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Poland

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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy Unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

This country report has been prepared as input for the European Semester in 2022.¹

¹ For an introduction to the Semester process, see <https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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1 Executive summary and recommendations

1.1 Key points and main challenges for Poland in 2022

Disability and the labour market

In the last decade, despite a positive trend in the employment rate of persons with disabilities (from 21.8 % in 2010 to 28.5 % in 2020), growth is less significant than among the population of persons without disabilities (from 68.7 % in 2010 to 78.6 % in 2020). This results in widening of the disability employment rate gap from 46.9 % in 2010 to 50.1 % in 2020. The new Strategy for persons with disabilities (2021-2030) defines its main objective (the social and professional inclusion of people with disabilities) to be the economic activity rate for people with disabilities of working age. The rate in 2018 reached 28.3 %, and the interim to be achieved in 2025 is 35 %. The target is 45 % in 2030. Importantly, the long-awaited disability assessment reform is being developed. Although the document is not yet available, it is critical to monitor and evaluate the development process, framework, and implementation as it has the potential to alter the disability dynamic on the labour market for the next decade.

Disability, social policies and healthcare

Poland is characterised by reliance on transfers (that need improvement in targeting), informal care work of women in the families, and the underdevelopment of community-based services. The only guaranteed support in the absence of family support remains the institution. Even though the last months have broken through the critical stagnation in deinstitutionalisation, the RRP does not address the reform. The long process of development of the strategic document in close cooperation with the civil society organizations and the replacement of the developed document by a new proposal, raises substantial concerns with regards to the inclusion of persons with disabilities and their organizations in the development of the policy framework in line with the UN CRPD General Comment no 7. Moreover, although important new programmes for disability social policies are being implemented e.g. Personal Assistance or Respite Care (though mostly on a project basis) – a major concern remains lack of an overall indicators framework that would ensure capturing and transparency of the impact.

Disability, education and skills

Education is undergoing critical challenges with the consequences of the pandemic measures, (including inaccessibility of e-learning for numerous learners with disabilities, impact of digital divide on education, mental health consequences of isolation) paired with the already existing ones: shortage and negative selection of teachers, broad divide within the sector on the effects and rationale of general direction of education policies. Despite the fact that European Social Pillar clearly states that everyone has the right to quality and inclusive education the change with regards to participation in high quality inclusive education on diverse education levels is relatively slow, including among others lack of provision of bilingual education for deaf learners.

Investment priorities for inclusion and accessibility

- (1) invest strategically in the disability assessment reform;
- (2) develop community-based services;
- (3) invest in the quality of education, including wellbeing of both teachers and learners.

1.2 Recommendations for Poland

These recommendations are based on the evidence and analysis presented in the following chapters of our report.

Recommendation: Deinstitutionalisation - prioritize the community-based services development plan (including supported housing) in close cooperation with the civil society organisations.

Rationale: After years of critical stagnation and the disproportionate impact of the Covid19 pandemics on the institutions, deinstitutionalisation reform is being planned. Cooperation with DPOs and other CSOs is key for compliance with the CRPD. The RRP does not include any funding for the deinstitutionalisation processes.

Recommendation: Strengthen monitoring and evaluation of the new disability policies including Personal Assistance, Accessibility Plus and Respite Care to inform the needed development of the existing schemes.

Rationale: Several long-awaited independent living programmes have been introduced, yet data and evaluation are not publicly available. The data should further inform the development of the PA and Respite Care system that would not be project-based.

Recommendation: Prioritize disability assessment reform as a milestone change in the disability rights policies.

Rationale: The long-awaited disability assessment reform and one of key CRPD Concluding Observations for Poland that is being in development have the potential to critically influence how disability is perceived and defined, challenge pejorative stereotypes and change the disability dynamic in the labour market and education for the upcoming decade.

Recommendation: Prioritise quality in the education of learners with disabilities.

Rationale: The consequences of the pandemic, isolation, digital divide and shortage of teachers and limited contact hours are influencing the quality of relationships in schools.

Recommendation: Implement a comprehensive disability centered violence response and prevention framework.

