

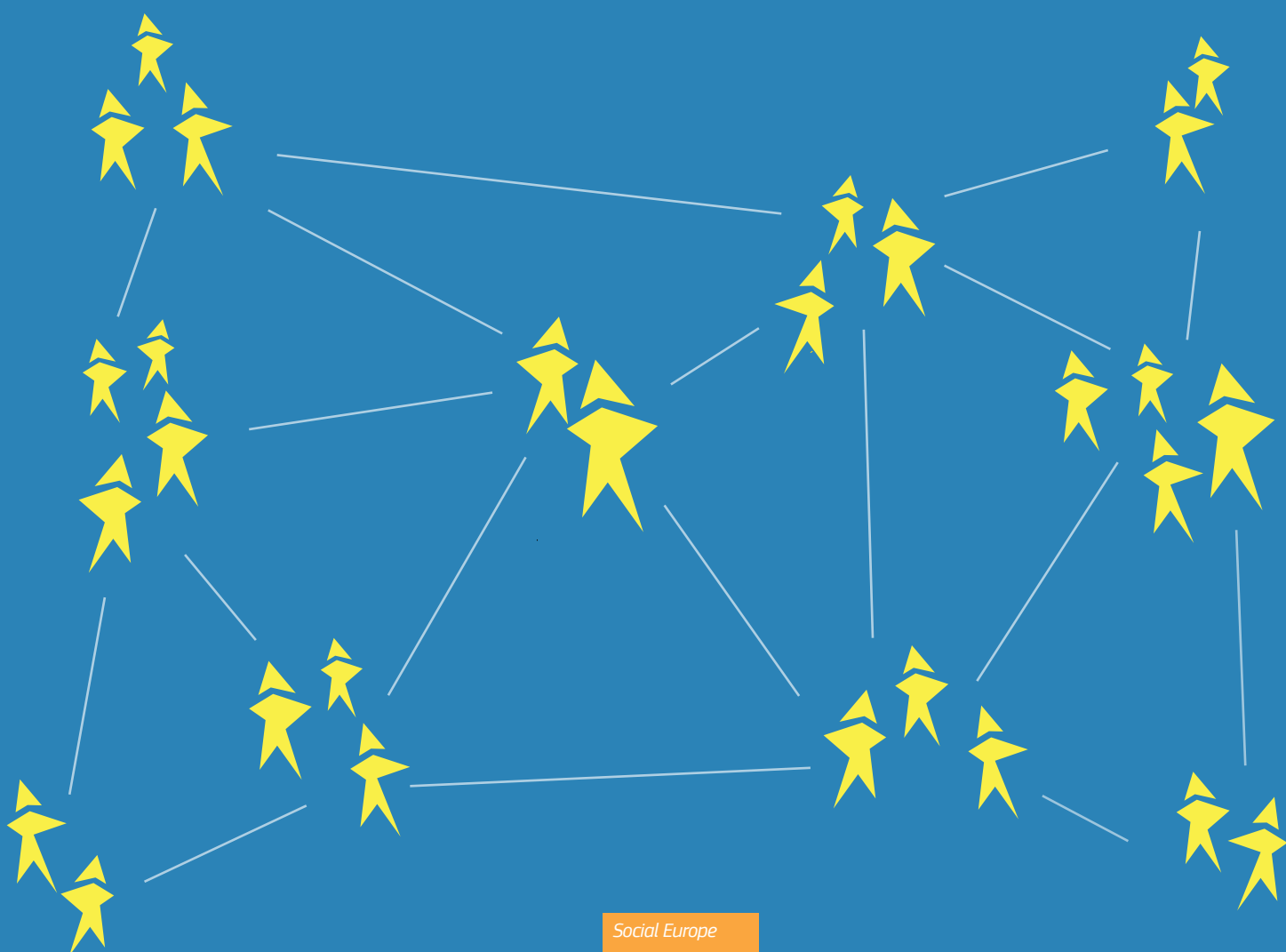


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

# Social protection for people with disabilities

Slovakia

Daniel Gerbery and Rastislav Bednárík



Social Europe

**EUROPEAN COMMISSION**

Directorate-General for Employment, Social Affairs and Inclusion  
Directorate D — Social Rights and Inclusion  
Unit D.2 — Social Protection

*Contact:* Flaviana Teodosiu

E-mail: [flaviana.teodosiu@ec.europa.eu](mailto:flaviana.teodosiu@ec.europa.eu)

*European Commission  
B-1049 Brussels*

# **European Social Policy Network (ESPN)**

## **ESPN Thematic Report on Social protection for people with disabilities**

**Slovakia**

**2022**

*Gerbery, Daniel – Bednárík, Rastislav*

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## Summary

This report analyses some important cash and in-kind social protection provisions available to adults with disabilities (i.e. aged 18 or over). 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*”.

