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Social protection for people with disabilities

Czech Republic

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ESPN Thematic Report on Social protection for people with disabilities

Czech Republic

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Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. people aged 18 or above). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, "people with disabilities" should be understood as "*those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others*".

In the Czech Republic, there are only a few special benefits for people with disabilities. Besides the invalidity pension, there is the *Příspěvek na péči* (care allowance), which is provided to people dependent on the help of another person for purchasing such help. The highest level of dependency entitles the recipient to care allowance covering less than three hours of care per day. Thus, the costs of services represent a significant barrier to accessing professional care services. Another long standing problem is a failure of medical assessors to meet deadlines in care allowance procedures. The new *Invalidní důchod* (invalidity pension) is indexed more slowly than the *Starobní důchod* (old-age pension): this is a major problem for people whose pension is assessed at a young age (under 30), as their standard of living can be expected to fall relative to the rest of society. Next, people who are in a milder category of disability generally have lower disability pensions. The other benefits for people with disabilities are *Příspěvek na mobilitu* (mobility allowance) and *Příspěvek na zvláštní pomůcku* (special-aid allowance). There are no special benefits provided for covering healthcare costs (as care is in principle free of charge for everyone) and housing costs. There are no special arrangements for people with disabilities in relation to old-age pensions, *Podpora v nezaměstnanosti* (unemployment benefit) and minimum income schemes, except for a special-diet supplement provided within the latter scheme.

A person covered by compulsory public health insurance has the right to receive prescribed medical devices (including assistive technology) fully or partially covered by health insurance. Personal assistance can be provided professionally through registered social service providers, or it can be provided to people with disabilities by informal care-givers, most often close family members. Lastly, informal carers can be compensated for the loss of earned income from work at the rate of 60% of a daily assessment base, for a maximum of 90 days.

The key issue in the debate on social protection for people with disabilities is more general: it is the transformation of social services from institutional to community-based care (de-institutionalisation), which should ensure independent living and the full social inclusion of the clients. Achievement of these objectives represents a long-term challenge. The system of financing social services (where one third of funding comes from grants) is unsustainable and has limitations in supporting community-based services.

As of 1 January 2022, the amount of the care allowance no longer differentiates between people assisted by a provider of residential social services and those cared for by a family member or a social care assistant. According to the new government statement/declaration, multi-annual financing of social services is to be introduced, and the development of at-home social and healthcare services, field services and services for families and households will be supported.

We recommend that consideration be given to increasing the care allowance, and streamlining the administrative procedures relating to it to make them more effective and timely. Furthermore, the indexation of invalidity pensions should be adjusted so that they do not lag behind old-age pensions. The conditions distinguishing eligibility for either a full or a partial invalidity pension should be reviewed, as should the level of these pensions. More tangible support for the transformation of services for people with disabilities (de-institutionalisation) is necessary, with sufficient and sustainable financing allowing an improvement in the capacity, accessibility and quality of the services in the first place.

1 Access to disability-specific income support

1.1 Disability-specific benefits/pensions available to working-age people

There are four specific benefits reported here. The benefits in Sections 1.1.1, 1.1.2 and 1.1.3 are paid under a disability assistance scheme which is regulated by Act No 329/2011 Coll. on Provision of benefits to people with disabilities, while the benefit in Section 1.1.4 is a disability insurance (contribution-based) benefit provided under the pension scheme.

1.1.1 *Příspěvek na péči* (Care allowance)

a) Eligibility conditions

Disability-related qualifying criteria: The degree of dependence is determined according to the number of basic living needs that cannot be met without the everyday help of another person, across a total of 10 activities (e.g. mobility, orientation, communication, and bodily hygiene). There are four degrees of dependency according to which the amount of benefit is determined, as follows.

- Degree I (mild dependence) if three or four basic life needs cannot be managed due to a long-term unfavourable health condition.
- Degree II (medium severe dependence) if five or six basic life needs cannot be managed due to a long-term unfavourable health condition.
- Degree III (severe dependence) if seven or eight basic life needs cannot be managed due to a long-term unfavourable health condition.
- Degree IV (total dependence) if nine or ten basic life needs cannot be managed due to a long-term unfavourable health condition.

"Long-term" means in this respect more than one year according to medical science[1]. The ability to manage basic living needs is assessed in relation to the specific disability and the regimen prescribed by the physician.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: Residency is an eligibility condition[2].

Waiting period: Not explicit. However, as mentioned earlier, the law considers a long-term adverse health condition to be a condition which, according to medical science, lasts or is expected to last for more than one year.

Contributory history required: None (i.e. no minimum contributory record is required).

Level of financial resources: None. The benefit is not means-tested.

Other: An applicant must explicitly identify the care-giver providing care to them. The care-giver must confirm their willingness to care for the applicant. There are several types of registered social service providers authorised to provide such care. However, applicants can also identify informal carers (e.g. family members).

Gaps and/or obstacles: Eligibility conditions do not represent a particular gap or obstacle. *Příspěvek na péči* (care allowance) is a non-contributory social security benefit.

[1] According to the law (Act No 435/2004 Coll. on Employment), "a long-term unfavourable health condition" is a health condition which, according to the findings of medical science, is expected to last for more than one year and substantially limits physical, sensory or mental abilities and thus the ability to work.

[2] This condition applies to EU and non-EU nationals as well as to people with refugee status. §4 of the Act No 108/2006 on social services define the range of eligible people.

b) Disability assessment framework

Type of assessment: Assessment of care or support needs. The assessment process for the care allowance is guided by the Social Security Act No 108/2006 Coll.

Responsible authorities: Regional branches of the Employment Office are responsible for the overall administration of the care allowance. They also carry out a social investigation to determine the person's ability to live independently in their natural social environment. They are entitled to request an assessment of the person's degree of dependence from the district social security administration (DSSA). The DSSA medical assessment service (a specially trained physician) then carries out the medical examination.

Method: The assessment involves both documentary evidence and personal interaction. The assessor from the medical assessment service takes into consideration the medical report from the claimant's medical practitioner, and then the report from the social examination conducted by specially trained social workers from the Employment Office. Self-assessment is not a part of the assessment process.

Supporting evidence: Social examinations, medical examinations.

Assessor: Social worker, assessor from Czech Social Security Administration (CSSA).

Decision-maker: The final decision on eligibility for care allowance is issued by the regional employment office.

