni.gov.pl/>. [↑](#footnote-ref-3)
3. An application form for a decision on the degree of disability See: <https://ops-pragapoludnie.pl/files/11111/file/1_wniosek_o_wydanie_orzeczenia_dla_doroslych.pdf>. [↑](#footnote-ref-4)
4. See details: <http://lang.zus.pl/documents/493369/574088/Social_security_in_Poland.pdf/8e1a8cad-f6ad-467a-8e81-1fedd2692082>. [↑](#footnote-ref-5)
5. <http://lang.zus.pl/documents/493369/574088/Social_security_in_Poland.pdf/8e1a8cad-f6ad-467a-8e81-1fedd2692082>. [↑](#footnote-ref-6)
6. Pawłucka H. (2016), Renta inwalidzka w systemie zaopatrzenia emerytalnego służb mundurowych, <http://repozytorium.uni.wroc.pl/Content/78977/12_H_Plawucka_Renta_inwalidzka_w_systemie_zaopatrzenia_emerytalnego_sluzb_mundurowych.pdf>, p. 271. [↑](#footnote-ref-7)
7. Ibidem. [↑](#footnote-ref-8)
8. Contrary to ZUS assessments the system still uses the category of invalidity. [↑](#footnote-ref-9)
9. Including: Police, Internal Security Agency, Foreign Intelligence Agency, Military Counterintelligence Service, Military Intelligence Service, Central Anti-Corruption Bureau, Border Guard, State Protection Service, State Fire Service, Customs Service and Prison Service and their families. [↑](#footnote-ref-10)
10. Pawłucka H., Renta inwalidzka…, op. cit. [↑](#footnote-ref-11)
11. Contrary to ZUS assessments the system still uses the category of invalidity. [↑](#footnote-ref-12)
12. Information on the procedure are available on the webpage of Government Plenipotentiary for Disabled Persons [http://www.niepelnosprawni.gov.pl/art,13,instytucje-orzekajace-procedury-orzekania-tryb-i-zasady](http://www.niepelnosprawni.gov.pl/art%2C13%2Cinstytucje-orzekajace-procedury-orzekania-tryb-i-zasady). [↑](#footnote-ref-13)
13. Kłos. B (2015), Systemy orzecznictwa o niezdolności do pracy i orzecznictwo o niepełnosprawności w Polsce [Disability certificate and disability assessment in Poland], Studia BAS 2:9–45. https://www.ceeol.com/search/article-detail?id=281499. [↑](#footnote-ref-14)
14. In the case of filing an application for a subsequent decision on disability or degree of disability within the period of validity of the existing decision, the time limit for settling the case shall be counted from the day following the expiry of the validity period of the existing decision. [↑](#footnote-ref-15)
15. <http://www.niepelnosprawni.gov.pl/container/status-osoby-niepelnosprawnej/WZOR%20LEGITYMACJI%20DOKUMENTUJACEJ%20STOPIEN%20NIEPELNOSPRAWNOSCI.pdf>. [↑](#footnote-ref-16)
16. A child's disability certificate is issued for a fixed period of time, but not more than 16 years of age. See <https://pcpr.powiat.krakow.pl/powiatowy-zespol-ds-orzekania-i-niepelnosprawnosci/>. [↑](#footnote-ref-17)
17. Obtaining care allowance for a disabled child only when the parent resigns from work is a subject of social debate and criticised by part of the disabled children parents movement. [↑](#footnote-ref-18)
18. Ustawa z dnia 27 Sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych, znowelizowana w 2002, <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU19971230776/U/D19970776Lj.pdf>. [↑](#footnote-ref-19)
19. Rozporządzenie Ministra Pracy i Polityki Społecznej z dnia 1 lutego 2002 r. w sprawie kryteriów oceny niepełnosprawności u osób w wieku do 16. roku życia oraz rozporządzenie <http://prawo.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20020170162>. [↑](#footnote-ref-20)