The provision of benefits that compensate for the consequences of disability – the *Invalidný dôchodok* (invalidity pension) and the *Úrazová renta* (injury annuity benefit) – is based on an assessment process that comprises two phases: medical assessment and social assessment. The medical assessment is performed by medical doctors affiliated to the district offices for labour, social affairs and families, based on paper-based medical documentation. The social assessment is performed by social workers of the district offices for labour, social affairs and families, who examine various aspects of the applicant’s living conditions. Based on the medical and social assessment, a final assessment is prepared. This serves as a basis for the decision regarding the application for disability-related benefit(s).

People with disabilities can receive two benefits related to housing. Firstly, there is the allowance for adaptations ensuring physical accessibility to a dwelling or garage owned by them. Secondly, there is the allowance compensating for the higher costs related to disability, including those for dietary regimes, personal vehicles, hygiene, and the repair of shoes, furniture and household equipment. Both of these allowances are provided on the basis of a complex assessment prepared by the district offices for labour, social affairs and families.

Since January 2022, low-income people with disabilities have been exempted from co-payments for medicines (there are no co-payments for the cheapest possible variant). For those with higher incomes, charges cannot exceed €12 per quarter.

There are two ways in which assistive technology is provided. Firstly, in the form of medical devices, based on health insurance. Secondly, social benefits for the purchase of devices and technologies are provided and funded by the state.

The current debates on disability-related policies focus, in particular, on the reform of the assessment process, mainly because the assessment process is fragmented. There are three main forms of assessment related to disability and each has its own institutional basis and logic and is carried out by different actors. The intention is to establish a unified system of assessment for all three areas, under one single policy framework.

The variety of cash benefits granted to compensate for the consequences of disability represents a good practice. Slovakia has also elaborated a structure of benefits that covers various needs and situations.

However, the report recommends abolishing means-testing for the benefits that compensate for the consequences of disability, and continuing to prepare a unified general framework for the assessment process, which will ensure fair and equal treatment of all categories of people. The assessment process also needs to be modernised and made more attractive for professional examiners.

## 1 Access to disability-specific income support

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

There are two disability-specific benefits/pensions in Slovakia. Both are insurance-based benefits.

#### 1.1.1 *Invalidný dôchodok (Invalidity pension)*

People are entitled to the *Invalidný dôchodok* (invalidity pension) as a consequence of a severe long-term health condition. Invalidity is measured in terms of the degree of reduced work capacity.

##### a) Eligibility conditions

Disability-related qualifying criteria: Work capacity reduced by more than 40% on the grounds of unfavourable health conditions represents the main criterion. To be entitled to the benefit, the minimum level of reduced work capacity (relative to a healthy individual) is 41%. A loss of capacity higher than 70% is considered as full invalidity (*Plná invalidita*).

Age: The invalidity pension is granted to people over 18 until they reach retirement age. When reaching retirement age, invalidity pension is automatically exchanged for the *Starobný dôchodok* (old-age pension).

Nationality and/or residency: All people who have paid social insurance contributions are entitled to the invalidity pension, regardless of nationality or residence<sup>1</sup>.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: The invalidity pension is funded through invalidity pension contributions. Contributions represent a percentage of the assessment base<sup>2</sup>, which varies according to labour market status (employee/self-employed) and insurance status (compulsory/voluntarily insured). Employees and employers both pay 3% of the employee's assessment base. Self-employed and voluntarily insured people pay 6% of the assessment base.

The qualifying period (contributory period) is defined in terms of the minimum period of employment. It depends on age as follows:

- people aged up to 20: 1 year or less;
- people aged 21-24: at least 1 year;
- people aged 25-28: at least 2 years;
- people aged 29-34: at least 5 years;
- people aged 35-40: at least 8 years;
- people aged 41-45: at least 10 years; and
- people aged 46 and over: 15 years.