Critical analysis: According to a report prepared by the Academic Network of European Disability Experts (ANED; see Šiška, 2019), some discrepancies occur between the results of social examinations conducted by social workers, and medical examinations performed by CSSA assessors. Social examination is based on face-to-face interaction between the social worker and the claimant; whereas the assessing practitioner draws up the medical assessment based on medical reports provided by the claimant's medical practitioner, without having direct contact with the claimant.

There is an administrative deadline for issuing a final decision (60+45 days[3]). However, it can be extended to 60+75 days. Thus, the whole process takes several months. According to the Czech Ombudsman (2018a), the failure of medical assessors to meet deadlines in care allowance procedures is a long standing problem. Particularly in the case of appeals, time limits are significantly exceeded, and it is not uncommon to wait more than a year for the outcome. The Ombudsman states that the Ministry of Labour and Social Affairs (MLSA) is aware of the problem but, given the shortage of assessors and the number of requests for opinions, it is not in its power to shorten the time limits. Reasonable compensation may be sought for undue delays (i.e. for substantial time overruns by the authorities), with the state compensating for the uncertainty and mental anguish to which the applicant is subjected if the proceedings take an unreasonably long time[4].

The situation seems not to have changed recently. In 2020, the CSSA conducted 135,360 assessments for care allowance[5] (a fall of 6% compared with 2019), and 374,842 in total (CSSA, 2021). This represented a gradual decline caused at least partly

[3] According to Šiška (2019), the time limit for deciding on eligibility for care allowance is 60 days (for the Employment Office) + 45 days (for the CSSA, which assesses the claimant's state of health). If the assessor from the CSSA is unable to meet the 45-day time limit for serious reasons (typically capacity shortages or delayed delivery of medical records) the time limit for issuing the report automatically extends for a further 30 days (to 75 days).

[4] With the help of the Ombudsman, a mother of a boy aged 3 with disabilities received care allowance and a disabled person's card after almost a year and a half. Following the Ombudsman's advice, she then applied for compensation and the ministry granted her CZK 20,000/€1,000 for delays in the proceedings. (Ombudsman, 2018b)

[5] The care allowance, across all dependency grades, was awarded to 123,417 claimants, which is 91% of all applications processed, a level not out of line with the long-term average.

by the COVID-19 pandemic. The fact that, despite the decline in submissions, the number of assessments conducted after the deadline increased by 20% suggests ongoing capacity issues in the system of medical assessment (it must be noted that such cases account for less than 0.2% of the total number of assessments) (CSSA, 2021).

c) Benefit entitlements

Level of the benefit: There are four different levels of benefit according to the recipient's degree of dependence on support (See Table 1).

Table 1: Personal care allowance, as of January 2022. Czech Republic (CZK/€)

Category	Monthly benefit
Level 1 (mild dependence)	CZK 880/€35
Level 2 (medium dependence)	CZK 4,400/€176
Level 3 (heavy dependence)	CZK 12,800/€512
Level 4 (full dependence)	CZK 19,200/€768

Source: MLSA webpage, https://bit.ly/2Ar3Oqj.

The highest level of dependency entitles the recipient to a care allowance of around half the average salary and a pension slightly above the average in the country. The amount of the care allowance for heavy dependency would cover roughly three hours of personal assistance per day[6]. As a consequence, the cost of services represents one of the main barriers to access and to higher utilisation of services.

Duration of the benefit: The care allowance is granted for as long as the reasons for granting it last[7].

Interactions with other income or other related benefits: None. This benefit is compatible with income from work and/or other social insurance benefits.

Challenges: According to Holub and Němec (2014), personal care allowance was originally supposed to become an essential source of funding of the registered social services. However, almost 50% of the recipients entitled to these allowances did not use them for purchases of services from any registered provider. Possibly the most comprehensive and relevant study addressing care allowance (Průša, 2013) reports even lower figures – more than two-thirds of care allowance recipients.

1.1.2 *Příspěvek na mobilitu* (Mobility allowance)

a) Eligibility conditions

Disability-related qualifying criteria: A person who is entitled to a special disability card[8] for people with severe and particularly severe limitations of mobility and orientation,

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[6] We use here the price of CZK 135/€5.40 per hour, which represents the maximum amount of reimbursement according to Decree No 505/2006 Coll. (the level of payments for social services provided by registered providers is subject to regulation).

[7] The Employment Office is obliged, under the Social Services Act, to carry out checks on the use of the care allowance granted. These are carried out in a similar way to the above-mentioned social examinations in the recipient's home. The Employment Office only carries out checks on a certain proportion of recipients. They are selected for checks at random or based on suspicion of abuse of the benefit.

[8] The special disability card represents an in-kind benefit for people with severe and particularly severe limitations on mobility and orientation, including autistic spectrum disorders. Cardholders are eligible for various

including autistic spectrum disorders, qualifies for the *Příspěvek na mobilitu* (mobility allowance). Severe functional mobility impairment is defined as a condition in which people with a long-term adverse health condition are able to move independently around the home but are able to walk outdoors only with considerable limitation and only for short distances. Severe functional impairment of orientation means a condition in which people have a long-term adverse health condition and are able to orient themselves reliably in the home environment, but face considerable difficulties outdoors. Particularly severe functional mobility impairment and total mobility impairment means a condition in which people with a long-term adverse health condition find it very difficult or impossible to walk in the home environment, cannot walk independently outdoors, and for whom mobility is usually only possible in a wheelchair. Particularly severe functional impairment of orientation and total impairment of orientation means a condition in which people cannot navigate independently outdoors due to a long-term adverse health condition.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: Residency is an eligibility condition[9].

Waiting period: None. It is granted from the moment the disability is certified.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None. The benefit is not means-tested.

Other: Clients of any residential social services under the Social Services Act (i.e. in a home for people with disabilities, in a home for older people, in a home with special regime or in an institutional healthcare facility) are not eligible.

Gaps and/or obstacles: The eligibility conditions do not represent a particular gap or obstacle.

b) Disability assessment framework

Type of assessment: Combination of medical assessment and functional capacity assessment.

Responsible authorities: Regional branches of the Employment Office are responsible for overall administration of mobility allowance. They ask the relevant DSSA for an assessment of mobility and orientation. The DSSA medical assessment service (a specially trained physician) then carries out the medical examination.