Rationale: Research shows that rates of experiencing violence are higher among persons with disabilities. Even though there are diverse disability centered policy measures being implemented in recent years addressing violence, including intersectional gender-based violence experienced by women with disabilities is not tackled. Existing violence prevention is ineffective, especially as the government announces the aim to withdraw from the Istanbul Convention. The policy frameworks need disability-sensitive focus and a rights-based approach.

Recommendation: Treat diverse civil society actors as key partners in developing policy frameworks.

Rationale: It is crucial to ensure high-quality public consultation on key laws, there is an urgent need to include a wide representation of DPOs in the dialogue for effective solutions.

2 Mainstreaming disability equality in the Semester documents

Country Reports and Country Specific Recommendation of direct relevance to disability policy were not published in this exceptional policy cycle. For a commentary on the last published documents please see our country fiche for the previous Semester 2020-21.

2.1 [Recovery and Resilience Plan for Poland](#) (RRP)

The following key points highlight² where the situation of persons with disabilities or disability policies was considered in these plans. We address the most relevant of these and other issues arising from the RRP/NRP in the next chapters.

- Deinstitutionalisation is not addressed in the RRP, despite the urgency of this issue given the disproportionate impact of COVID-19 on persons with disabilities living in institutions, vocal articulation and willingness of cooperation of the civil society, and the *UN CRPD Concluding Observations*. It is only mentioned without providing details, since the deinstitutionalisation strategy has not yet been drafted.
- In connection to the above - accessible and supported housing also is not being addressed in the RRP.
- A comprehensive framework on education and disability is missing from the RRP. Although disability is addressed with regards to digital skills, other issues e.g., inclusive classrooms during pandemic management, shortage and negative selection of teachers, and the quality of education and a much-needed focus on the wellbeing and relationships in educational settings are omitted.
- Disability is addressed in various components for labour market measures including limiting bureaucratic barriers for employers, support for caregivers, and early detection of health problems. Importantly, a Social Economy Act will be created to address, among others, instruments to support people with disabilities in social enterprises. However, too little attention is put to targeted policy-level interventions on the open labour market. Although persons with disabilities are mentioned among other groups in need of support, more targeted measures would be crucial.
- Even though disability assessment is a priority reform it is not addressed in the RRP, which potentially could secure more resources for a timely introduction of the planned reform and a better rooting of the process within the management of the pandemic.
- The RRP tackles measures to improve long-term care for persons with psychosocial disabilities, provided in the place of residence. Community self-help homes and self-help clubs will be continued, however additional measures are needed to address the crisis in the psychiatry of youth.
- With regards to children with disabilities and caregivers, the RRP addresses reimbursement of the costs of care for children with disabilities up to the age of 18 (currently up to the age of 7).

² The following points were informed by analysis provided in the following article: Niepełnosprawni.pl (2021). *What is missing from the National Recovery Plan?*, <http://www.niepelnosprawni.pl/ledge/x/1804019;jsessionid=B481B73EC66B7A38D95CC27CEE7A24E9>.

- Investment in accessible public transport including railway is foreseen.
- The RRP declares to respect, and pre-select projects based on non-discrimination and accessibility standards (following the Guidelines on the implementation of the principle of equal opportunities and non-discrimination, including accessibility for persons with disabilities and the principle of equal opportunities for women and men under the EU Funds 2014-2020). However, the universal design should be more explicitly pronounced a horizontal value.

2.2 Semester links to CRPD and national disability action plans

Relevant recommendations and issues arising from participation in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) are highlighted in each chapter.

It is also important that Semester plans align with the national disability strategy too. In Poland, this refers to the *Strategy for People with Disabilities (2021-2030)*,³ The strategy – which development was initiated in 2016 and was adopted only in February 2021 – is a key document framing Poland's vision on disability inclusion in public policies.

³ Resolution No. 27 of the Council of Ministers of 16 February 2021 on the adoption of the document *Strategy for Persons with Disabilities 2021-2030*, <http://niepelnosprawni.gov.pl/a,1180,strategia-na-rzecz-osob-z-niepelnosprawnosciami-2021-2030-ogloszona-w-dzienniku-urzedowym-rzeczypospolitej-polskiej-monitor-polski>.