20. Rozporządzenie Ministra Gospodarki, Pracy i Polityki Społecznej dnia 15 lipca 2003 w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności, <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20031391328/O/D20031328.pdf>. [↑](#footnote-ref-21)
21. Kłos B. (2015), Systemy orzecznictwa…, op. cit. [↑](#footnote-ref-22)
22. Rozporządzenie Ministra Gospodarki, Pracy i Polityki Społecznej dnia 15 lipca 2003 w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności, <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20031391328/O/D20031328.pdf>. [↑](#footnote-ref-23)
23. The vocabulary used is not always compliant with the CRPD. [↑](#footnote-ref-24)
24. All conditions must be present. [↑](#footnote-ref-25)
25. Rozporządzenie Ministra Pracy i Polityki Społecznej z dnia 1 lutego 2002 r. w sprawie kryteriów oceny niepełnosprawności u osób w wieku do 16. roku życia oraz rozporządzenie <http://prawo.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20020170162>. [↑](#footnote-ref-26)
26. Informacja Rządu Rzeczypospolitej Polskiej o działaniach podejmowanych w 2016 roku na rzecz realizacji postanowień uchwały Sejmu Rzeczypospolitej Polskiej z dnia 1 sierpnia 1997 r. „Karta Praw Osób Niepełnosprawnych”. [↑](#footnote-ref-27)
27. Gruszka, P. Ulman. (2018) Disability in public statistics research. Use of administrative data sources. Folia Oeconomica Cracoviensia, 58: 39–58, [http://journals.pan.pl/Content/102209/PDF/FOC+t.+58+4Gruszka%2CUlman.pdf?handler=pdf](http://journals.pan.pl/Content/102209/PDF/FOC%2Bt.%2B58%2B4Gruszka%2CUlman.pdf?handler=pdf). [↑](#footnote-ref-28)
28. Małopolski Urząd Wojewódzki w Krakowie, Bujak A., (2015), Powiatowe zespoły do spraw orzekania o niepełnosprawności. [↑](#footnote-ref-29)
29. Kłos B. (2015), Systemy orzecznictwa…, op. cit. [↑](#footnote-ref-30)
30. Golinowska S. (2012), Instytucjonalne, zdrowotne i społeczne determinanty niepełnosprawności, Warszawa: IPiSS, p. 240. [↑](#footnote-ref-31)
31. NIK (2012), Organizacja systemów orzecznictwa lekarskiego ZUS dla celów rentowych oraz orzekania o niepełnosprawności, p.29. [↑](#footnote-ref-32)
32. Ibidem. [↑](#footnote-ref-33)
33. Golinowska S., 2012, Instytucjonalne, zdrowotne…, op.cit. p. 240. [↑](#footnote-ref-34)
34. Małopolski Urząd Wojewódzki w Krakowie, Bujak A. (2015), Powiatowe zespoły do spraw orzekania o niepełnosprawności. [↑](#footnote-ref-35)
35. Kłos B. (2015), Systemy orzecznictwa…, op.cit. [↑](#footnote-ref-36)
36. Kłos B. (2015), Systemy orzecznictwa…, op.cit. [↑](#footnote-ref-37)
37. The Government Plenipotentiary for Disabled Persons supervises execution of tasks specified by the Act of 27 August 1997 on vocational and social rehabilitation and employment of persons with disabilities. The Office of the Plenipotentiary is located in the Ministry of Family, Labour and Social Policy, see: [http://www.niepelnosprawni.gov.pl/p,133,the-government-plenipotentiary-for-disabled-people](http://www.niepelnosprawni.gov.pl/p%2C133%2Cthe-government-plenipotentiary-for-disabled-people). [↑](#footnote-ref-38)
38. NIK 2012, Organizacja systemów…, op.cit. [↑](#footnote-ref-39)
39. Ibidem. [↑](#footnote-ref-40)
40. <http://www.zus.pl/wzory-formularzy/emerytury-renty/przyznanie-renty/-/publisher/details/1/wniosek-zus-rp-1r/266391>. [↑](#footnote-ref-41)
41. <http://www.zus.pl/documents/10182/0/ERP-6_plus/c26441f7-4e71-447d-8443-c160f68b2aaa>. [↑](#footnote-ref-42)
42. <http://www.zus.pl/documents/10182/18428/E-207.pdf/adbff5c3-f810-4c4e-bb79-03232fbfa0f7>. [↑](#footnote-ref-43)