No contributions are paid if the person fulfils the conditions for entitlement to an old-age pension or was granted an early pension (*Predčasný starobný dôchodok*) or a retirement pension for years of service (*Výsluhový dôchodok*).

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<sup>1</sup> These conditions apply to EU and non-EU nationals as well as to people with refugee status.

<sup>2</sup> The assessment base for employees is the gross monthly wage. For self-employed people, it is 67.3% of the average monthly taxable income in the previous year. The minimum assessment base for the self-employed in 2022 represents 50% of the average wage in 2020. The maximum threshold is seven times the average wage in 2020.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

## **b) Disability assessment framework**

Type of assessment: A combination of medically based assessment and functional capacity assessment.

Responsible authorities: Social Insurance Agency.

Method: A combination of documentary evidence and personal interaction.

Supporting evidence: A medical note or letter from a doctor who treats the applicant.

Assessor: A medical examiner of the Social Insurance Agency, who co-operates with the attending physician and a health insurance reviewer. Doctors should be on a list certified by the Social Insurance Agency.

Decision-maker: The Social Insurance Agency issues the decision on entitlement to the benefit.

Critical analysis: There is no evidence that the assessment is not scientifically sound. However, there are appeals against the Social Insurance Agency's decisions. According to its annual report, the most frequent reasons for appeals include disagreement with the amount of the invalidity pension and the degree of lost capacity attributed. The ANED Country Report on Slovakia (Ondrušová *et al.*, 2018) mentioned that in 2016 there were 21,123 approvals of invalidity pensions and 6,399 rejected claims. The right to appeal is guaranteed. The appeal body is the Social Insurance Agency in the first instance, and then the courts. According to the ANED report, the success rate of the Social Insurance Agency in the individual cases judged in court was also high (in 2016 about 93%)<sup>3</sup>.

## **c) Benefit entitlements**

Level of the benefit: This depends on the degree of reduced work capacity (at least 41%). People with reduced work capacity greater than 70% are entitled to a full invalidity pension. For people with 41-70% reduced work capacity, the level of the pension is related to the size of the reduction.

Duration of benefit: The invalidity pension is paid out from the expiry of the entitlement to sickness benefits (up to 52 weeks) and for as long as the invalidity persists. It ceases when the insured person reaches pensionable age or receives an early pension. Entitlement to the invalidity pension can be reassessed if there is any change in the ability to perform gainful activity.

Interactions with other income or other income-related benefits: The invalidity pension can be cumulated with earnings from work, without any deduction.

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

### **1.1.2 Úrazová renta (Injury annuity benefit)**

People are entitled to the *Úrazová renta* (injury annuity benefit) if they have at least 41% reduced work capacity due to a work-related injury (and if they have not reached the retirement age).

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<sup>3</sup> This information was obtained for the purpose of the ANED report. It is not regularly published.



**a) Eligibility conditions**

Disability-related qualifying criteria: Over 40% reduced work capacity due to a work-related injury.

Age: People who have not reached the retirement age are entitled to the injury annuity benefit.

Nationality and/or residency: There are no eligibility conditions related to nationality or residency<sup>4</sup>.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: Employers have to pay accident insurance contributions (0.8% of the assessment base)<sup>5</sup>. The contribution rate is the same for all occupations, regardless of whether the occupation is hazardous.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: With regard to gaps, the self-employed are not entitled to injury annuity benefit (they do not pay accident insurance contributions).

**b) Disability assessment framework**

Type of assessment: Medically based assessment.

Responsible authorities: Social Insurance Agency.

Method: A combination of documentary evidence and personal interaction.

Supporting evidence: A medical note or letter from a workplace doctor who treated the applicant.

Assessor: A social insurance medical examiner of the Social Insurance Agency branch and a medical examiner of the Social Insurance Agency's headquarters (with the personal participation of the applicant).

Decision-maker: The Social Insurance Agency issues a decision on entitlement to the benefit. The decision must be issued within 60 days. It is possible to appeal to the headquarters of the Social Insurance Agency within 30 days from the date of notification of the decision. The director general decides on the appeal.