3 Disability and the labour market - analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Poland:

[Article 27 UN CRPD](#) addresses Work and Employment.

'48. The Committee recommends that the State party develop legislation and measures for the employment of persons with disabilities in the open labour market, and that it in particular:

- (a) Promote the work and employment of women with disabilities, and ensure equal income, particularly in rural areas;
- (b) Promote decent work for persons with disabilities, particularly women with disabilities, in public and private sectors and provide specific incentives and support for reasonable accommodation, including individual assistance for employing persons with a wide range of disabilities;
- (c) Ensure that the employment quota of 6 per cent for persons with disabilities is reached in all sectors, in particular in the public administration sector;
- (d) Ensure that open labour market activation programmes effectively include all persons with disabilities.'

The next state report is due in 2026:

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Poland of 43.3 % in 2019, compared to 75.8 % for other persons against a national employment target of 71 % and approximately -8.0 points below the EU27 average. This results in an estimated disability employment gap of approximately 33 percentage points (EU27 average gap 24.2, see Tables 2-4) or an employment chances ratio of 0.6. Thus, the general employment rates are close to the EU average but below for persons with disabilities and therefore the disability employment gap is wider than expected and does not narrow.

The same data indicate unemployment rates of 13.4 % and 6.6 %, respectively in 2019 (see Tables 5-7) and the economic activity rate for persons with disabilities in Poland was 50.0 %, compared to 81.2 % for other persons (see Tables 8-10). Although the disability employment rate was low the unemployment rate is also lower than average, which points towards inactivity as the challenge. We observe that the disability activity gap is wider than predicted by the EU average. These indications are broken down by gender and age in the respective tables in the annex.

The recent BAEL data (national Labour Force Survey) indicates a slightly positive trend in the labour market measures for persons with disabilities (defined as holding disability certificate), which is unexpected given the COVID-19 pandemic. Economic activity rates have risen to 30 % (28.8 % in 2019), employment rate to 28.5 % (26.8 % in 2019) and unemployment rate has decreased to 5.2 % (7.2 % in 2019). Interestingly, the values for persons without disabilities have not shown such a change and remained rather stable (accordingly: 81.2 % in 2020 and 81 % in 2019; 78.6 % in 2020 and 78.4 % in 2019; 3.2 % in 2020 and 3.4 % in 2019) (see Table I).

Nevertheless, Poland continues to have one of the widest disability employment gaps in the EU.

In the last decade, although we can observe a general trend of increase in the employment rate among persons with disabilities (from 21.8 % in 2010 to 28.5 % in 2020), the growth is less significant than among the population of persons without disabilities (from 68.7 % in 2010 to 78.6 % in 2020). This dynamic results in widening of the disability employment rate gap as presented in BAEL - from 46.9 percentage points in 2010; to 50.1 points in 2020 (see Table II).

Importantly, the data provided by SODIR - the System for Subsidies and Reimbursements – confirms the continuing trend to transition from a sheltered labour market to the open one, with 39 % of employees supported by the system being in the former in 2020, in comparison to 74 % in 2010. The data indicates that during the pandemic period the overall number of persons supported by the SODIR has reduced. In comparison to 2018 SODIR supported approx. 20 000 (8 %) fewer persons with disabilities than in 2018 (Table IV).

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Poland and the *Strategy for People with Disabilities (2021-2030)*.