43. <http://www.zus.pl/documents/10182/0/OL-9_new.pdf/111b9ab1-bbf0-4559-9e02-9a6248708860>. [↑](#footnote-ref-44)
44. [http://www.zus.pl/documents/10182/788036/2636\_17+OL-10.pdf/db7c1244-1dec-42a2-ba28-0e3b13706826](http://www.zus.pl/documents/10182/788036/2636_17%2BOL-10.pdf/db7c1244-1dec-42a2-ba28-0e3b13706826). [↑](#footnote-ref-45)
45. <http://www.zus.pl/lekarze/orzekanie-o-niezdolnosci-do-pracy/pojecie-niezdolnosci-do-pracy/ocena-niezdolnosci-do-pracy>. [↑](#footnote-ref-46)
46. <http://lang.zus.pl/benefits/disability-pensions>. [↑](#footnote-ref-47)
47. [http://www.zus.pl/documents/10182/167529/Informator+dla+os%C3%B3b+z+niepe%C5%82nosprawno%C5%9Bciami+2016/2b169b44-6d21-484f-b35b-0f077da17808](http://www.zus.pl/documents/10182/167529/Informator%2Bdla%2Bos%C3%B3b%2Bz%2Bniepe%C5%82nosprawno%C5%9Bciami%2B2016/2b169b44-6d21-484f-b35b-0f077da17808). [↑](#footnote-ref-48)
48. Golinowska S., 2012, Instytucjonalne, zdrowotne…, op. cit. [↑](#footnote-ref-49)
49. On behalf of the President of the Social Insurance Institution the charge of defectiveness may be raised by the Chief Medical Examiner, performing the substantive and formal control of the decisions of ZUS medical examiners. The charge of defectiveness may also be raised by the inspector controlling the judgments within the supervision over the ruling on inability to work. [↑](#footnote-ref-50)
50. <http://lang.zus.pl/documents/493369/574088/Social_security_in_Poland.pdf/8e1a8cad-f6ad-467a-8e81-1fedd2692082>, and [http://www.zus.pl/documents/10182/167529/Informator+dla+os%C3%B3b+z+niepe%C5%82nosprawno%C5%9Bciami+2016/2b169b44-6d21-484f-b35b-0f077da17808](http://www.zus.pl/documents/10182/167529/Informator%2Bdla%2Bos%C3%B3b%2Bz%2Bniepe%C5%82nosprawno%C5%9Bciami%2B2016/2b169b44-6d21-484f-b35b-0f077da17808). [↑](#footnote-ref-51)
51. Ustawa z 17 grudnia 1998 r. o emeryturach i rentach z Funduszu Ubezpieczeń Społecznych, <http://prawo.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU19981621118>. [↑](#footnote-ref-52)
52. Rozporządzenie Ministra Polityki Społecznej z 14 grudnia 2004 r. w sprawie orzekania o niezdolności do pracy <http://prawo.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20042732711>. [↑](#footnote-ref-53)
53. That is: at least 5-years of contributory and non-contributory periods during the last decade before claiming the pension or before the occurrence of the incapacity for work; in the event of the incapacity for work occurring at an age lower than 30 years, the required contributory and non-contributory periods are respectively shorter – from 1 to 4 years, however, if the person has lost his or her earning capacity due to an accident on the way to or from work, s/he does not have to prove the required contributory and non-contributory period). [↑](#footnote-ref-54)
54. This requirement does not relate to a person insured who has proved the contributory and non-contributory period of at least 20 years for women and 25 years for men and is completely incapable of work. [↑](#footnote-ref-55)
55. <http://lang.zus.pl/documents/493369/574088/Social_security_in_Poland.pdf/8e1a8cad-f6ad-467a-8e81-1fedd2692082>, p. 63. [↑](#footnote-ref-56)
56. Lipowska M., Wawrzyńczyk-Kaplińska G, (2013), Wykonywane zawodu a ocena niezdolności do pracy, [on:] ZUS, Standardy orzecznictwa lekarskiego ZUS, [http://www.zus.pl/documents/10182/24199/Standardy+orzecznictwa+lekarskiego+ZUS\_II\_wydanie\_2013\_rok.pdf/35c8181e-c3f6-4e27-9855-3648217d2ce1](http://www.zus.pl/documents/10182/24199/Standardy%2Borzecznictwa%2Blekarskiego%2BZUS_II_wydanie_2013_rok.pdf/35c8181e-c3f6-4e27-9855-3648217d2ce1). [↑](#footnote-ref-57)