Critical analysis: Not documented.

**c) Benefit entitlements**

Level of benefit: This depends on the degree of reduced work capacity (at least 41%) and the average daily gross wage in the year preceding the injury.

Duration of benefit: The injury annuity benefit is granted for as long as the reduced capacity persists. It ceases when the insured person reaches pensionable age or receives an early pension.

Interactions with other income or other income-related benefits: If combined with the invalidity pension, the injury annuity benefit is reduced by the amount of the invalidity pension. Cumulation with earnings from work is possible.

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

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<sup>4</sup> This applies to EU and non-EU nationals as well as to people with refugee status.

<sup>5</sup> There is no minimum period for contributions.

## 1.2 Disability-specific old-age pension schemes

There are no disability-specific old-age pension schemes in Slovakia.

## 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.

Since January 2022, low-income people with disabilities<sup>6</sup> have been exempted from co-payments for medicines (there are no co-payments for the cheapest possible variant). For those with higher incomes, co-payments cannot exceed €12 per quarter. Co-payments above this limit are reimbursed in the financial quarter after the one in which they were charged.

### 1.3.2 Housing

#### 1.3.2.1 *Peňažný príspevok na úpravu bytu, domu alebo garáže (Allowance for the adaptation of a dwelling or garage)*

##### a) Brief description

The aim is to ensure physical accessibility to a dwelling (or garage) owned by a person with disabilities, as a means of increasing their autonomy and independence. This includes adaptations to the existing equipment in the dwelling, the entrance gate and its surrounds, and lifts (if any). The allowance does not cover new objects/equipment, or the repair of objects/equipment due to wear and tear.

The allowance is provided on the basis of a complex assessment (a comprehensive assessment of the need for compensation for severe disability) prepared by the district offices for labour, social affairs and families. In general, the aim is to assess the individual's application for certain disability-related cash benefits. This means that the person does not apply to be assessed as a person with disabilities, rather, they apply for some of the benefits set out in the law. The assessment process comprises two phases: medical assessment and social assessment.

The medical assessment is performed by medical doctors affiliated to the district offices for labour, social affairs and families. Based on paper-based medical documentation provided by physicians or medical specialists, they assess an individual's functional impairment. If impairment is less than 50%, the application for the allowance is rejected. If it is 50% or more, the assessment procedure continues with other aspects of medical assessment, namely assessing a person's dependence on a device, individual transport, personal assistance, informal care or social services, as well as assessing their additional disability-related costs.

The social assessment is performed by social workers of the district offices for labour, social affairs and families, who examine various aspects of the applicant's living conditions. A social assessment can lead to a situation where people with the same type and level of functional impairment are compensated in different ways (other types of cash benefits are provided corresponding with their individual needs). The ANED report (Ondrušová *et al.*, 2019) quotes an example where two people are both assessed as having severe disability and as being dependent on individual transport, but their transport needs are supported in different ways: whereas a middle-aged employed

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<sup>6</sup> Low income is defined in relation to the quarter of the year, as this is a period when co-payments are reviewed by the health insurance agency. Low income is a quarterly wage/pension that does not exceed 1.8 times the average wage in Slovakia.

person is provided with a direct payment for purchasing a personal car, an older person is provided with a direct payment for transport services (Ondrušová *et al.*, 2019: 11).

Based on the medical and social assessments, a final assessment is prepared. This serves as the basis for a decision on the application.

The allowance is subject to means-testing. It is provided only to people with a monthly income that does not exceed five times the subsistence minimum (€1,090 as of February 2022). There are two levels of the allowance: €6,639 for the adaptation of a dwelling, and €1,660 for the adaptation of a garage.

#### **b) Gaps and obstacles**

Means-testing of the allowance represents an obstacle. People with income above the threshold may not be able to face the high costs of necessary adaptations.

#### **c) Main challenges**

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

### **1.3.2.2 Peňažný príspevok na kompenzáciu zvýšených výdavkov súvisiacich s hygienou alebo opotrebovaním šatstva, bielizne, obuvi a bytového zariadenia (Compensation allowance for higher disability-related costs)**

#### **a) Brief description**

The objective is to compensate for the higher costs related to dietary regimes, personal vehicles, hygiene, and the repair of shoes, furniture and household equipment. The allowance is included under housing assistance because it also covers higher expenditure on replacing old, deteriorating or broken equipment in flats/houses.