The *Strategy for People with Disabilities (2021-2030)* defines as the main indicator monitoring the implementation of the main objective of the Strategy (the social and professional inclusion of people with disabilities) the economic activity rate for people with disabilities of working age. The rate in 2018 reached 28.3 %, and the intermediate value to be achieved in 2025 is 35 %. The target rate of economically active people with disabilities of working age, which is set to be achieved, is 45 % in 2030.⁴

It has to be noted that the general obstacles for participation in the labour market of diverse persons with disabilities were exacerbated during the COVID-19 pandemic. For example, the research⁵ conducted in June 2020 by The State Fund for Rehabilitation of Disabled People using CAWI (n=808 free market companies and 185 with supported employment enterprises) has shown that between February and May 2020, the number of employees with disabilities in companies from the open labour market decreased by 3 499 people which is by 3.1 %. During that period in supported employment enterprises, the employment of workers with disabilities decreased by 1 906, which is by 2.2 %. In total, in the analysed period 5 405 persons with disabilities lost employment. Moreover, 61 % of free market companies and almost 70 % of supported employment enterprises stated that COVID-19 worsened their economic situation. During the pandemic 30 % more supported employment enterprises sent

⁴ GOV.PL, (2021), Government announces *Strategy for People with Disabilities 2021-2030* <https://www.gov.pl/web/premier/strategia-na-rzecz-osob-z-niepełnosprawnościami-na-lata-2021-2030>.

⁵ PFRON (2020), *Actions Related To The Epidemic COVID-19 Undertaken By Employers Who Employ Persons With Disabilities* available at: https://www.pfron.org.pl/fileadmin/News/centralne/2020/2020-07-27_Raport_covid/RaportBadaniePracodawcow_Covid19.pdf?utm_campaign=pfron&utm_source=d&utm_medium=download.

employees to unused paid vacations or additional leaves than free market companies.⁶

According to reports prepared by Fundacja Aktywizacja, who conducted research (n=367) on labour market and disability during pandemic twice in May and October 2020, 'persons with disabilities despite the ongoing coronavirus pandemic, showed a high level of commitment and readiness to work maintained despite unfavourable conditions'. The results of their survey have proven that despite the high employment retention rate (78.8 %) we could observe: a decrease in the number of people employed on the contract basis (from 98 % to 94.2 % of respondents), an increase in the number of persons employed in the protected labour market (from 21 % to 24.9 %), an increase in the percentage of people who work fewer hours (from 22 % to 37.5 %). Moreover, among the unemployed respondents, 21.8 % lost employment due to the pandemic, 34.6 % did not receive a new contract when their existing contract expired.⁷ Even though the sample is not representative it shows trend of worsening of quality of work – namely the decrease in standard employment (protected by the Labour Code) and the increase in non-standard employment (which usually offers a lower level of social security). Importantly, as noted in the research results information on labour market support measures was not fully accessible, which impacted persons with disabilities and increased the risk of losing jobs.⁸

As stated in the last Semester, the major issue remains the wide disability employment gap, while obstacles are well defined (e.g. weak incentives to take up work, lack of job coaches, poor accessibility of public transport outside big cities, low availability of the instruments, lack of statutory regulation of supported employment, and the lack of complex, stable and affordable Personal Assistance System).⁹ Moreover, there are insufficient active labour market policies that would address groups of persons with disabilities who remain without work. As concluded by Daniłowska, Gawska, and Kocejko the existing programmes often result in precarious working conditions (temporary contracts, remuneration equal to the national minimum wage) and no substantial measures to support transition from project-based into long-term systemic solutions are in place.¹⁰ This constitutes a major obstacle to advancing towards SDG 10.

⁶ PFRON (2020), *Actions taken by employers who hire persons with disabilities, in relation to the COVID-19 outbreak*, https://www.pfron.org.pl/fileadmin/News/centralne/2020/2020-07-27_Raport_covid/RaportBadaniePracodawcow_Covid19.pdf?utm_campaign=pfron&utm_source=df&utm_medium=download.

⁷ Fundacja Aktywizacja (2020), *The labour market situation of people with disabilities in the era of the coronavirus pandemic*, <https://aktywizacja.org.pl/wp-content/uploads/2020/10/infografika-Czy-osoby-z-niepe%C5%82nosprawno%C5%9Bciami-strac%C4%85-prac%C4%99.pdf>.

⁸ Fundacja Aktywizacja (2020), *The labour market situation of people with disabilities in the era of the coronavirus pandemic*, <https://aktywizacja.org.pl/wp-content/uploads/2020/10/infografika-Czy-osoby-z-niepe%C5%82nosprawno%C5%9Bciami-strac%C4%85-prac%C4%99.pdf>.