57. ZUS, (2013) Standardy orzecznictwa lekarskiego ZUS, [http://www.zus.pl/documents/10182/24199/Standardy+orzecznictwa+lekarskiego+ZUS\_II\_wydanie\_2013\_rok.pdf/35c8181e-c3f6-4e27-9855-3648217d2ce1](http://www.zus.pl/documents/10182/24199/Standardy%2Borzecznictwa%2Blekarskiego%2BZUS_II_wydanie_2013_rok.pdf/35c8181e-c3f6-4e27-9855-3648217d2ce1), Wilmowska-Pietruszyńska A. (2017), Orzecznictwo lekarskie dla lekarzy oraz studentów wydziałów lekarskich i wydziałów lekarsko-stomatologicznych, Wrocław: Edra Urban. [↑](#footnote-ref-58)
58. Ibidem. [↑](#footnote-ref-59)
59. <http://www.zus.pl/lekarze/orzekanie-o-niezdolnosci-do-pracy/pojecie-niezdolnosci-do-pracy/standardy-orzecznictwa-lekarskiego-zus>. [↑](#footnote-ref-60)
60. ZUS (2017), Social security in Poland, [http://www.zus.pl/documents/10182/167615/Social+Security+in+Poland/71ffe1b1-c142-48fa-a67b-0c7e1cec6eb6](http://www.zus.pl/documents/10182/167615/Social%2BSecurity%2Bin%2BPoland/71ffe1b1-c142-48fa-a67b-0c7e1cec6eb6), p. 64. [↑](#footnote-ref-61)
61. <http://psz.zus.pl/kategorie/renty-z-tytulu-niezdolnosci-do-pracy/stan-na-grudzien>. [↑](#footnote-ref-62)
62. ZUS (2017), Orzeczenia komisji lekarskich wydane w 2017 roku, [http://www.zus.pl/documents/10182/39599/Orzeczenia+Komisji+Lekarskich+ZUS+wydane+w+2017+roku.pdf/92c4e52d-277c-2f57-22e6-5208211eba97](http://www.zus.pl/documents/10182/39599/Orzeczenia%2BKomisji%2BLekarskich%2BZUS%2Bwydane%2Bw%2B2017%2Broku.pdf/92c4e52d-277c-2f57-22e6-5208211eba97). [↑](#footnote-ref-63)
63. Ibidem. [↑](#footnote-ref-64)
64. ZUS (2017), Social security in Poland, op. cit. p. 64. [↑](#footnote-ref-65)
65. ZUS (2018), Orzeczenia lekarzy orzeczników o niezdolności do pracy wydane w 2017 roku, [http://www.zus.pl/documents/10182/39599/Orzeczenia+lekarzy+orzecznik%C3%B3w+ZUS+o+niezdolno%C5%9Bci+do+pracy+wydane+w+2017+roku.pdf/a7d01329-7d4a-41fc-a1d7-8a4c992ee8ad](http://www.zus.pl/documents/10182/39599/Orzeczenia%2Blekarzy%2Borzecznik%C3%B3w%2BZUS%2Bo%2Bniezdolno%C5%9Bci%2Bdo%2Bpracy%2Bwydane%2Bw%2B2017%2Broku.pdf/a7d01329-7d4a-41fc-a1d7-8a4c992ee8ad), p. 14. [↑](#footnote-ref-66)
66. [http://www.zus.pl/documents/10182/39637/Struktura+wysoko%C5%9Bci+emerytur+i+rent+wyp%C5%82acanych+przez+ZUS+po+waloryzacji+w+marcu+2018+r.pdf/2f377123-7bd5-4e3a-a511-013eed30671c](http://www.zus.pl/documents/10182/39637/Struktura%2Bwysoko%C5%9Bci%2Bemerytur%2Bi%2Brent%2Bwyp%C5%82acanych%2Bprzez%2BZUS%2Bpo%2Bwaloryzacji%2Bw%2Bmarcu%2B2018%2Br.pdf/2f377123-7bd5-4e3a-a511-013eed30671c) p. 6. [↑](#footnote-ref-67)
67. <http://www.zus.pl/baza-wiedzy/statystyka/opracowania-tematyczne/orzecznictwo-lekarskie-o-niezdolnosci-do-pracy>. [↑](#footnote-ref-68)
68. NIK (2012), Organizacja systemów…, op.cit. [↑](#footnote-ref-69)
69. Golinowska S., 2012, Instytucjonalne, zdrowotne…, op. cit., p. 156. [↑](#footnote-ref-70)
70. Golinowska S., 2012, Instytucjonalne, zdrowotne…, op. cit., p. 163. [↑](#footnote-ref-71)
71. Golinowska S., 2012, instytucjonalne, zdrowotne i społeczne determinanty niepełnosprawności, wnioski i rekomendacje wynikające z badań i analiz przeprowadzonych w ramach projektu IPPIS: Warszawa p. 10. [↑](#footnote-ref-72)
72. NIK (2012), Organizacja systemów…, op.cit. [↑](#footnote-ref-73)