The allowance is provided on the basis of a complex assessment prepared by the district offices for labour, social affairs and families (described in Section 1.3.2.1).

The allowance is subject to means-testing. It is only provided to people with a monthly income that does not exceed three times the subsistence minimum (€654.18 as of February 2022). The amount of the allowance is 9.28% of the subsistence minimum, representing €20.21 per adult person per month in 2022.

#### **b) Gaps and obstacles**

Means-testing of the allowance represents an obstacle. People with an income above the threshold may not be able to face the high costs of necessary adaptations.

#### **c) Main challenges**

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

## **2 Access to some key general social protection cash benefits**

### **2.1 Old-age benefits**

#### **2.1.1 Starobný dôchodok (Old-age pension)**

##### **a) Eligibility conditions**

The old-age pension is conditional on reaching the pensionable age and having paid social contributions for at least 15 years. For people with disabilities who receive the invalidity pension, the insurance period includes the period between the assessment of invalidity (not earlier than 18) and the pensionable age (64). The old-age pension for

persons receiving invalidity pension (during their working-age period<sup>7</sup>) is determined as follows: a) the invalidity pension is exchanged for an old-age pension and b) entitlement to an old-age pension is calculated after which the higher amount of the both pensions (invalidity pension and old-age pension) is paid.

Other eligibility conditions (including nationality, residence, etc.) are the same for people with disabilities as for other people.

#### **b) Additional amount/compensation included and adequacy issues**

The old-age pension does not include a specific compensation mechanism for people with disabilities. The amount of the pension does not depend on the presence of a disability (nor on its degree/severity/type/duration). People with disabilities receiving the old-age pension can benefit from the range of disability benefits. However, they are means-tested and thus limited only to old-age pensioners with low incomes.

#### **c) Gaps/obstacles**

No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

## **2.2 Unemployment benefits**

### **2.2.1 *Dávka v nezamestnanosti* (Unemployment benefit)**

#### **a) Eligibility conditions**

Eligibility conditions are the same for people with disabilities as for other people.

#### **b) Additional amount/compensation included and adequacy issues**

The *Dávka v nezamestnanosti* (unemployment benefit) does not include any compensation element for people with disabilities. The amount of the benefit does not take into account the presence of a disability, or its degree/severity/type/duration.

#### **c) Gaps/obstacles**

Although there are no relevant reports or discussions, we think that people with disabilities are put at a disadvantage by the eligibility conditions for the unemployment benefit<sup>8</sup>, which take into account previous earnings and insurance contributions. They tend to have more interruptions to their work career due to their disability and its consequences, and are therefore likely to find it more difficult to meet the contributory conditions.

## **2.3 Guaranteed minimum income schemes and other social assistance benefits**

The guaranteed minimum income scheme takes the form of material need benefit and several allowances. The latter are described separately as they have various objectives and are based on different conditions.

### **2.3.1**

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<sup>7</sup> The working-age period in Slovakia is 15-64 years. However, people may only receive the invalidity pension after reaching 18 years old.

<sup>8</sup> The unemployment benefit is an insurance-based, earnings-related transfer provided within the insurance scheme financed by compulsory contributions from employers, employees and voluntarily insured people (including self-employed and voluntarily unemployed people). To be entitled to the unemployment benefit, a person must pay unemployment insurance contributions for at least two years during the last four years and must be registered as a job-seeker at the labour office.

### ***Dávka v hmotnej núdzi (Material need benefit)***

#### **a) Eligibility conditions**

Eligibility conditions are the same for people with disabilities as for other people. However, when assessing the income of the household claiming minimum income benefit, various sources of earnings are disregarded, including 25% of the invalidity pension.

#### **b) Additional amount/compensation included and adequacy issues**

The *Dávka v hmotnej núdzi* (material need benefit) does not include any compensation element for people with disabilities. The amount of the benefit does not take into account the presence of disability, or its degree/severity/type/duration.

#### **c) Gaps/obstacles**

The lack of a compensation element for people with disabilities is partly compensated for by the provision of the invalidity pension, which is usually higher than under the minimum income scheme, as well as by the provision of compensation allowances (see Section 1.3). However, for people who do not fulfil the conditions for the invalidity pension, the low level of assistance provided by this benefit may have negative consequences.