⁹ KSK Foundation, *Alternative Report on the Implementation of the UN CRPD*, 2015, <http://konwencja.org/cala-tresc-raportu/>.

¹⁰ Daniłowska, S., Gawska, A. and Kocejko, M., 2019. *Badanie sytuacji zawodowej osób z niepełnosprawnościami objętych usługami aktywizacji zawodowej przez Fundację Aktywizacja. Raport z badania*. [Study on the professional situation of persons with disabilities included in professional activation services by the Activation Foundation. Report] Warszawa: Fundacja Aktywizacja, <https://www.aktywizacja.org.pl/wiedza/badania/badanie-sytuacji-zawodowej-osob-z-niepelnosprawnosciami-objetych-uslugami-aktywizacji-zawodowej-przez-fundacje-aktywizacja/>.

The measures are also missing coherence when it comes to the transition from education to the open labour market,¹¹ and solutions too often rely solely on project framework. The study on university graduates with disabilities, led by prof. E. Giermanowska concludes: 'after many years of stagnation, a lot has been happening in the field of - for the time being - only projects - but in the near future there maybe also real, effective and stable employment processes for university graduates with disabilities'.¹²

The hindering factors on the employers' side also must be also highlighted. Among the most important ones the following should be named: the bureaucratic barriers, concerns about sanctions for improper spending of subsidies, and difficulties in navigating complex legislation and obligation, that is according to Katarzyna Roszewska¹³ partially due to the legislative separation of labour market regulations for citizens with disabilities.

Importantly, public institutions do not meet the 6 % quota for the employment of persons with disabilities. Interesting data addressing this issue is provided in the recent research report *Meta-analysis of research results of evaluation studies concerning the evaluation of ESF support*¹⁴ concluded that in implementing institutions persons with disabilities are not thought of as potential employees, but mainly as clients.

Given the existing diagnosis of factors hindering the participation of persons with disabilities in the labour market, the general framework of policy measures to tackle the disability employment gap needs to be not only well-coordinated and targeted but also follow rigorous monitoring and evaluation. In this light, it should be recognised that the RRP addresses the employment of persons with disabilities in multiple places and recognises the disability employment gap, but the planned solutions remain on a rather general level, where persons with disabilities are among the groups in need of support, without a more explicit targeted and nuanced approach. Moreover, CSOs are not recognized as important partners in the employment field.

Disability is also referred to in the context of lower women's employment - that is linked to the barriers they face with regards to the burden of household responsibilities and care in the context of underdeveloped social services. The development of community-based services and independent living tools should also be understood as a key tool in this context. Moreover, intersectionality must be better addressed in the design of interventions as gender inequality, degree of disability, as well as rural/urban divide,

¹¹ Giermanowska, E., Kumaniecka-Wiśniewska, A., Raclaw-Markowska, M., i Zakrzewska-Manterys, E. (2015). *Niedokończona emancypacja: Wejście niepełnosprawnych absolwentów szkół wyższych na rynek pracy*. [Unfinished emancipation: Entry of university graduates with disabilities into the labour market.] Warszawa: Wydawnictwa Uniwersytetu Warszawskiego.

¹² <https://dspace.uni.lodz.pl/bitstream/handle/11089/33194/229-240-zakrzewska.pdf?sequence=1&isAllowed=y>.

¹³ Roszewska, K. (2019). 'The Implementation of the Rights of Persons with Disabilities to Employment on the Basis of the Convention on the Rights of Persons with Disabilities (CRPD)'. *Białostockie Studia Prawnicze* 24:91-100, <https://www.ceeol.com/search/viewpdf?id=794690>.

¹⁴ Meta-analysis of research results of evaluation studies concerning the evaluation of ESF support (2019), <https://www.power.gov.pl/media/77550/MetaanalizaRaportKoncowy2019.pdf>.

are still determining participation of labour market (see Table III). This is key to address the CRPD Concluding Observations on Article 27.

Disability assessment reform

The priority with regards to the labour market in the upcoming year is the long-awaited disability assessment reform. The policy is still in the development stage, yet as a key disability policy – if done in compliance with the UN CRPD and the rights-based approach - it has the potential to redefine the dynamics of the employment of persons with disabilities, and beyond, for decades. The reform is essential as, until now, six incoherent disability assessment procedures exist, which makes it extremely difficult to navigate the fragmented and complex system. Moreover, criticism is voiced over the usage of pejorative labels e.g. assessing complete inability to work.¹⁵ The use of a stigmatizing approach strengthens prejudices among employers focusing on weaknesses rather than strengths of job candidates with disabilities.

Although the first letter by the Ombudsman on the problems related to disability assessment is dated back to 2008, and the process of analysing and conceptualizing by Interministerial Team for the Development of a Disability Assessment System and inability to work was finalized recently,¹⁶ public consultations of this key disability policy have not started yet. According to the Plenipotentiary for Disabled Persons the work of the ministerial team on disability assessment reform was completed in January 2021¹⁷ and the public consultations will be held in October 2021.¹⁸ He suggests that by the end of 2021, the law will be passed, then a two-year transition period will proceed, and from 2024 the new disability assessment system will enter into force.

The reform is not public yet but the commitments in the *National Disability Strategy* (Priority VIII, point 1.3) makes it explicit that the new bill will be based on the ICT framework, will focus on support needs, will consolidate divergent assessment procedures, creating a National Centre for Certification and directing support to the person with disability rather than to the caregivers.¹⁹ Importantly, a statement was issued by Supreme Medical Chamber (pl. Naczelna Izba Lekarska) with few reservations to the planned reform, highlighting lack of consultation with doctors even though they are the ones responsible for disability assessments. It is claimed that the reform is based on false assumption that the current model is not transparent, as well as concerns are expressed that rooting disability assessment only in the ICF framework will not allow to define the individual support needs that is the main aim of

¹⁵ Gąciarz B., Kubicki P., Rudnicki S., (2014), *System instytucjonalnego wsparcia osób niepełnosprawnych w Polsce – diagnoza dysfunkcji*, [in:] Gąciarz B., Rudnicki S. (eds.) *Polscy Niepełnosprawni. Od kompleksowej diagnozy do nowego modelu polityki społecznej*, Kraków: Wydawnictwo AGH, or RPO, *System orzekania o niepełnosprawności – do zmiany* <https://www.rpo.gov.pl/pl/content/system-orzekania-o-niepe%C5%82nosprawno%C5%9Bci-%E2%80%93-do-zmiany>.

¹⁶ https://bip.brpo.gov.pl/sites/default/files/Do_MRiPS_ws_wielotorowosci_%20orzecznictwa_30.08.2021.pdf.

¹⁷ <http://www.niepelnosprawni.pl/ledge/x/1650727>.

¹⁸ <http://naszesprawy.eu/aktualnosci/prace-legislacyjne-nad-reforma-orzecznictwa-rusza-w-pazdzierniku-zapewnia-wiceminister-wdowik/>.

¹⁹ <http://www.niepelnosprawni.pl/ledge/x/1650727>.

the reform.²⁰ The Polish Forum of Disabled Persons however responded referencing the Concluding Observations of the CRPD issued in 2018 and supported the necessity of reform.²¹

²⁰ Supreme Medical Chamber, 2021, Government Plenipotentiary for Disability Affairs on Reform of the Disability Assessment System., <https://nil.org.pl/aktualnosci/5474-peln-rzadu-ds-niepelnosprawnych-o-reformie-systemu-orzekania-o-niepelnosprawnosci>.

²¹ PFON, Letter to the Supreme Medical Chamber, 2021, <https://pfon.org/wp-content/uploads/Pismo-PFON-do-Prezesa-NIL.pdf>.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Poland. The next state report is due 2026.

[Article 28 UN CRPD](#) addresses Adequate standard of living and social protection.

'50. Taking into account the links between article 28 of the Convention and target 1.3 of the Sustainable Development Goals, the Committee recommends that the State party:

- (a) Emphasize the rights of persons with disabilities, particularly of women with disabilities, and mainstream them into the national strategy for reducing poverty with concrete measures and relevant budget;
- (b) Ensure that the employment of persons with disabilities does not make them ineligible for disability-related protection schemes, such as disability allowances;
- (c) Collect disaggregated data on the poverty of persons with disabilities, and monitor the effectiveness of social security mechanisms designed to combat poverty;
- (d) Ensure specific measures to ensure access to housing for persons with disabilities;
- (e) Ensure that the term 'public housing' is translated correctly in the Polish-language version of the Convention.'

[Article 19 UN CRPD](#) addresses Living independently in the community.

'33. With reference to general comment No. 5 (2017) on living independently and being included in the community, the Committee recommends that the State party:

- (a) Design and adopt concrete action plans for deinstitutionalization and time-bound transition to independent living schemes for persons with disabilities within the community, and ensure that adequate funding is allocated to this process after the termination of European Union funds allocated specifically to this purpose;
- (b) Adopt legal frameworks and allocate a sustainable budget for providing persons with disabilities with personal assistance within the framework of individualized and inclusive support arrangements;
- (c) Ensure the spending of European Union funds allocated to de on measures that are consistent with the provisions of the Convention, and that such spending is monitored, with the effective participation of persons with disabilities and/or their representative organizations, to ensure that such spending is in line with the requirements of persons with disabilities themselves;
- (d) Ensure that the term 'community' is translated correctly in the Polish-language version of the Convention.'

[Article 25 UN CRPD](#) addresses Health.

'44. The Committee recommends that the State party withdraw its reservation to article 25 (a) of the Convention, and that it:

- (a) Ensure access to health services by all persons with disabilities, and the availability of such services, regardless of the type of impairment;
- (b) Take measures to ensure universal coverage of health services for all women and girls with disabilities, including by providing information in accessible formats on their sexual and reproductive health and rights, gynaecological services, perinatal care and adapted health-care equipment, such as gynaecological rooms;

- (c) Take measures to ensure that persons with disabilities have access to high-quality health-care products at an affordable price, and to eliminate the differences in health-care coverage for different groups of persons with disabilities;
- (d) Conduct training to ensure that health-care practitioners are aware of the rights of persons with disabilities, particularly women with disabilities, under the Convention;
- (e) Take the measures necessary to ensure that the autonomy and decisions of women with disabilities are respected, that women's rights in relation to reproductive health are secured, that access to safe abortion is provided, and that women with disabilities are protected from forced sterilization and forced abortion;
- (f) Ensure that the implementation of the National Mental Health Programme results in increasing access to community-based health services for persons with psychosocial disabilities, and provide adequate resources to these services.'

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC 2019 indicate the poverty risk rate for working age persons with disabilities in Poland was 23.7 % in 2019, compared to 13.8 % for other persons of similar age - an estimated disability poverty gap of approximately 10 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 6.2 points (21.1 % for older persons with disabilities and 14.9 % for other persons of similar age). The tables in annex also indicate the respective rates of risk of poverty or social exclusion and break these down by gender as well age.

For persons with disabilities of working age in Poland (age 16-64) the risk of poverty before social transfers was 52.6 % and 23.7 % after transfers. The in-work poverty rate for persons with disabilities aged under 60 was 12.4 %. Among working age people, the risk of relative financial poverty declined for persons without disabilities in recent years but not for persons with disabilities (the gap widened). For older people the (relative) financial poverty risk increased, and the disability gap also widened.

With regards to the national poverty risk measures data shows a rise since last year in the extreme poverty values for households with and without persons with disabilities. The risk for households with at least one member with a disability is higher (7.5 %) than for households without persons with disability (4.7 %) (Table IV). Interestingly, a subjective evaluation of the material situation of households for 2019 has shown a rise in the proportion of persons indicating good or rather good situation prior to the COVID-19 crisis (34.1 % of households with persons with disabilities in 2019 in comparison to 30.1 % in 2018) (Table V). However, still, the percentage of persons assessing their situation as rather bad or bad is significantly higher among households with persons with disabilities (13.5 %) rather than without (5.7 %) (see Table VI).

Of interest to health policy are the SILC data on self-reported unmet needs for medical examination (too expensive or too far to travel or waiting list). Disability equality gaps are evident here too and, on this basis, the rate for persons with disabilities in Poland was 8.0 %, compared to 2.9 % for other persons, which is above the EU 27 average of 1.7 %.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan for Poland](#) and the [Strategy for People with Disabilities \(2021-2030\)](#).

Development of community-based services and deinstitutionalisation

Deinstitutionalisation remains a key reform to implement with regards to the rights of persons with disabilities and independent living.²² Importantly, with the disproportionate impact of COVID-19 on persons living in institutions, we observe civil society mobilization and cross-sectoral organisation around advocating for the urgent introduction of the deinstitutionalisation plan. The long stagnation has been broken, with the commencement of the conceptualization of the *Deinstitutionalisation Strategy* and the organization of Deinstitutionalisation Forum.²³ However, the RRP does not include any funding for the deinstitutionalisation processes and the topic itself remains only as an unprecise reference, even though the *EU Strategy on the Rights of Persons with Disabilities (2021-2030)* centres on developing independent living and reinforcing community-based services.

Difficulties in the civil society participation in the development of the framework have hindered ongoing works. As reported in detail by CSO the Working Community of Associations of Social Organisations that gathers the information on the portal 'deinstytucjonalizacja.info' the major step taken was the commencement of preparation of a strategic document forming a road map for systemic changes. It was initiated by representatives of civil society organisations (nearly a hundred) and regional and local governments, together with the Ministry of Family and Social Policy. The changes – to be implemented by 2035 – were proposed in the following areas: support for families, development of community support, housing, institutions, structural and financial management. The comprehensive proposal developed in close partnership with CSOs was finalized in April 2021,²⁴ yet unexpectedly in June 2021 a new proposition issued²⁵ solely by the Ministry was open to pre-consultation. The Plenipotentiary for Persons with Disability expressed disappointment as the document was not developed with his participation.²⁶ The civil society actors' express disappointment with both the illusion of allegedly participatory process as well as by the framing of the document itself:

'What we have seen in the government proposal causes bitterness and discouragement. Until now we have pointed to the participatory formula for action and for preparing proposals for the strategy, to a partnership approach and to listening to each other. What we have received is a product in which we can see

²² ANED (2019), *Living independently and being included in the community*, available at: <https://www.disability-europe.net/country/poland>.

²³ At the Presidential Palace about the development of community social services <https://www.prezydent.pl/aktualnosci/wydarzenia/art,2104,forum-dotyczace-rozwoju-srodowiskowych-uslug-spolecznych-.html>.

²⁴ Social and health services for independent and safe living. 'Strategy for deinstitutionalisation of social services in Poland 2021-2035', <https://uploads.strikinglycdn.com/files/b48d8627-e028-48d4-bfdb-ee4e629344fb/Strategia%20Deinstytucjonalizacji%20us%C5%82ug%20w%20Polsce%20i%20Ma%20pa%20Drogowa%20do%202023.pdf>.

²⁵ Ministry of Family and Social Policy, (2021), Pre-consultation of the project "Strategy of social services development" <https://www.gov.pl/web/rodzina/prekonsultacje-projektu-strategii-rozwoju-uslug-spolecznych>.

²⁶ <http://www.niepelnosprawni.pl/ledge/x/1827896;jsessionid=3A919B42D6C5FA46CED9B5DD875F8219>.

a lot of inspiration from our work, but it has been processed in such a way that makes the document incoherent and, in practice, impossible to implement.²⁷

The main criticism toward the framing of the reform focused on: lack of a problem-based analysis (the document is based on target groups which makes the strategy vague and repetitive), too general level of commitments, lack of details, no precise timeframe, discrepancies between diagnosis and planned activities, inadequate coordination and funding, marginalization of the CSOs. Similar concerns were raised by the Ombudsman²⁸ who reminded about the CRPD General Comment no 7, and its vision of the role of civil society actors, including persons with disabilities. