



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

Country: The Slovak Republic

Author(s): Kvetoslava REPKOVÁ, Eneke HANZELOVÁ, Lýdia BRICHTOVÁ

Background:

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

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

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

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



Summary of changes since 2008

Housing and homelessness:

The provisions or policies related to homelessness are not oriented or specialized for people with disabilities. Persons with disabilities in unfavourable social situations or at risk of social exclusion (e.g. for losing their flat or for eviction) are treated in the same way as other socially disadvantaged groups. Special housing measures can be provided for persons with disabilities or for dependent seniors who are at risk due to their health conditions or in a situation when their life is in a danger. These persons have to be accommodated in social facilities (e.g. home for seniors) in preference. Providers of social services for homeless people (mostly shelters) used to point out and argue in favour of special care for homeless people with disabilities, especially when they need acute health care or health nursing care. In October 2008 the providers of social services and non-governmental organizations took initiatives to change the Act on social services with the aim to create legal conditions for providing health nursing care also in facilities for homeless people. Amendment of the mentioned Act is presently in progress and we can expect that NGOs and social services providers will take this type of initiatives again.

New strategies and actions for the inclusion of disabled people:

The basic principles for development of social services in Slovakia for the period of 2009 – 2013 were definitively set up by Ministry of Labour, Social Affairs and Family within the document *The National Priorities of Development of Social Services* in May 2009 (www.employment.gov.sk). The Slovak Republic is currently in the process of assessing concordance of the legal regulations with the obligation resulting from the UN Convention on the Rights of Persons with Disabilities and the need to adopt legislative and non-legislative measures to ensure compliance of the Slovak republic's legislation with the obligations following from the Convention. After finishing this process the analysis and proposal for ratification of Convention will be submitted to the Government of the SR (plan in December 2009).

New changes in incomes, benefits and pensions:

All data for updating the report have been taken from Statistical office of the Slovak republic (www.statistics.sk) or from Social insurance agency (www.socpoist.sk).

Disability pension – gross wage – minimum wage

Year	Average amount of disability pension in €	Average gross wage in €	% of share partial disability pension on minimum wage	% of share of full disability pension on minimum wage
2008	218	671	56,9%	99,3%
2009	248,9	732,5	59,4%	102,9%%

Financial allowances for severe disability compensation

Type of allowance	Amount Up to December 2008	Amount from January up to 30. June 2009	Amount from 1. July 2009*
For personal assistance	1,8 €/per hour, max.amount 1124 €/month	2,49 €/per hour, max. amount 1543 €/month	2,58 €/per hour, max-amount 1548 €/month
or transport	91,29 € per month	91,29 € per month	94,49 € per month

For compensation of increased costs:			
1. for special diet depend on type of diet	31/15,5/9,3 € per month	33,21/16,61/9,97 € per month	34,38/17,19/10,32 € per month
2. related to hygiene or wear & tear of clothing, linen, footwear and furnishings	15,5 € per month	16,61 € per month	17,19 € per month
3.related to running a personal motor vehicle	28 € per month	29,88 € per month	30,93 € per month
4. related to care for a specially trained dog	37,2 € per month	39,85 € per month	41,25 € per month
Care allowance by caring for 1 person with disabilities	186,1 € per month	199,18 € per month	206,16 € per month
Care allowance by caring for 2 and more person with disabilities	248,1 € per month	265,56 € per month	274,86 € per month

**based on valorization of subsistence minimum*

Number of recipients of direct payment for personal assistance and care allowance according their age and gender (at 30.6.2009)

Type of cash benefit	Age 0-5		Age 6-17		Age 18-59		Age 60-64		Age 65 +	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Personal Assistance	0	0	164	264	2 790	2 628	378	299	105	62
Carers	0	0	0	0	31 515	6 021	4 622	850	6 952	2 019
Dependant persons – recipients of care	0	0	2 202	3 099	5 764	7 382	1 034	1 431	22 916	10 451

Financial allowances for severe disability compensation and care allowance (at 30.6.2009)

Financial allowances for severe disability compensation (at 30.6.2009)	number of recipients	Amount of Money in €
Financial allowances for severe disability compensation - Total	148 608	8 842 882,90
For personal assistance	6 690	2 228 524,50
For purchasing aids	263	282 811,04
For training of using aids	4	2 838,20
For adapting aids	3	2 746,85
For repairing aids	22	5 339,48
For purchasing lifting appliance	33	268 058,96



For purchasing a personal motor vehicle	180	1 191 015,50
For adapting a personal motor vehicle	12	22 250,28
For transport	2 479	201 224,81
For adapting apartment	89	228 737,29
For adapting house	184	442 648,72
For adapting garage	1	1 102,54
<u>For compensation of increased costs</u>	145 402	3 913 607,74
- for special diet	44 902	834 567,09
- related to hygiene or wear & tear of clothing, linen, footwear and furnishings	86 616	1 438 722,76
- related to running a personal motor vehicle	54 781	1 637 169,86
- related to care for a specially trained dog	79	3 148,03