73. Prokop A. (2018), Courtesy stigma – a subjective experience of relatives of individuals with mental illness in Poland, Uniwersytet Jagielloński, p. 217, 228. [↑](#footnote-ref-74)
74. NIK (2012), Organizacja systemów…, op. cit. [↑](#footnote-ref-75)
75. Ibidem. [↑](#footnote-ref-76)
76. Golinowska S., 2012, Instytucjonalne, zdrowotne… op. cit. [↑](#footnote-ref-77)
77. <http://www.zus.pl/lekarze/publikacje/informator-dla-osob-niepelnosprawnych>. [↑](#footnote-ref-78)
78. RPO, 2018, Asystent osobisty osoby z niepełnosprawnością, <https://www.rpo.gov.pl/sites/default/files/Asystent%20osobisty%20osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20-%20zapotrzebowanie%20na%20miar%C4%99%20Konwencji%20o%20prawach%20os%C3%B3b%20z%20niepe%C5%82nosprawno%C5%9Bciami.pdf>. [↑](#footnote-ref-79)
79. (Medical Care Allowance (*zasiłek pielęgnacyjny*), training and rehabilitation of disabled child supplement (*dodatek z tytułu kształcenia i rehabilitacji dziecka niepełnosprawnego*), nursing benefit (*świadczenie pielegnacyjne*), Special Attendance Allowance (*specjalny zasiłek opiekuńczy*), Allowance for caregiver (*Zasiłek dla opiekuna*), Permanent Allowance (*Zasiłek stały*), Earmarked allowance (*Zasiłek celowy*) and Periodic Allowance (*Zasiłek okresowy*), the one-off benefit from the Law on support for pregnant women and their families “For life” (*Jednorazowe świadczenie z ustawy o wsparciu kobiet w ciąży i rodzin “Za życiem*”). [↑](#footnote-ref-80)
80. For more information on long-term care in Poland see: Bakalarczyk R. (2018), Pozycja opiekunów nieformalnych i rodziny w systemach opieki długoterminowej w Unii Europejskiej, Ubezpieczenia społeczne. Teoria I praktyka, v 3/2018, Warszawa: ZUS. [↑](#footnote-ref-81)
81. The certification process is two-instance: the first instance certification work is performed by single doctors or medical commissions, and the medical commissions of the second instance have appeal functions. [↑](#footnote-ref-82)
82. Kłos B. (2015), Systemy orzecznictwa…, op.cit. [↑](#footnote-ref-83)
83. The only exempt is when a person has obtained disability certificate before 1997 (the assessment reform), in this case there is a partial transferability of certain cases. [↑](#footnote-ref-84)
84. Gąciarz B., Kubicki P., Rudnicki S. (2014), System instytucjonalnego wsparcia osób niepełnosprawnych w Polsce – diagnoza dysfunkcji, [in:] Gąciarz B., Rudnicki S. (eds.) Polscy Niepełnosprawni. Od kompleksowej diagnozy do nowego modelu polityki społecznej, Kraków: Wydawnictwo AGH, p. 117-118. [↑](#footnote-ref-85)
85. Wóycicka, Irena (red.). 2010. Skuteczność lokalnego systemu wsparcia na rzecz integracji społecznej i zawodowej osób niepełnosprawnych. Gdańsk: Instytut Badań nad Gospodarka Rynkową. [↑](#footnote-ref-86)
86. Kłos B. (2015), Systemy orzecznictwa…, op.cit. 33. [↑](#footnote-ref-87)
87. Bartkowski J., (2014), Położenie społeczno-ekonomiczne i jakość życia osób niepełnosprawnych w Polsce [in:] Gąciarz B., Rudnicki S. (eds.) Polscy Niepełnosprawni. Od kompleksowej diagnozy do nowego modelu polityki społecznej, Kraków: Wydawnictwo AGH, p. 88. and Kutyło, Łukasz, Adriana Niedoszewska, Piotr Stronkowski i Małgorzata Zub. 2009a. Raport końcowy – Badanie barier i możliwości integracji zawodowej osób niepełnosprawnych w województwie pomorskim. Warszawa: WYG International, p. 114. [↑](#footnote-ref-88)
88. Gąciarz B., Kubicki P., Rudnicki S. (2014), System instytucjonalnego wsparcia… op. cit. [↑](#footnote-ref-89)