Method: The assessment involves both documentary evidence (e.g. medical records) and medical examination(s).

Supporting evidence: Medical records, medical examinations.

Assessors: Specially trained assessment physicians from the medical assessment service.

Decision-maker: The final decision on eligibility is issued by the regional employment office. The deadline for issuing a mobility allowance decision is 60 days.

Critical analysis: Not documented.

c) Benefit entitlements

Level of the benefit: There is only one level of the benefit regardless of the severity of a disability. The amount of the benefit is CZK 550/€22 per month.

benefits (i.e. guaranteed parking slots, public transportation seats, priority in dealing with the authorities in person, public transportation discounts etc.) For details, visit https://portal.gov.cz/sluzby-vs/prukaz-osoby-se-zdravotnim-postizenim-S527#_doplnujici-informace#_popis-sluzby. The benefit is legislated for in the Act No 329/2011 Coll. on providing benefits to people with disabilities.

[9] This condition applies to EU and non-EU nationals as well as to people with refugee status.

Duration of the benefit: The mobility allowance is granted for as long as the reasons for granting it last.

Interaction with other income or other income-related benefits: None. This benefit is compatible with income from work and/or other social insurance benefits.

Challenges: No evidence (reports, papers…) was identified on adequacy challenges related to this benefit.

1.1.3 *Příspěvek na zvláštní pomůcku* (Special-aid allowance)

a) Eligibility conditions

Disability-related qualifying criteria: An eligible person must have and be diagnosed with at least one of the long-term ill health conditions listed in the Annex to the Act No 329/2011 Coll. The Annex contains a list of severe health impairments concerning the musculo-skeletal system, vision, hearing, and other disabilities leading to loss of mobility.

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency: Residency is an eligibility condition[10].

Waiting period: None. It is granted from the moment the disability is certified.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: Financial resources do not affect eligibility. They are relevant in determining the amount of the benefit.

Other: There are a number of detailed conditions depending on the type of special aid and the circumstances of each case (see §9, Act No 329/2011 Coll.)[11].

Gaps and/or obstacles: The eligibility conditions do not represent a particular gap or obstacle.

b) Disability assessment framework

Type of assessment: Medical.

Responsible authorities: Regional branches of the Employment Office. They ask the relevant DSSA for an assessment of mobility and orientation. The DSSA medical assessment service (a specially trained physician) then carries out the medical examination.

Method: The assessment involves medical examination(s) reflecting documentary evidence.

Supporting evidence: Medical records, medical examinations.

Assessors: Specially trained assessment physicians from the medical assessment service.

Decision-maker: The final decision on eligibility is issued by the regional employment office.

Critical analysis: Not documented.

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[10] This condition applies to EU and non-EU nationals as well as to people with refugee status.

[11] For example, the special-aid allowance for the purchase of a motor vehicle can be granted only if the beneficiary needs to be transported repeatedly in a calendar month and that they are able to drive or be transported by a motor vehicle. Where the allowance is provided for the purchase of a lifting platform, the consent of the property-owner to the installation of the equipment is also a condition.

c) Benefit entitlements

Level of the benefit: The amount of the allowance depends on the cost of the special aid purchased and, in the case of an allowance for the purchase of a motor vehicle, the amount of the allowance depends on the income of the applicant and of people assessed jointly with them. For the acquisition of a special aid whose cost is less than CZK 10,000/€400, *Příspěvek na zvláštní pomůcku* (special-aid allowance) is provided if the income of the applicant and the income of the people jointly assessed with them (typically a household)[12] is less than eight times the living minimum of the individual and the people jointly assessed with them. In such a case, the amount of the special-aid allowance is set so that the person's contribution is CZK 1,000/€40. The amount of the contribution for the purchase of a special aid whose price is higher than CZK 10,000 is set so that the person's contribution is 10% of the expected (or already paid) price of the special aid.

The amount of the special-aid allowance provided for the purchase of a motor vehicle varies between CZK 100,000/€4,000 and CZK 200,000/€8,000, depending on the income of the applicant and the income of the people assessed with them.

Duration of the benefit: The allowance can be granted repeatedly. In the case of a special-aid allowance provided for the purchase of a motor vehicle, a repeat allowance may be granted after 84 months.

Interaction with other income or other income-related benefits: None. This benefit is compatible with income from work and/or other social insurance benefits.

Challenges: No evidence (reports, papers…) was identified on adequacy challenges related to this benefit.

1.1.4 *Invalidní důchod* (Invalidity pension)

Invalidní důchod (invalidity pension) is one of the four types of pensions of the Czech pension system (in addition to the old-age, widow's and widower's, and orphan's pensions). The system is operated by the CSSA, which is a central administrative authority falling under the MLSA. The pension scheme is funded by social security contributions with deficits financed from general taxation.

a) Eligibility conditions

Disability-related qualifying criteria: The first condition is the "disability determination" – see b) below, which is preceded by a health assessment procedure. Another condition is a necessary insurance period, which is determined from the period before the disability occurred. An insurance period shall not be required only where the invalidity is the result of an accident at work or an occupational disease.

Age: The eligibility conditions do not include age, but do include length of insurance (see below).

Nationality and/or residency: Residency is not an eligibility condition.

Waiting period: There is no waiting period for benefit eligibility. It is granted from the moment the disability is certified, provided the other conditions are met.

Contributory history: The period of insurance for economically active people coincides with the period of contributions. For selected cases, the period of insurance may also include periods when the person has not contributed (maternity leave, unemployment). The length of the insurance period required for entitlement to an invalidity pension depends on the age of the individual:

[12] Act No 110/2006 Coll. on living minimum provides a list in its §4.

- for individuals aged over 28, the necessary insurance period is five years and is determined from the last 10 years before the disability;
- for individuals over 38, if they do not meet the condition above, the condition is also considered to be fulfilled if they have completed 10 years of insurance in the 20 years preceding the disability;
- for individuals under 28, the insurance period required is shorter:
  - for individuals under 20 – less than one year;
  - for individuals aged 20-21 – at least one year;
  - for individuals aged 22-23 – at least two years;
  - for individuals aged 24-25 – at least three years;
  - for individuals aged 26-27 – at least four years.

Level of financial resources: None. The benefit is not means-tested.

Other: None.