### ***2.3.2 Ochranný príspevok (Protection allowance)***

#### **a) Eligibility conditions**

The *Ochranný príspevok* (protection allowance) is provided to people who are not able to participate in activation due to their age, health condition, parental duties or care responsibilities for people with disabilities, and thus are not entitled to the activation allowance. People with disabilities who receive the material need benefit are "protected" from activation and are entitled to the protection allowance, which is granted in the same amount as the activation allowance.

#### **b) Additional amount/compensation included and adequacy issues**

There are three amounts of the allowance, depending on the reasons preventing participation in activation. People with disabilities are entitled to the highest amount, which equals the activation allowance.

#### **c) Gaps/obstacles**

No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

### ***2.3.3 Príspevok na bývanie (Housing allowance)***

#### **a) Eligibility conditions**

Eligibility conditions are the same for people with disabilities as for other people.

#### **b) Additional amount/compensation included and adequacy issues**

The *Príspevok na bývanie* (housing allowance) does not include any compensation element for people with disabilities. The amount of the allowance does not take into account the presence of a disability, or degree/severity/type/duration. However, there are other benefits that cover necessary adaptations and reconstruction of dwellings in order to establish appropriate conditions for living with disabilities.

#### **c) Gaps/obstacles**

No evidence (reports, papers...) was identified on gaps/obstacles related to this benefit.

### 3 Provision of assistive technology and personal assistance

There are two ways in which **assistive technology** is provided. Firstly, medical devices may be provided on the basis of health insurance. Various types of medical assistive technologies and devices (including mechanical and electric wheelchairs, bathtub boards, hearing appliances or adaptive beds) are listed in the register of medical devices, which is regularly updated by the Ministry of Health. Secondly, social benefits for the purchase of devices and technologies are provided and funded by the state. The list of benefits includes benefits for: purchasing a device, training in the use of a device, repairing a device, and purchasing a lifting appliance. To be entitled to social benefits, the claimant must be assessed as a person with disabilities on the basis of the complex assessment (see Section 1.3.2.1), and their monthly income must not exceed five times the subsistence minimum (€1,090).

The fact that the benefits are conditional on means-testing hampers the access of people with disability with incomes above the threshold which, however, may not be sufficient to purchase all necessary technologies and equipment.

**Personal assistance** is supported by two main measures: the *príspevok na opatrovanie* (attendance service benefit) and the *príspevok na osobnú asistenciu* (personal assistance allowance).

The attendance service benefit is granted to people who care for long-term dependent relatives aged 6 or over who – according to an official assessment – rely on nursing care. Although the benefit is intended for the relative of a dependent person, it can be also paid to another person if they live with the dependent person at the same address. Health and social insurance contributions for nursing allowance recipients are paid by the state.

The personal assistance allowance is granted to people with disabilities aged 6-65 who are dependent on personal assistance. Recipients can choose the provider of the personal assistance. Personal assistants provide services on the basis of a contract (with the person with disabilities or a personal assistance agency). The provision of personal assistance is subject to a maximum of 10 hours per day. Family members can deliver personal assistance for a maximum of four hours per day (and can only help with selected daily activities). The total amount of the allowance depends on the extent of the activities provided by the assistant (and partly on income). Unlike the nursing allowance, the personal assistance allowance is subject to taxation (taxes are paid by the personal assistant). The old-age pension contributions of a personal assistant are paid by the state.

## 4 National debates, reforms and recommendations

### 4.1 National debates

The current debates on disability-related policies focus, in particular, on the reform of the assessment process. This is mainly because the assessment process is fragmented. There are three main forms of assessment related to disability:

- assessment for disability-related benefits;
- assessment for the invalidity pension; and
- assessment for social services.

Each assessment has its own institutional basis and logic and is carried out by different actors.

The intention to reform the process was articulated in the *Programme Manifesto of the Slovak Government* (Government of the Slovak Republic, 2020)<sup>9</sup>, which described the general plans for the government's activities for 2020-2024. In 2021, a proposal for reforming the assessment process became part of the *Recovery and Resilience Plan* (Government of the Slovak Republic, 2021), with the aim to establish a unified system based on the principles of the World Health Organization's disability assessment schedule. A new assessment process will focus on a broader range of needs, including education, labour market integration, participation in society and material conditions of living.