89. Ciaputa E., Król A., Warat M. (2014), Genderowy wymiar niepełnosprawności. Sytuacja kobiet z niepełnosprawnościami wzroku, ruchu i słuchu [in:] Gąciarz B., Rudnicki S. (eds.) Polscy niepełnosprawni…, op. cit., p.283. and Prokop A., (2018)… op. cit. [↑](#footnote-ref-90)
90. KSK Foundation, Alternative Report on the Implementation of the UN CRPD, 2015, <http://konwencja.org/cala-tresc-raportu/>. [↑](#footnote-ref-91)
91. EASDP, Report on the comparison of the available strategies for professional integration and reintegration of persons with chronic diseases and mental health issues, based on five categories of social welfare models in Europe <http://www.easpd.eu/sites/default/files/sites/default/files/Projects/PATHWAYS/executive_summary.pdf>. [↑](#footnote-ref-92)
92. <https://www.rpo.gov.pl/pl/content/system-orzekania-o-niepelnosprawnosci-jak-poprawic-by-byl-zgodny-ze-standardami-konwencji-onz>. [↑](#footnote-ref-93)
93. Golinowska S., 2012, Instytucjonalne, zdrowotne i społeczne determinanty niepełnosprawności, wnioski i rekomendacje…, op. cit. p. 11. [↑](#footnote-ref-94)
94. <https://www.rpo.gov.pl/pl/content/miedzynarodowy-dzien-osob-z-niepelnosprawnosciami-co-mamy-w-polsce-do-zrobienia>. [↑](#footnote-ref-95)
95. https://www.rpo.gov.pl/pl/content/system-orzekania-o-niepelnosprawnosci-jak-poprawic-by-byl-zgodny-ze-standardami-konwencji-onz and <https://www.rpo.gov.pl/pl/content/system-orzekania-o-niepe%C5%82nosprawno%C5%9Bci-%E2%80%93-do-zmiany>. [↑](#footnote-ref-96)
96. <https://www.disability-europe.net/country/poland>. [↑](#footnote-ref-97)
97. Golinowska S., 2012, Instytucjonalne, zdrowotne… op. cit. [↑](#footnote-ref-98)
98. <http://www.niepelnosprawni.pl/ledge/x/531069>. [↑](#footnote-ref-99)
99. See: Założenia dla projektów ustaw dla Nowego Systemu Wsparcia osób z niepełnosprawnościami, <http://konwencja.org/konsultacja/zalozenia-dla-projektow-ustaw-dla-nowego-systemu-wsparcia-osob-z-niepelnosprawnosciami/>. [↑](#footnote-ref-100)
100. See: KSK Foundation, Alternative Report… op. cit., Golinowska S., 2012, Instytucjonalne, zdrowotne… op. cit., Założenia dla projektów… op. cit. [↑](#footnote-ref-101)
101. <http://konwencja.org/konsultacja/zalozenia-dla-projektow-ustaw-dla-nowego-systemu-wsparcia-osob-z-niepelnosprawnosciami/>. [↑](#footnote-ref-102)
102. Golinowska S., 2012, Instytucjonalne, zdrowotne… op. cit. [↑](#footnote-ref-103)
103. See: the CRPD Committee highlights in the Concluding Observations for Poland. [↑](#footnote-ref-104)
104. Gruszka, P. Ulman. (2018) Disability in public statistics research. [↑](#footnote-ref-105)
105. Gąciarz B., Rudnicki S. (eds.) Polscy niepełnosprawni…, op. cit. [↑](#footnote-ref-106)
106. Golinowska S., 2012, Instytucjonalne, zdrowotne… op. cit. [↑](#footnote-ref-107)
107. Golinowska S., 2012, Instytucjonalne, zdrowotne… op. cit., Założenia dla projektów… op. cit. [↑](#footnote-ref-108)
108. Centrum Badań nad Niepełnosprawnością, <http://cbnn.pl/?s=orzecznictwo>. [↑](#footnote-ref-109)
109. Gąciarz B., Rudnicki S. (eds.) Polscy niepełnosprawni…, op. cit. [↑](#footnote-ref-110)
110. The CRPD Committee highlights in the Concluding Observations for Poland. [↑](#footnote-ref-111)
111. A comprehensive programme introduced in 2018 that aims at removing barriers in the public infrastructure that impede the daily activities of people with disabilities. [↑](#footnote-ref-112)
112. NIK (2012), Organizacja systemów…, op. cit. [↑](#footnote-ref-113)