Gaps and/or obstacles: The system does not have serious deficiencies in terms of determination of eligibility.

b) Disability assessment framework

Type of assessment: Functional capacity assessment. The insured person has a disability if, as a result of a long-term adverse health condition, their ability to work has been reduced by at least 35%. The disability assessment process is based on an evaluation of the extent of the decline in an individual’s work capacity. If it is at least 35% but not more than 49%, it is classified as a first-degree disability. A second-degree disability implies a reduction of at least 50% but not more than 69%. If the reduction is 70% or more, it is a third-degree disability.

Responsible authorities: The system of invalidity pension is operated by the CSSA, which falls under the MLSA.

Method: The claimant should apply to the local CSSA agency. They should do so after a consultation with their attending physician, who knows their state of health. They apply to the local CSSA agency according to their permanent residence. The application is prepared with the help of a CSSA employee. If people cannot apply for a pension themselves due to an unfavourable state of health, a family member may submit the application on their behalf.

When completing the application, the claimant must submit a number of documents that are standard for any pension application. These include proof of identity, proof of study and its length, proof of military service, proof of child-rearing or childcare, and proof of contributory and non-contributory insurance periods (e.g. time of registration with the employment office, and time of caring for a person dependent on the care of another person) unless the CSSA already has the documents in their records.

Supporting evidence: The disability assessment process begins with filling the application. During this process, the attending physician processes and issues documents on the citizen's state of health. The applicants themselves submit medical reports and findings that they have and consider relevant.

Assessors: The assessment of whether the applicant has a disability and what degree of disability is carried out only by a CSSA assessing doctor (assessor). The personal presence of the applicant is not necessary during the assessment. However, the assessing doctor may decide that it is necessary to assess the state of health in the presence of the person in a medical centre designated by the assessing doctor. This may happen if there are doubts over, or contradictions in, the documents provided. A request for an additional health assessment may also be made by the applicant. The CSSA does not publish the numbers of such events.

Decision-maker: As a result of the disability assessment, the local CSSA agency forwards the application to the CSSA headquarters (the decision-maker). Only the latter can decide on the entitlement to the pension and its amount. The statutory time limit for processing the application is 90 days. The length of processing depends on whether all supporting documents are on file with the CSSA and on the co-operation of the treating physician and the client during the health assessment process (the average length of processing was 74 days in 2020; see CSSA, 2021, p. 32).

The CSSA sends a written decision to the applicant on the award of the pension. This states the date on which the pension was granted, the amount of the pension and the reasons for it. If the conditions for entitlement to the pension are not met, a decision rejecting the application is sent to the applicant, stating the reasons for the rejection.

Critical assessment: In 2020 (see CSSA, 2022a), 25,000 invalidity pensions were granted, of which more than half (13,695) were first-degree pensions, 3,855 second-degree pensions and 7,472 third-degree pensions. At the same time, 19,656 applications for invalidity pensions were denied in 2020. Of this number, 14,654 were denied for failure to recognise disability or a change in its degree, and 5,002 for failure to meet other conditions. The assessment of disability and its degree is based on legal rules, and there is a right of appeal against the decision. The CSSA conducts the appeal process. If a citizen disagrees with the decision made in the appeal process, they may file a lawsuit. For the purposes of the court proceedings, the assessment of disability is carried out by the assessment commission of the MLSA. The judicial review is exempt from fees. It cannot be said that the process of assessing disability and awarding a disability pension is tainted by any systematic error. The information from the attending physician is decisive for assessing the degree of invalidity, with the individual diagnoses determining the degree of invalidity. If the information for the assessment is incomplete, the administrative authority (CSSA) should request complete relevant medical documentation. Determining the exact date of onset of disability and the resulting accrued insurance period is crucial for the award of a disability pension. In exceptional cases, errors may occur that can be appealed against (Ombudsman, 2017).

c) Benefit entitlements

Level of the benefit: The invalidity pension has two parts, namely a basic amount and a percentage amount. The basic amount is uniform for all pensions. The percentage amount is individual and depends on the length of the insurance period, the income earned before the disability and the degree of disability. In addition, the period of insurance is supplemented by non-insurance credits, which are simply for periods up to retirement age when the claimant could hypothetically have worked if they had not acquired a disability. Approximately 4% of pensioners receive a monthly pension below CZK 5,000/€200. On the other hand, a few hundred pensioners had a monthly pension above CZK 25,000/€1,000 in 2000 (CSSA, 2022a). For more information, see Table 2.

Table 2: Statistics on invalidity pension recipients in 2020

Statistics	Invalidity pension			Old-age pension
	1st degree	2nd degree	3rd degree	
Number of recipients	173,034	76,626	167,979	2,400,479
Average pension [in CZK/€ monthly]	7,366/295	8,532/341	12,726/509	14,479/579
Average newly assessed pension [in CZK/€ monthly]	7,289/292	9,329/373	15,123/605	16,127/645
Average pensioner age (newly assessed pension)	49	49	48	62
Av. pension – 10th quintile [in CZK/€ monthly]	n.a.	n.a.	9,984/399	10,778/431
Av. pension – 10th quintile (median)	n.a.	n.a.	12,081/483	14,362/574
Av. pension – 10th quintile [in CZK/€ monthly]	n.a.	n.a.	16,515/661	18,251/730

Note: CZK 25 is equal to €1; n.a. means "not available".
Source: CSSA (2022a).

Duration of the benefit: The award of an invalidity pension (of any degree) may not be permanent, as it depends on the development of the state of people's health, which is usually not constant. The system does not provide for regular revision of the degree of invalidity. On the other hand, if there is a new development, the beneficiary has the obligation (and the right) to report changes that affect the determination of the degree of invalidity. Depending on the outcome of a medical examination, it may be concluded that the decline in working capacity no longer corresponds to invalidity, the pension may cease to be payable or the level of pension may change.

If the CSSA asks for an additional health check on a citizen, they must undergo it. Should they refuse, the invalidity pension application procedure may be suspended or the payment of the pension may be stopped.

The duration of the invalidity pension is not limited. When those who receive an invalidity pension (all degrees of invalidity) reach the age of 65, the invalidity pension is automatically converted into an old-age pension (the amount of the pension remains the same). At the same time, entitlement to this type of old-age pension (original invalidity pension) does not preclude entitlement to a regular old-age pension, for which the person must apply separately. If an individual qualifies for a regular old-age pension, they can apply for one. In this case, they are entitled to whichever of the pensions is the higher (an old-age pension may be more advantageous, especially in cases of first- and second-degree invalidity – see above, Section 1.1.4).