Apart from fragmentation, the assessment process in Slovakia suffers from other defects (Ministry of Labour, Social Affairs and Family, 2021):

- the assessment process leads to inconsistent and unfair results (due to fragmentation that hampers effective control);
- the assessment criteria are too narrow and put people with mental and/or intellectual disabilities at a disadvantage; and
- the assessment process requires digitalisation, including interconnectedness with various administrative registers.

All these defects are addressed by various strategic documents related to long-term care and ageing. Furthermore, they have become part of the reforms included in the *Recovery and Resilience Plan*. It is expected that new laws will be approved in the second half of 2023. At the time of completing this report (February 2022), details regarding the new system are not known.

In addition to the assessment process, a new benefit for people who are dependent on care from other people<sup>10</sup> has been discussed in Slovakia. The general idea for this benefit became part of the *Programme Manifesto of the Slovak Government* (Government, 2020). However, no details regarding the benefit or progress in the preparation of legislation have yet been published.

Another idea was formulated by the Institute for Labour and Family Research, which called for a new benefit for people depending on care from other people (including people with disabilities). This would be either funded by the general budget, or a new form of insurance (care-dependency insurance) (Repková, 2020). The analysis was based on the activities of a taskforce established at the Ministry of Labour, Social Affairs and Family, which highlighted a long-term lack of financial support in this area (low adequacy of the existing benefits) and the need to respond to demographic developments, with a sharp increase expected in the proportion of older people in the population (Repková, 2020).

## 4.2 Recent reforms and reforms currently in the pipeline

In 2018, the amended Act on Direct Payments for Compensation for the Consequences of Severe Disability came into force. This cancelled means-testing for the personal assistance allowance. Before 2018, people with disabilities with income above four times the subsistence minimum had to pay part of the personal assistance costs. This had negative effects on people with disabilities who had a job and needed personal assistance. In addition, the amended Act increased the remuneration for personal assistance, which had remained low for a long time and made it hard to recruit professional staff to the sector. It was also an important step in terms of support for deinstitutionalising long-term care: it created more favourable conditions for personal assistants to help people with disabilities who were outside institutional care (Ondrušová *et al.*, 2017).

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<sup>9</sup> [https://www.nrsr.sk/web/Dynamic/DocumentPreview.aspx?DocID=494677#\\_Toc156605](https://www.nrsr.sk/web/Dynamic/DocumentPreview.aspx?DocID=494677#_Toc156605)

<sup>10</sup> The term "person dependent on care of other people" is used in the debates on disability and long-term care in Slovakia.

The financial support provided to informal carers has significantly improved since 2016. In the period 2016-2018, the attendance service benefit was increased several times. In 2018, the benefit for working-age adults reached the level of the minimum wage. Other recipients, including carers of older people and parents of small children, also benefited from the increases.

There were no COVID-19 related reforms.

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

The variety of cash benefits granted to compensate for the consequences of disability represents a good practice. Slovakia has elaborated a structure of benefits that covers various needs and situations. Firstly, there is a list of benefits for assistive devices and technologies (Section 3) that support not only the purchase of a device but also training in its use and repair. Secondly, there is an allowance for adapting housing conditions to make them a supportive and inclusive environment.

Reduced co-payments for medicines represent another good practice. Since January 2022, low-income people with disabilities have been exempted from co-payments related to medicines (there are no co-payments for the cheapest possible variant). Those with higher incomes benefit from the fact that their charges for pharmaceutical products cannot exceed €12 per quarter.

#### **Recommendations**

Some disability benefits are subject to a means test, which hampers access to financial support that could compensate for the extra costs related to disability. We recommend for consideration making the benefits universal in order to support the social inclusion of people with disabilities.

It is necessary to continue preparing a single general framework for the assessment process, which will ensure fair and equal treatment of all categories of people with disabilities. Moreover, it is necessary to continue establishing the conditions for modernising the assessment process (digitalisation) and its attractiveness to professionals.

Data-collection mechanisms should be strengthened, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (statistics and data-collection) of the UN Convention on the Rights of Persons with Disabilities.



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