Care allowance (at 30.6.2009)

	number of recipients-carers	Number of dependent persons	Amount of money in €
Care allowance	51 979	54 058	7 445 286,31

Financial allowances for severe disability compensation and care allowance

	31.12.2007	31.12.2008
Number of recipients	196 051	195 169
Total expenditure	178,5 mil EUR	178,3 mil. EUR

Disability Pensions (called invalidity pensions)

Disability pension	At 31.5.2008			At 30.6.2009		
	Average amount in €	Number of recipients	Average amount in €	Average amount in €	Number of recipients	Average amount in €
Persons (decrease of working ability 40-70 %)	153 € per month	84 541	218 € per month	175,43 € per month	86 431	248,93 € per month
Persons (decrease of working ability more than 70 %)	267 € per month	113 550		304,17 € per month	116 260	
Together		196 091			202 691	

Supplements to pension for incapacity		54 935			47 661	
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Generally we can state that in the monitored phase there was slightly increased number of disability pension recipients (both partial and full disability pension) in correspondence with increasing of average amount of disability pension. Share of full disability pension to minimum wage grew up comparably to share of partial disability pension to minimum wage.

Total number of direct payments (financial allowances)´ recipients went slightly down by stabilised total expenditure given for this purpose.

The reason of the “positive imbalance” arose from new compensation legislation coming into force since January 2009 and bringing re-implementation of valorisation mechanism in this field.

New data for long-term care and support:

Residential care for adults and children

Type of facility	Number of institutions (31.12.2006)	Number of clients (31.12.2006)	Number of institutions (31.12.2008)	Number of clients (31.12.2008)
Senior’s home	201	13 258	208	13 594
Boarding houses for seniors	13	1703	16	1463
Social services houses	164	12 444	212	12 955
Social services houses for children	58	2345	56	2312
Totally	436	27 405	492	30 324

Home care

Type of care	Number of recipients(2006)	Number of recipients
Nursing care	20 000	22 760 (31.12.2007)
Common meals service	270 000	21 759/ daily *(31.12.2007)
Transport service	1700	2173 (31.12.2007)
Care allowance(provided by relatives)	cca 50 000	51 979 (30.6.2009)
Personal assistance	cca 6000	6690 (30.6.2009)

* from 1.1.2007the criteria for statistics were changed. This makes data from 2006 and 2007 not comparable were changed statistics criterions what leads to incomparability data in 2007 with data in 2006



Implications of the economic crisis:

With the aim of supporting the municipalities in implementation of new legislation related to social services at a time of economic and financial crisis, the Slovak Government and Association of cities and municipalities signed on February 13, 2009 the *Memorandum of cooperation in solving the impacts of financial and economic crisis on Slovak society*, http://www.zmos.sk/memorandum-o-spolupraci-pri-rieseni-dopadov-financnej-a-hospodarskej-krizy-.phtml?id3=0&mod_ule_action_58615_id_art=13411 . One of the government's obligations was to set up quarterly monitoring and to evaluate the financial impacts of implementation of new municipal responsibilities in the area of social services. The government's aim is to refund social services' related expenses from the state budget and European Union funds.

The first monitoring finished in May 2009 showed that most favourable social services were traditionally home care service (nursing care) and care in homes for seniors. The new types of social services (e.g. day care centre) were utilised minimally.

Short time for implementation of new social services legislation and very low rate of cities and municipalities participating within the first monitoring (cca 10% of entire amount of cities and municipalities) prevent to make any generalisation about impact of economic crisis on persons with disabilities in social services field.

<http://www.sspr.gov.sk/texty/File/vyskum/2009/Repkova/Implementacia.pdf>.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

In the Slovak Republic we can see a **twofold shape** to documents/plans dealing with social protection and social inclusion of persons with disabilities. The first is the **"generally-based"** approach, embodied in The Slovak National action plan on Social Inclusion (2004) aimed at all groups of persons in any risk of poverty and social exclusion. Persons with disabilities, primarily persons with disabilities in the high level of long-term care dependency have been seen as belonging to the main group of citizens who are a high risk of poverty and social exclusion. Measures to increase social integration (inclusion) of persons and their families are focused on increasing their employability; supporting their income situation through the compensation system; ensuring an integrative health-social approach to long-term care for dependent persons and ensuring barrier-free public environments (access to post-offices, hospitals, schools, leisure-time facilities, etc). Further measures include encouraging family solidarity by facilitation of family care-givers and supporting ICT-literacy (assessment of the implementation of measures was reported in the document "Národná správa o stratégiách sociálnej ochrany a sociálnej inklúzie pre roky 2006-2008", www.employment.gov.sk and in "Návrh národnej správy o stratégiách sociálnej ochrany a sociálnej inklúzie na roky 2008-2010).

The associated document "The National reform program of the Slovak Republic 2006-2008 (NRP)" pays serious attention to people with disabilities as a disadvantaged group in the labour market, where employment has been understood as a key element of social inclusion. Part III.2 of the NRP, "Achievement of high employment rate" points out: "As regards support of employment, the Slovak Republic will continue its focus mainly on disadvantaged groups of job applicants, which will be in conformity with Guideline of the EU Council NO. 19 ensuring inclusive job market..." (Page 15). Part III. 4 of NRP called "Inclusive labour market and inclusive society" underlines: "A serious issue of the labour market in the Slovak Republic represents a limited opportunity of employment for unprivileged and marginal groups of citizens. However, during the next period, it is inevitable to focus the intensive efforts on the support of inclusion of multi-unprivileged and marginal groups of citizens distant to the labour market by means of intensification aimed implementation of new forms of assistance and support aimed to these groups" (page 18).

Another type of political approach can be considered **"disability-specialised"**. An example is the "National Programme on Development of Living Conditions for Persons with Disabilities in all Living Areas" (2001). Within the document measures are focused specifically on persons with disabilities in all living areas (e.g. education, transport, employment, family life, health care, access to social services, leisure-time, environment and income support). Implementation of measures is evaluated every two years (the most recent evaluation was prepared in July 2008).

We can state that "on paper" the measures have been well-prepared. The real problem is their implementation in practice (primarily in small cities, economically poorer and rural areas) and cooperation of the various stakeholders having direct or indirect responsibilities in the field. Presently we can see some deficits in life-long learning opportunities accessible to persons with disabilities; a key factor for the improvement of their labour market position. From our point of view, national strategy documents pay insufficient attention to improving access of people with disabilities to the mainstream educational system.

The Slovak Republic is currently in the process of assessing concordance of legal regulations with the obligations resulting from the UN Convention on the Rights of Persons with Disabilities.



The country is challenged by a need to adopt legislative and non-legislative measures to ensure that national legislation complies with the UN requirements. After finishing this process, the analysis and proposal for ratification of the Convention will be submitted to the Government of the Slovak republic (planned for December 2009).

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

In an effort to establish equal access to resources, rights and services for disabled people and to support their social inclusion, the following measures have been introduced:

- Adoption of the Act No. 447/2008 Coll. on financial allowances to compensate severe disability, which came into force 1. January 2009. The compensation system is based on a valorisation principle,
- Adoption of Act No. 448/2008 Coll. on social services, which came into force 1. January 2009 and set up new conditions for providing social services (including the financing of social services) for public and non-public providers. Measures include access and rights to social services for users, new types of social services, a system of respite care for informal caregivers, quality assessment in social services and qualification standards for staff (e.g. social workers, carers, counsellors),
- With the aim of supporting the municipalities in implementing new legislation related to social services at a time of economic and financial crisis, the Slovak Government and Association of cities and municipalities of Slovakia signed on the February 13, 2009 the *Memorandum of cooperation in solving the impacts of financial and economic crisis on Slovak society*. One of the government's obligations was to set up, monitor and evaluate quarterly the financial impacts of implementing new municipal responsibilities in the area of social services with the aim of refunding their expenses related to social services from the state budget and European Union funds,
- Basic principles and priorities for the development of social services in Slovakia from 2009 – 2013 were set out by the Ministry of Labour, Social Affairs and Family of the Slovak republic in the document *The National Priorities of development of Social services* *Národné priority rozvoja sociálnych služieb, MPSVR SR* (adopted in May 2009,
- A legal possibility for receiving disability/invalidity pensions and income from jobs in parallel, without any restrictions (since January 2004). However, only a minimal number of persons receiving a full invalidity/disability pension are working because of a generally very low rate of employment among persons with disabilities (ca 20%),
- Since 2006 social protection (health and pension insurance) has been available to informal caregivers (primarily relatives) providing permanent care for dependent persons. A problem is the very low level of care allowance, in spite the fact that since January 1, 2009 it has been valorisation-based,
- Annual grants for NGOs of persons with disabilities provided by the Ministry of Labour, Social Affairs and Family of the Slovak Republic. Representatives of the NGO sector criticise the fact that there is only a weak system for supporting the indirect/flat costs of organisations by the grant scheme and lack of finance for educational/training activities for service users. These problems have been stated in the Report of The Slovak National Centre for Human Rights on adherence to human rights, including adherence to the equal treatment principle in Slovakia in 2008 (2009). In 2009 the grants system has been strongly affected by financial crisis, leading to a significant decrease in the amount of money amount available for this purpose (from more than 402 thousand € in 2008 to ca 147 thousand € in 2009, source: Ministry of Labour, Social Affairs and Family of the Slovak republic).