Interaction with other income or other income-related benefits: A person receiving a disability pension is not prohibited from earning income from economic activity. On the contrary, first- and second-degree invalidity pensions presuppose only a partial loss of working capacity and the pension granted does not fully cover the loss of income from economic activity. In contrast, the third-degree invalidity pension is assumed to fully replace income from economic activity. However, even in this case it is possible to obtain income from economic activity without losing the invalidity pension.

For these reasons, a person receiving an invalidity pension is entitled to all other social benefits. Partial exceptions are the social insurance benefits and the benefits available to pensioners with third-degree invalidity. These exceptions are as follows.

- No concurrence of an invalidity pension and a regular old-age pension is allowed: the higher pension is paid (see above on this point).
- A person who is in receipt of a third-degree invalidity pension is not entitled to *Podpora v nezaměstnanosti* (unemployment benefit).
- Entitlement to sickness benefits is limited to a maximum of 70 calendar days in the case of people with third-degree invalidity.

Challenges: From the adequacy perspective, we can mention three problems or challenges as follows.

1) In 2020, the mean monthly amount of newly assessed invalidity pensions (third degree – full disability) was lower by about CZK 1,000/€40 than old-age pensions. However, on average, invalidity pensions are assessed 14 years earlier than old-age pensions. As pensions in payment are indexed more slowly than accrued old-age pension entitlements (wages), these 14 years have the effect of making the total average monthly amount of this type of pension CZK 1,750/€70 lower. However, as reaching age 65 turns an invalidity pension into an old-age pension, the actual differences between these two types of pensions will be even significantly higher with respect to the age of the individual[13].
2) This is a major problem for people whose pension is assessed at a young age (under 30). The slow indexation of their pensions results in their standard of living slowly (but over a long time) falling relative to the rest of society.
3) People who have a lower degree of disability generally have lower invalidity pensions (see Table 2). In their case, it is implicitly assumed that they will make up for the missing income by economic activity. However, for various reasons this is not always possible. For example, if a person is wrongly classified into a lower invalidity category, or if their condition gradually deteriorates, or if an adequate job is not available for them, they are left only with a low invalidity pension. If the person lives alone, the amount of the pension is less than the minimum subsistence level (after taking into account housing costs).

1.2 Disability-specific old-age pension schemes

There are no disability-specific old-age pension schemes in the Czech Republic. As described above in Section 1.4, invalidity pension is converted into an old-age pension at the age of 65. A person who does not qualify for an invalidity or old-age pension is dependent on other means-tested benefits – housing allowance and the minimum income scheme (MIS) (allowance for living and housing supplement).

[13] Invalidity pensions lag behind old-age pensions in their ability to ensure an adequate standard of living, due to the same indexation rules, where wage growth is only partially taken into account. While old-age pensions are indexed on average 20 times (depending on life expectancy), invalidity pensions can be indexed up to 60 times.

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

There are no cash benefits aimed at covering disability-related healthcare expenses in the Czech Republic. Doctors' visits, hospital stays and (partly) medications are free of charge within the system of public health insurance regardless of whether the person has disabilities or not.

The share of healthcare in total household expenditure is relatively small. During last 10 years it ranged between 3 and 4%, with most of this expenditure used to purchase pharmaceuticals and other medical goods. Expenditure on pharmaceuticals is subject to thresholds (maximum co-payments) as a tool to protect patients from a disproportionate financial burden. Insured people who are recipients of a third-degree disability pension, and insured people with a second or third-degree disability who have not been granted a disability pension due to failure to meet the minimum insurance period requirement, are protected in a similar way to people aged over 70 – their expenditure threshold is 10 times lower than that of standard insured people.

1.3.2 Housing

In the Czech Republic, housing benefits do not take into account any disability of a household member. For these benefits, the general methods of determining entitlement and the amount of the benefit apply as for any other household. Section 1.1.3 describes the special-aid allowance. The benefit covers home adaptations. It may be granted if the home is occupied by a person with a severe mobility impairment, or a blind person. The amount granted takes into account the extent of the necessary adaptations (with a cost ceiling) and the income and assets of the family. The benefit is most often granted for adaptations of a bathroom or an entrance door. Similar (additional and larger-scale) adaptations can also be implemented by the municipality in part of the municipal housing stock that is intended for people with disabilities.

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 *Starobní důchod* (Old-age pension)

a) Eligibility conditions

There is no difference in eligibility for people with disabilities compared with people without disabilities. Invalidity pensions granted prior to reaching the statutory retirement age are automatically transferred to old-age pensions at the age of 65. If an individual qualifies for a regular old-age pension, they can apply for one (for details on the eligibility criteria see: CSSA, 2022b). In this case, they are entitled to whichever of the pensions is higher (an old-age pension may be more advantageous, especially in the case of the first- and second-degree invalidity).

b) Additional amount/compensation included and adequacy issues

There is no additional amount/compensation included in this benefit for people with disabilities as compared with people without disabilities. General rules for benefit calculation are described in Section 1.

c) Gaps/obstacles

As mentioned in Section 1, people who were awarded an invalidity pension at a young age have a lower pension than their old-age pension would be, due to slow indexation of pensions in payment. If health conditions allow, a person with a disability pension

can be economically active and accrue insurance time for a regular old-age pension. If they subsequently meet the conditions for a regular old-age pension, it is awarded. However, the person receives only one income, the higher of the two. Invalidity and old-age pensions are not cumulative. At age 65, the invalidity pension becomes a standard old-age pension. The economic situation might be worse for people who were entitled to a first- or second-degree invalidity pension and who did not acquire the necessary insurance period during their lifetime to qualify for an old-age pension. These people may not be awarded an old-age pension and may continue to depend on an invalidity pension only. However, we do not have statistics to say with what frequency this situation occurs.

2.2 Unemployment benefits

2.2.1 Podpora v nezaměstnanosti (Unemployment benefit – UB)

a) Eligibility conditions

There is no difference in eligibility for people with disabilities compared with people without disabilities[14].

b) Additional amount/compensation included and adequacy issues

There is no additional amount/compensation included for people with disabilities. This implies that their increased living costs due to disability are not covered. No evidence exists about the level of these costs. However, since the benefit level is modest, except in the first two months of unemployment, and no compensation for increased living costs is provided, we may assume problems with the adequacy of income support provided under the UB scheme to people with disabilities.

c) Gaps/obstacles

The condition of a social insurance record of at least 12 months within the previous two years, and at least six months of continuous social insurance, required for gaining a new benefit entitlement represents a de facto obstacle, because people with disabilities more often have interrupted employment records and contribution periods than other workers.

2.3 Guaranteed minimum income schemes and other social assistance benefits (GMIs)

Within the MIS, there are three benefits. *Příspěvek na živobytí* (allowance for living) is a recurrent benefit provided to a person or household whose income is insufficient to ensure basic needs. *Doplatek na bydlení* (supplement for housing) is a recurrent benefit provided to a person or household whose income is insufficient to cover justified housing costs. The benefit is paid separately; however, it is part of the overall MIS. The above two recurrent benefits are paid monthly if the recipients continue to fulfil the eligibility conditions. *Mimořádná okamžitá pomoc* (extraordinary immediate assistance) is a one-off benefit provided to people in precarious situations. This is the only discretionary benefit.

[14] For information on unemployment benefits in general see MISSOC comparative tables: Results | MISSOC. See also the website of the Employment Office of the Czech Republic for Žádost o zprostředkování zaměstnání a podporu v nezaměstnanosti (uradprace.cz).

***Příspěvek na živobytí* (allowance for living)**

a) Eligibility conditions

There is no difference in eligibility for people with disabilities compared with people without disabilities[15].

b) Additional amount/compensation included and adequacy issues

There are no additional amounts/compensation included for people with disabilities. This may imply difficulties regarding expenditure on drugs/medicaments for people with first-degree invalidity, because the upper ceiling for co-financing these expenses in CZK 5,000/€200 per year. For second- and third-degree invalidity, the upper ceiling is significantly lower, at CZK 500/€20 per year. However, there is one additional compensation not related directly to disability which may nonetheless play a more significant role in their case. Supplements are provided to people with expensive dietary regimes (the extra is between CZK 1,070/€39.40 and CZK 2,800/€103 monthly). This means that no extra costs related to disability, other than those mentioned in the above sections, are covered (such as information and communication technology or other assistive technology and drugs/medicaments or painkillers).

c) Gaps/obstacles

It seems that there are no serious obstacles faced by people with disabilities in accessing the benefits, since the eligibility conditions are universal (see above).

2.3.1 *Doplatek na bydlení* (Supplement for housing)

a) Eligibility conditions

There is no difference in eligibility for people with disabilities compared with people without disabilities.

b) Additional amount/compensation included and adequacy issues

The supplement for housing is calculated in such a manner that after paying justified expenses connected with housing (i.e. rent, utilities and energy bills), the person or household is left with the amount for living (living minimum). There is, however, a ceiling on the supplement for housing, corresponding to locally customary housing costs. This means that the supplement for housing is differentiated according to the real regional/local housing costs.

No additional amount/compensation is included in the case of people with disabilities. This may imply difficulties for them if they need some special arrangements regarding housing (such as barrier-free access or more space).

c) Gaps/obstacles

It seems that there are no serious obstacles in access to the benefits, since the eligibility conditions are universal; see above.

2.3.2 *Mimořádná okamžitá pomoc* (Extraordinary immediate assistance)

a) Eligibility conditions

There is no difference in eligibility for people with disabilities compared with people without disabilities.

b) Additional amount/compensation included and adequacy issues

[15] For information on GMIs see MISSOC comparative tables: Results | MISSOC. See also the website of the MLSA: Pomoc v hmotné nouzi (mpsv.cz).

The level of these one-off benefits under extraordinary immediate assistance differs according to the situation they are intended to resolve. The maximum amount is 15 times the living minimum[16] of a single person (in the case of a natural disaster) or 10 times the living minimum (in the case of a lack of resources in the other listed cases) or four times that level (if the person is at risk of social exclusion).

There are no additional amounts/compensation included for people with disabilities. However, since the benefit is discretionary and provided on the basis of an individual assessment of the living situation, the amount of the benefit may reflect the extra costs related to disability, depending on the front-line social worker's decision.

c) Gaps/obstacles

It seems that there are no serious obstacles in access to the benefits, since the eligibility conditions are universal; see above.

3 Provision of assistive technology and personal assistance

3.1 Assistive technology

There are three ways in which the Czech social security system supports the provision of assistive technology for people with disabilities: a) assistive technology is lent by a health insurance company; b) it is covered (fully or partially) by public health insurance; and c) if neither of these is the case, the person with disability can receive the special-aid allowance described in Section 1.1.3.

A person covered by compulsory public health insurance (eligibility based on residency) has the right to receive prescribed medical devices (including assistive technology) fully or partially covered by health insurance, as enshrined in §11 of Act 48/1997 Coll. on Public Health Insurance[17]. Annex 3 of this act contains a list of prescription devices. According to §32c, healthcare insurance companies can provide their own medical devices in a "circular mode" and lend them to patients to whom they have been prescribed.

The categorisation and reimbursement of prescription medical devices are regulated in the seventh part of Act No 48/1997 Coll. Manufacturers and resellers must announce the classification of a device into a reimbursement group in the prescribed manner. The State Institute for Drug Control (SUKL) regularly publishes new announcements and issues a list of all medical devices covered under a prescription voucher valid for the following calendar month.

The SUKL has the power to decide on the final classification of devices into reimbursement groups according to a "categorisation tree". The tree divides these devices into approximately 700 reimbursement groups, each of which directly defines the reimbursement amount. Thus, for example, if a doctor issues a voucher for a mechanical wheelchair for a patient, the patient will be reimbursed by the health insurance company up to CZK 6,957/€278 according to the law. The difference between the cost of the specific product and the reimbursement set by the categorisation tree then constitutes the co-payment, which is borne by the patient (iHETA, 2019).

Spending on assistive technology for people with disabilities is not separately tracked, or at least is not publicly available[18]. Available data do not allow any specific conclusions to be drawn regarding the adequacy of the social protection measures for people with disabilities. However, improving access to medical devices appears to be one of the

[16] The living minimum is the minimum amount of (monthly) income that individuals need to meet nutritional and other personal needs stipulated in legislation (see Act No 110/2006 Coll.).

[17] https://bit.ly/3tuwTKo

[18] The annual total cost of medical devices is CZK 22-24 billion (€892-973 million) (iHETA, 2019). The cost of prescribed medical devices makes up roughly one third of the total.

priorities of current health policy, as evidenced by periodic partial reimbursement adjustments that have taken place in recent years.

3.2 Personal assistance

Personal assistance can be provided professionally through registered social service providers, or it can be provided to people with disabilities by informal care-givers, most often close family members.[19] For both cases, there are tools to promote access to this service.

3.2.1 Registered social service providers

There are 207 registered providers of personal assistance services in the Czech Republic, offering capacities for slightly fewer than 7,000 clients and employing approximately 4,400 social workers.

The key instrument for delivering appropriate and affordable services is the scheme of multi-source funding, with a significant share of public expenditure. According to the MLSA (2019), social services as a whole receive almost half of their funding (49%) from the MLSA budget. The MLSA subsidy represents 29% of total revenue. The care allowance represents an additional 20%. Local government bodies (municipalities, regions) contribute another 17%. Reimbursement from social services clients represents 21% of total social services revenue.

The amount of the care allowance to beneficiaries with heavy dependency would cover less than three hours of care per day[20]. As a consequence, the cost of services represents one of the two main barriers to access and to a higher utilisation of services, besides differences in household income.

Reimbursement from the clients of personal assistance services amounted to CZK 238 million (€9.5 million) in 2020 (MLSA, 2021) – equal to 19% of the total revenues of CZK 1,231 million (€49 million). There were more than 9,000 adult clients of personal assistance services and 2,727 unsatisfied applications[21], of which over a half reported from Prague (compared with the situation in the Plzeň region, with only seven unsatisfied applications in 2020).

3.2.2 Informal care

Family members and friends provide most care. Since 1 June 2018, the position of family members providing long-term care for their relatives has improved. A new sickness insurance allowance has been introduced. The new direct cash benefit is called *dlouhodobé ošetřovné* (long-term care-giver's allowance). The carer, whether employed or self-employed, can be compensated for the loss of earned income from interrupted work, at the same rate as in the case of short-term care (i.e. 60% of the daily assessment base), during the period when they provide care for a family member (maximum 90 days). The employee cannot be dismissed and, once the care responsibilities are over, is guaranteed the ability to return to the same job under the new regulation in the labour code.

This benefit was paid to an average of around 1,000 people per month in 2020, and the total annual expenditure reached CZK 135 million (€5.4 million), which represented a 25% increase over the previous year (MLSA, 2021). This suggests that the relatively new benefit has found its target group and that it helps to ease the position of some informal carers. However, some significant issues persist. The Czech Republic is among countries with a less developed supply of field social services, which does not meet the needs of carers.

[19] For a detailed study providing a comparison of selected European countries including the Czech Republic, see Zigante, V. (2018). Informal care in Europe. *Exploring Formalisation, Availability and Quality, EC*, 4-38.

[20] We use here the price of CZK 150/€6 per hour. The price can vary significantly.

[21] It is important to note that the number of applications does not correspond to the actual number of applicants, as the applicant usually submits multiple applications.

Most public services often include just food delivery. The lack of respite support (provision of a short break from caring duties), psychological support and counselling for carers still represent gaps.

4 National debates, reforms and recommendations

4.1 National debates

The key issue in the debate on social protection for people with disabilities regards de-institutionalisation, which should ensure independent living and full social inclusion of the clients. This goal and related measures are included in strategic documents, which include a separate section on people with disabilities (MLSA, 2015; Government Office, 2020). Specifically, the National Strategy for Development of Social Services 2016-2025 (MLSA, 2015) includes the following strategic objective: to ensure a transition from the institutional model of care for people with disabilities to their support in their home environment. This general goal presumes the following specific goals: to create conditions (sufficient financing in the first place) for ensuring the capacities needed for community-type field, out-patient and in-patient social services, as well as the protection of rights and quality of life of people in institutional care during the period of transition to the community type of care.

Similarly, the National Plan for the Promotion of Equal Opportunities for People with Disabilities 2021-2025 includes the general goal of "independent living", with the following sub-goals: to create conditions for people with disabilities to live as independently as possible in their natural social environment, to support the development of a network of field and in-patient services enabling them to live a normal life in their local community, and to support the development and availability of assistive technology and medical devices (Government Office, 2020).

Achievement of these objectives represents a long-term challenge. As highlighted in Šiška (2020), the system of financing social services (where one third of funding comes from grants) is unsustainable. The system is not in line with EU legislation[22], and is considered to be a de facto subsidy/grant system, which puts service-providers, often NGOs, at a disadvantage compared with large institutional-type facilities governed by regional authorities. The strategy points out the weaknesses of the current funding mechanism but does not propose a transfer of resources to new types of services. No closure of long-stay residential institutions is explicitly articulated.

As highlighted by Šiška: "*deinstitutionalisation is still seen as 'a project' and is, in general, only happening when EU Funds are available. Although the EU funding supports the reform, the measures at the national level which would initiate the required systemic change are currently incomplete. The infrastructure for a system of financing independent from EU project funding is still not available*." He also states that "*the current mechanism of financing social services has limitations in respecting the individual needs of service users, in supporting community-based services and in providing freedom of choice where to live*." (Šiška, 2020).

In addition, the strategy (2015) points out that the monitoring of the capacity and quality of social services is not sufficient to ensure the adequate provision and quality of services. Therefore, the state's ability to fully guarantee quality standards in social services is limited. Insufficient availability of community-based services and an often poor quality of social services lead to a reduction in the quality of life for people with disabilities. It also restricts their freedom when choosing a place to live, as well as in making other decisions (see also: Šiška, 2020).

[22] For more information on the EU regulations see: Transition from institutional to community-based services (Deinstitutionalisation) – Regional Policy – European Commission (europa.eu).

Research by the Public Defender of Rights (Ombudsman) provides recent insights into failures in achieving the objective of de-institutionalising care and independent living for people with disabilities. These findings are increasingly disappointing when contrasted with the goals of the programme documents of the Czech government, which follow recommendations of the UN Committee on the Rights of Persons with Disabilities in this matter.

An investigation was carried out at the end of 2019 (Ombudsman, 2020) to examine the lives of clients in homes for people with disabilities. In an online survey, all homes in the country (205) were addressed, and 156 responded (76%). The findings show that the services these homes provide are very far from the concept of community-based service.

Homes with a capacity of fewer than 20 clients represent only 19% of the total number. Nearly one third is represented by homes with more than 76 clients. Only a small number of homes (12%) provide a living standard close to a home environment (independent units). Most homes have multi-bed rooms. In 45% of the homes it is two-bed rooms, in 28% it is three-bed rooms, in 16% four-bed rooms and in 5% five-bed rooms; exceptionally even six- and seven-bed rooms only are available.

There are people living in the homes who would not probably have to use in-patient care services if another form of support was available to them. These are mainly people with only visual or hearing impairment, without any other severe disability (117 people) or people whose abilities/capabilities correspond to a first-degree care allowance (506 people).

Considering the above policy deficits, there is a need for political commitment, and real support for the transformation of services for people with disabilities, in order to achieve at least some visible progress in the accessibility and quality of services enabling independent living and full social inclusion of people with disabilities.

There is an ongoing debate in society on how to allow for earlier retirement in the case of workers who have performed demanding work (workers in arduous and hazardous jobs) for a long period of time, with a significant impact on their health and working capacity. These workers are not able to carry out these work activities until they reach retirement age and, at the same time, it is not possible or practical to retrain them. The parliament addressed this issue in 2021 but did not manage to pass the bill before the end of its term. As bills are tied to the term of Parliament, the pending bill was not considered by the Parliament that emerged from the elections. The basic rule for reducing the retirement age was the principle of "for 10 years of arduous occupation, reduce the retirement age by 1 year", with the possibility of aliquot reductions by months (184 work shifts = entitlement to a pension one month earlier). The individual would not be penalised for early retirement. However, their pension would still be lower due to a shorter insurance period. The group of people in demanding occupations represents about 1.5% of all employees.

4.2 Recent reforms and reforms currently in the pipeline

As of 1 January 2022, the amount of the care allowance in levels III and IV of dependency – see Section 1.1.1 c) for details – no longer differentiates between people assisted by a provider of residential social services (e.g. homes for people with disabilities or homes for older people) and those who stay at home and receive care from another provider of assistance (e.g. a family member or a social care assistant). Until the end of 2021, the differences between the allowances for these two groups of entitled people were CZK 4,000/€160 (level III) and CZK 6,000/€240 (level IV) in favour of those who stayed at home. Both categories receive the same level of the benefit now.

After the October 2021 elections to the Chamber of Deputies, won by the centre-right party after eight years in opposition, a new government was appointed in December 2021. It declared its intention to significantly change many public policies. While we are aware of the limited predictive value of documents such as the government's policy statement, we nevertheless find it interesting to briefly present the reforms, measures and objectives that

the new government has declared for the field of social services and social benefits. In some sense, it is an indication of possible reforms in the pipeline.

According to the government (Government, 2022), "*a multi-annual financing of social services with a 3-year view is to be introduced*". Social service providers, experts, and NGOs have been demanding this measure for many years to stabilise the financial situation of providers and to allow them better planning. Administrative and legal reasons have so far blocked any attempts to make this change. The government promises to "*support the development of at-home social and healthcare, field services and the creation of services for families and households*". It will "*work towards systemic changes to integrate and link social and health services in long-term care*" (such an integration has been a matter of national debate for decades with very limited results). The government declares its support for family carers and for the availability of supporting technologies. It will ensure indexation of the care allowance. The process of allocating aids from health insurance and through the Employment Office is to be revised to support the availability of modern technologies. If the government manages to fulfil the declared tasks "*to simplify and speed up the process of granting financial assistance to people with disabilities, in particular care allowances and disability pensions*", and "*to make changes to the assessment by the medical assessment service and the social investigation by social workers*", it could significantly improve the position of people with disabilities. These reforms are still subject to implementation and the future will show whether expectations will be fulfilled and thus whether an improvement for the lives of people with disabilities will be realised.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

In our view there are no good practices worth mentioning: instead we identify some serious gaps and obstacles. Several problems were identified in relation to the specific benefits provided to people with disabilities, as indicated in Section 1. The amount of the care allowance for heavy dependency is not sufficient to cover professional care or to compensate informal carers for lost earnings from paid employment. Insufficiency is even more evident regarding care allowances for milder degrees of dependency[23]. Another problem is the complicated and protracted decision-making procedure[24]. The slow indexation of disability pensions results in the standard of living of people with disability falling relative to the rest of society. Last but not the least, people who have a lower degree of disability generally have lower disability pensions. If the person lives alone, the amount of the pension is less than the minimum subsistence level (after taking into account housing costs). In their case, it is implicitly assumed that they will make up for the missing income by economic activity. However, for various reasons, mainly lack of jobs for these people, this is often not possible[25].

Similarly, the capacity of social services is insufficient to ensure adequate provision of services as well as adequate quality. The system of financing social services is unsustainable and has serious limitations in terms of respecting the individual needs of service-users, in supporting community-based services and in providing users with freedom of choice where to live.

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[23] Degree II of dependency means that five or six basic life needs out of 10 cannot be managed due to a long-term unfavourable health condition. The amount of the allowance suffices to cover approximately one hour of nursing care per day. For the sake of comparison, as the minimum wage level is set at CZK 16,200/€648 per month in 2022, the allowance in this case represents compensation for a carer's earnings for 10 hours per week.

[24] See Section 1.1.1 b) for more details.

[25] At the end of 2021, there were 258,173 registered job-seekers in the country, of whom 39,915 were people with disabilities. There were 12,885 vacancies for people with disabilities registered by the Employment Office and, during 2021, nearly 3,800 vacancies were created with the support of the Employment Office: see the MLSA's statistics Měsíční (mpsv.cz).

We recommend that consideration be given to increasing the care allowance, and streamlining the administrative procedures relating to it to make them more effective and timelier. Furthermore, the indexation of disability pensions should be adjusted so that they pensions do not lag behind old-age pensions. The criteria for determining eligibility for either a full or a partial disability pension should be reviewed, as should the level of these pensions.

More real support for the transformation of services for people with disabilities (de-institutionalisation) is necessary, along with sufficient and sustainable financing to enable improved capacity, accessibility and quality of services in the first place. Lastly, the government should strengthen data-collection mechanisms in order to ensure that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 of the UN Convention on the Rights of Persons with Disabilities.

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