In Slovakia there are two main mechanisms for direct involvement of persons with disabilities in coordination of social inclusion policies.



The first is the *Governmental council of the Slovak republic on disability affairs* in the position of an advisory governmental authority consisting of representatives from relevant ministries, public organisations and NGOs of persons with disabilities all of kinds. The chair of the council is the deputy prime minister of the Slovak republic for knowledge society, European affairs, human rights and minorities. The second authority is the *National council of persons with disabilities of the Slovak republic*.

It has a legal status as a civic organisation consisting only of NGOs of persons with disabilities of all of kinds and is a direct partner of the Slovak government and a partner of European disability forum. The top management of the council has criticised the fact that there is no practical public scheme to support professionalization of the council staff, who have to be relevant and qualified partners to government and other public authorities at national, regional and local levels.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

There is some terminological "complication" regarding research work done in the field of social inclusion of persons with disabilities in the past two years. The expression "social inclusion" is taken in Slovakia in the widest sense and it is difficult to separate research work focused on employment and work focused on social inclusion because employment is considered as a key factor of social inclusion. Accepting this broad concept of social inclusion we can sort research works into some categories:

- Employment-focused research projects (see list of works in R-2)
- Living conditions-focused research projects (e.g. Repková, 2006)
- Active involvement of persons with disabilities in public affairs and social partnerships (Reháková, Pavlíková, 2006; Reháková, Pavlíková, 2007, Repková, 2008)
- Long-term care and social services for dependent persons and persons providing care (Bednárik, 2006; Reháková, Pavlíková, 2007; Repková, 2007; Repková, 2008; Repková, 2009)
- Human rights, antidiscrimination and equal treatment (e.g. Kotvanová et al., 2007)

Based on the findings of the Institute for public issues (www.ivo.sk), according to public opinion the most frequent grounds for discrimination in Slovak society are age (84%), disability (79%), ethnicity (59%) and gender (47%). That means often people feel that persons with disabilities are in different living situations and contexts in a disadvantaged/unequal position, in spite of the fact that disability itself is no reason to avoid these persons as neighbours (Kotvanová et. al., 2007). On the other hand, in a majority of situations it is difficult to produce evidence about direct discriminatory practices of employers, service providers or public authorities.

There is a wide range of indirect evidence about poor access for persons with disabilities to employment and the labour market. The Slovak national centre for human rights focuses on monitoring human rights and principles of equal treatment. They report that among the adult Slovak population the chances of persons with disabilities getting a job are 93% worse in comparison to majority of the population (meeting all qualification criteria).. Furthermore, in procedures of employee selection, 82% of employers gave a high importance to health status (not directly in terms of ability and disability) (Kotvanová et. al.). Finally we would like to stress the fact that job seekers with disabilities tend to accept less well paid jobs than job seekers without disabilities to a much greater extent. Vocational training programmes arranged by public employment services are often inaccessible for people with disabilities as a consequence of a low level of customising programmes to the specific requirements of people with disabilities. All these factors make situation of persons with disability worse than non-disabled persons.

There is no direct evidence about inequalities among different groups of persons with disabilities. Based on research findings (Hanzelová, et .al., 2007) we can only assume some trends.



According to the attitudes of employers, the probability of serious problems in job performance is highest for persons with mental (90%), psychiatric (87%), visual (88%) and combined (85%) disabilities. The “lowest” level of expectation of problems is from persons with physical disabilities (56%).

Even access to public employment services, information services and vocational guidance in this field can be impacted by the attitudes of labour offices staff.

Compared with employers, they expect that the highest level of serious difficulties to public employment services providers could be by persons with psychiatric (52%), combined (46%) and mental (43%) disabilities.

In spite of the fact that there is no direct evidence about the situation of older persons with disabilities in the labour market, we can with high probability assume that the situation of this group is very difficult, taking into account the fact 92% of the public consider age to be important in selecting new employees (Kotvanová et. al., 2007). In other research (Repková, 2006), adult respondents with disabilities reported higher age (more than 45) as one of the critical factors in the low level of persons with disabilities gaining employment and chance of getting a job.

There is insufficient data and information concerning various aspects of economic and social life of people with disabilities, e.g. labour market position (employment and unemployment issues, wage levels), income level, risk of poverty, access to lifelong learning and access to social services.



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

Starting point: We have to state that the main recent research publications dealing with the poverty agenda do not provide specific information about poverty among persons with disabilities and their families. Presently, there is an initiative within the project “Development of national poverty and social exclusion indicators and the approach to monitor them” to target information on persons with disabilities as an evidence base to provide affirmative measures to prevent income deprivation and social exclusion.

From the representative survey conducted by K. Repkova (2006) we know that adult most persons with disabilities receive disability/ invalidity pensions and this is their basic income source: $\frac{3}{4}$ of them do not have income from regular jobs. That is the reason why almost a half of respondents reported that their general economic situation had become worse in last 5 years. Only 10% of respondents reported some improvement in their situation, primarily because of getting a job (themselves or somebody from their families). The findings confirm the crucial importance of regular jobs for sustaining or improving living situations and social integration/inclusion of persons with disabilities and their families.

According to the research findings, 65% of respondents felt they did not have enough money for daily living costs, 17% were able to cover only the cheapest meals or clothes (in comparable research from 2001 this was 30%). They reported financial problems not only concerning general needs but also with special disability-based needs: they had the most serious problems covering expenses on health care services and medicines (37%), for leisure time activities (33%) and transport services (28%). To improve their living situations they looked most frequently to support from health care and medical services (48%), from the NGO sector (36%) and from local government offices on labour, social and family affairs (29%).

What is needed:

- To precisely monitor within the partnership with NGOs of persons with disabilities and their family representatives the shape and scope of disability-related extra costs,
- To apply the system of universal design into the physical environment and into the production of various goods and services to decrease public costs for compensatory policy.

New research is needed on:

- Disability-related social policy incentives for employment integration of persons with disabilities,
- The “benefit-trap” effect and pro-employment behaviour of persons with disabilities,
- Pro-employment incentives for informal caregivers.

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

Disability pensions

(called *invalidity pensions* according the Act No.461/2003 Coll. on Social insurance)

- Persons whose decrease in working ability is more than 40 percent up to 70 percent: average amount of money paid: 175,43 € per month
- Persons whose decrease of working ability is more than 70 percent : average amount of money paid: 304,17 € per month



- Average amount of money paid for all recipients: 248,93 € per month

A person is considered as disabled (invalid) if his /her earning ability falls more than 40 percent (the maximum is 100 percent) due to his/her long term ill health. The criterion of “earning ability fall” (or earning ability restriction) has no relation to the previous earnings of person with disability and a certain percentage is determined only by comparison to a non-disabled person.

A disability pension cannot be claimed if the person satisfies the conditions for claiming an old age pension or asks for an early retirement pension. Only persons who have fulfilled the required period of insurance can receive a disability pension. The required period of employment depends on age, as follows:

Up to 20 years: < 1 year
 20 – 24 years: minimum 1 year
 24 - 28 years: minimum 2 years
 28 - 34 years: minimum 5 years
 34- 40 years: minimum 8 years
 40 – 45 years: minimum 10 years
 Over 45 years: minimum 15 years

Persons over the age of 45 years must have completed the employment period in the 15 years prior to the occurrence of the invalidity/disability. In the case of employment injuries or occupational diseases, and for persons disabled since childhood, no minimum period is required.

Up to June, 2009 the number of recipients of disability pension was 202 691 in total. The total number of persons whose decrease of working (earning) ability was between 41 percent and 70 percent was 86 431 and the number of those with a decrease of working (earning) ability of more than 70 percent was 116 260 (www.socpoist.sk).

Note:

Supplement to pensions for incapacity is not covered by the Act on Social Insurance (2004), but pensioners who were entitled until 31.12.2000 under the former legislation still receive this type of financial support. Expenditures on this special benefit are covered by state budget, not by the Social insurance fund. The number of supplement recipients has permanently fallen following their natural death rate (up to June 30, 2009 that was almost 48 thousand persons in comparison to almost 55 thousand midway in 2008; www.socpoist.sk).

Benefits for people with disabilities

Financial allowances for severe disability compensation were set up in the Act No. 447/2008 Coll. on financial allowances to compensate severe disability. Financial benefits can only be received by a person recognised as a person with severe disability. A person is considered to be severely disabled if his /her rate of functional impairment is, according medical assessment, 50 percent and over (maximum is 100 percent). Rules for medical assessment are described in annex 3 of the Act on financial allowances and follow the International Classification of Impairments. There is an assumption that social consequences derived from impairment will take more than one year (to make a difference from acute illness).

When the person has been recognized to be a person with severe disability, there is an examination of his /her social consequences of severe disability which he/she has to face compared to a healthy person of same age, sex and in the same conditions. . Individual needs are assessed, taking into account personal, family and general environment circumstances of his/her life. The consequences covered are: mobility and orientation, communication, daily living activities and housekeeping, and increased expenses. Subsequently an assessment report is issued in which appropriate forms of compensation are proposed (financial benefits and social services).

Persons with severe disabilities also have to fulfil other legal conditions which depend on the type of benefit (for example: to be employed, to attend school or social rehabilitation in social facilities, need for assistance or help, evidence- based increased expenses). All benefits are means - tested.

The number of recipients of financial allowances was, up to December 31, 2008 195 169 in total. This was covered by a total expenditures of 178,3 mil. €.

The table below illustrates changes in the amounts of money for various types of financial allowances, comparing the situation at 3 different times (to the end of 2008, from January up to 30 June 2009 and from July 2009 up to the present).

Tab: Financial allowances for severe disability compensation – development in 3 time stages

Type of allowance	Amount up to December 2008	Amount from January up to 30. June 2009*	Amount from 1. July 2009**
For personal assistance	1,8 €/per hour, max. amount 1124 €/month	2,49 €/per hour, max. amount 1543 €/month	2,58 €/per hour, max. amount 1548 €/month
For transport	91,29 € per month	91,29 € per month	94,49 € per month
For compensation of increased costs:			
1. For special diet depend on type of diet	31/15,5/9,3 € per month	33,21/16,61/9,97 € per month	34,38/17,19/10,32 € per month
2. Related to hygiene or wear & tear of clothing, linen, footwear and furnishings	15,5 € per month	16,61 € per month	17,19 € per month
3. Related to running a personal motor vehicle	28 € per month	29,88 € per month	30,93 € per month
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Care allowance for caring for 2 and more persons with disabilities	248,1 € per month	265,56 € per month	274,86 € per month

*based on the new legislation (Act No. 447/2008 Coll.)

**based on valorisation of subsistence minimum (since July 1, 2009)

As we can see from the table, over the three time stages the amount of financial allowances has slightly increased.



More data information is available through: www.upsvar.sk

2.3 Policy and practice (summary)

There is still a lack of data and information relating to poverty risk of people with disabilities. Nevertheless, the financial income of disabled people is a considerable social and economic issue in Slovakia. The main reason for the topicality of this issue is the significant difference between disability pension (full and partial) and the average wage. An average monthly disability pension had reached 248,93 € in 2009, while the average gross wage was 732,50 €.

In order to support a decent living standard of disabled people and their families, since 2004 it has been possible to receive a disability pension and earned income at the same time.

Disabled people are generally included in the mainstream policies for poverty and social inclusion. There are no extra laws relating to people with disability and no different policies which treat people with disability separately in Slovakia. This relates for example to the provisions and policies for homeless persons, which are not specialised for people with disabilities. Persons with disabilities in unfavourable social situations or who are at risk of social exclusion (e.g. due to losing a flat or eviction) are treated in the same way as other socially disadvantaged groups. Special housing measures can be provided for them or for dependent seniors only when they are at risk due to their health conditions or when their life is in danger. These persons have preference for accommodation in social facilities (e.g. homes for seniors).

Providers of social services for homeless people (mostly shelters) have contested the absence of special care for homeless people with disabilities, especially when they need acute health care or health nursing care. The providers of social services and non-governmental organizations are taking initiatives to change the Act on social services with the aim of creating legal conditions for also providing health nursing care in facilities for homeless people.

On the other side, within the public employment services system (Act No. 5/2004 Coll. on employment services, as amended) there are some specialised measures for persons with disabilities so they are recognised as disadvantaged job seekers (e.g. special register, quota system, protected employment schemes, contribution for self-employment, job assistance).

Young disabled people are often low qualified and most of them earn only minimum wage. Up to February 2008 there were some legal constraints concerning the minimum wage level for persons with disability who were beneficiaries of disability pensions (regardless of age) in comparison to non-disabled persons. A person who was a beneficiary of a partial disability pension received 51,78 % of statutory minimum wage and a person who was a beneficiary of full disability pension received 90,36 % of statutory minimum wage. A decreased minimum wage for persons with disabilities had no relation to the disability pension and did not serve as any subsidy for the employer. Often this just had a negative impact on the employment perspectives of persons with disabilities. The situation has completely changed since February 2008 because of new legislation in this field (Act No. 663/2007 Coll. on Minimum Wage) cancelling any differences between employees based on their health status.

Considering the ratio between people receiving disability pension and average wage older workers with disability, they are encouraged to stay in paid employment.

There is sustainable income for disabled people who cannot work. Disabled people who cannot work (loss of earning capacity more than 70 percent) receive a full disability pension. However, it is necessary to point out that according to Slovakian social legislation loss of earning capacity of more than 70 percent does not automatic mean that he/she is not able or cannot work. There are some cases where persons with 100 percent of earning capacity loss are working – e.g. blind persons.



In 2009 (to June 30, 2009) 202 691 persons received disability pension in Slovakia, which is about 6 600 persons more than in 2008 (situation compared to May 31, 2008; source: www.socpoist.sk). Public expenses to cover disability pension needs are the second highest amount within social protection schemes (the amount for older people's pension scheme is higher). The sustainability of the pension financial system is a big challenge for Slovakia in the near future.



PART THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

Research in the field of care and other support of persons with disabilities has a strong tradition in Slovakia. In the past two years the Institute for Labour and Family Research has paid serious attention to this social agenda based on an effort of the Ministry of Labour, social affairs and family. This is to prepare for legislation to transform social services to support social integration/inclusion of persons with disabilities in all living areas through a system of compensation for the social consequences of their severe disability (Repková, 2006, Bednárik, 2006, Repková, 2007, Reháková, Pavlíková, 2007).

A survey of the living conditions of persons with disabilities and their families has found that a majority of adult persons with disabilities (81%) evaluated their situations with regard to care (or meeting their dependency needs) as adequate. The highest rate of support need was in the area of housekeeping, shopping, and communication with the neighbourhood or offices. Care was primarily (more than 80%) provided by relatives and by women and more than 80% of care recipients provided with home care by relatives were satisfied with the situation, with the situation perceived as stable. A lower satisfaction rate was found with older disabled people because of a worsening of their health status. The importance of various compensation devices and technologies was confirmed.

Findings about the relatively high rate of satisfaction of persons in need of care who were provided it by relatives should not prevent special attention to the situation of family caregivers. Since 2008 the Institute for Labour and Family Research has conducted a research project concerning the situation of informal (primarily family) carers, recipients of care allowance related to very intensive care (minimally for 8 hours/day) for dependent family members in home settings. The findings from the first year of the research project showed that long-term intensive domestic carers were 82 percent women, care allowance recipients were primarily aged 51-64 years, they were in the position of adult child in relation to dependent persons and ¾ of them shared a common household with the cared-for person. Almost half of them started with systematic care when unemployed and only ca 2% of them reconciled care and work (Repkova, 2008).

In 2009 research work is focused especially on those who care and work at the same time to determine the crucial measures, persons and policies helping them to integrate caring and working (qualitative research). A particular part of the research is focused on the utilisation of respite care programmes for informal carers that started in Slovakia in January 2009 following new social services legislation. Preliminary research (from 35 intensive interviews with care allowance recipients) indicates that family carers do not have sufficient information (if at all) about this type of public support and after describing what the supportive measure means, the majority of them were not sure about utilising it in the future. The preliminary findings confirm a strong tendency within Slovak families to primarily rely on their intra-solidarity and intra-family solutions without combining this with formal respite from social services. There are some barriers related not only to tied relationships within families, but also to administrative procedures regarding respite care entitlements (Repkova, 2009, work in progress).

New research is needed on:

- The situation in long-term care social facilities after their decentralisation and transformation,
- The situation with ambulant and nursing care in clients' homes after their decentralisation and transformation,
- Violence against people with disabilities and elderly people in domestic and residential care,

- Gender-based disability research (education, employment, family, civic affairs),
- The labour force in the care sector in relation to changing demographics.

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

Situation in 2008 (source: www.statistics.sk, www.upsvar.sk):

Residential care for adults:

Senior's homes – 208 institutions for 13 594 clients
 Boarding houses for seniors – 16 institutions for 1 463 clients
 Social services houses for seniors – 212 institutions for 12995 clients

Residential care for children:

Social services houses for children – 56 institutions for 2 312 clients
 In total: 436 residential institutions for 30 324 clients

Some notes:

- Residential care institutions have been primarily founded by counties (regional offices),
- Almost 94% of all residential institutions are managed as permanent residences of dependent persons; the rest are managed as daily-care, weekly-care or transitional-care centres.

Home care

Tab: Number of clients being provided with home care provision - development

Type of care	Number of recipients (2006)	Number of recipients (2007)	Number of recipients (2008)	Number of recipients (2009)
Nursing care	19 694	22 760	19 067	Not available
Transport service	2484	2173	1415	Not available
Care allowance (assistance provided by relatives)	49 466	50 978	50 075	51 979 (30.6.2009)
Personal assistance	5 502	5915	6186	6690 (30.6.2009)

Information about common meals service has not been inserted into the table because of non-comparable data. Criteria for evidence has continually changed since January 2007.

Source: www.statistics.sk; www.upsvar.sk

The Personal Care scheme has been in existence since July 1, 1999. This is an individual budget provided directly to a person with disability to empower her/him to manage her/his own life and to select and actively hire person/s for providing assistance by ADL. It is provided to persons aged 6+ to 65 (exclusively for older persons as well) and is presently provided for 6690 clients.

Legislation for respite care has existed in Slovakia only since January 1, 2009 (new Act on social services). According to the Act it is possible to provide social services within so called sheltered/supported housing institutions for clients able to live independently with support of other people. Job therapy and rehabilitation are important services provided in social services houses organised within sheltered workshops or leisure time groups.



Because of short implementation time there are no statistics about use of these new types of social services.

To make situations more accessible for clients with disabilities living at home, the Act on financial allowances provides direct payments for reconstruction/adaptation of flats, houses or garages or for purchasing devices, technologies and their adaptations.

To support individuals with disabilities with their need of *individual transport* it is possible to provide them with:

- transport services (in 2008 for 1415 clients)
- direct payment to purchase their own personal car (for 1 500 clients in 2008)
- direct payment to cover costs for a car operation/for fuel(for 51 114 clients in 2008)
- direct payment for transport (for 2 320 clients in 2008)

Some types of support are available only for persons living at home or as a combination of living at home and daily or weekly organised social services – e.g. a direct payment for personal assistance and direct payment for purchasing a car. The mission is to support people with disabilities and their families to live in natural settings through intensive individually-based social support. For persons living in residential care services organised on a permanent basis, support is organised more collectively.

In regard to whether or not disabled people can choose to manage their own finance for care and support, this is case for direct payment/individual budget for personal assistance provided monthly, based on the personal assistance timesheet.

Provision of public care support is in all cases means-tested (because the social assistance system is based on means-testing).

The financial resources of the client and his/her family (parents) are taken into account in the case of age-dependent persons. If the client is an independent person (e.g. being 18+ and having their own disability pension) only his/her income or the income of his/her wife/husband is taken into account.



PART FOUR: SUMMARY INFORMATION

4.1 Conclusions and recommendations (summary)

Legislative measures in the area of employment and social assistance create good conditions for supporting social inclusion of people with disabilities. Despite that, people with disabilities have many problems in everyday life. There are still many barriers, not only in the area of the built environment, transport or other services, but there are also psychological barriers in society and prejudices on the both sides (people with disabilities and people without disability).

An important issue for government but also for whole society, especially for family carers, is a need to ensure appropriate care for people who are highly dependent on care/help.

Active implementation of new legislative possibilities/options, primarily in the area of social services (e.g. respite care, day care centres, specialised centres) is needed. That requires information campaigns towards all relevant stakeholders and support for human resources capacities' development at all levels to implement progressive legislation into practice.

Research is needed that aims to compare expenditures of institutional social services for people with disabilities provided by public providers and that of non-public or NGO providers.

There are many new measures aimed at supporting living conditions appropriate for persons with disabilities. On the other hand, increased legal awareness of persons with disabilities and their families has led to more criticism of these persons, their relatives and representatives.

4.2 One example of best practice (brief details)

One of the most progressive forms of social assistance to persons with severe disability in Slovakia is personal assistance and direct payment /benefit for personal assistance. Efficient help is provided in this form to people with disabilities in the field of mobility, communication, daily living activities and housekeeping.

The progressiveness of personal assistance is mainly that it supports the independence of the person with disability, his/her Independent life philosophy, working, education, family and civic activities and that leads the person with disability towards social reintegration. It thereby represents an excellent instrument supporting the social inclusion of persons with disabilities. The person with disabilities selects the personal assistant himself/herself, and draws up agreements on how personal assistance is to be carried out. The agreement contains:

- The kind of activities to be performed
- The place of performance and period of performed activities
- The obligations and rights of the personal assistant
- The amount of remuneration and the mode of its payment
- The reasons for withdrawal

Financial contributions for personal assistance (in European LTC terminology "attendance allowance"), which are directly paid to persons with disabilities, may be provided under the Act No. 447/2008 Coll. on financial allowances for severe disability compensation. They are available from age 6+ to 65 (after 65 the benefit is paid only conditionally). Personal assistance is not provided to persons with disabilities primarily receiving assistance from his/her family member, e.g. a spouse, parent, grandparent, grandchild or sibling. But 50 % of the range of acts involving intimate personal activities of the person with disabilities may be executed by a family member.



Personal assistance and direct payment are the key elements of Independent Living, giving disabled people choice and control over the support they need to live their lives and greater access to opportunities and participation in family and community life. Personal assistance is in harmony with article 19 and other articles of UN Convention; with article 26 of European Charter of fundamental rights, and also with the Disability Action Plan. In order to create equal opportunities for people with disabilities, it is an objective of strategies for social protection and social inclusion for this vulnerable group of people.

In 2008, 6 186 persons with severe disabilities received financial benefits for personal assistance. Personal assistance activities are defined in Annex No. 4 of the Act on financial allowances with a maximum of 20 hours per day. The sum of the financial contribution for personal assistance is calculated according to the hourly rate of 2,58 € and the maximum amount per month is 1548 €. In 2008, overall expenditure on personal assistance for 6 186 clients was 18,2 mil. €.

We can assume that benefits for persons with severe disabilities from personal assistance schemes will grow via Agencies for mediation of personal assistance. These can be established under the new Act on social services to help persons with disabilities and their families to look for personal assistants, to hire them and to manage administration concerning financial benefits for personal assistance. There are in Slovakia some good practice examples from NGOs pilot activities of running of this type of agency.



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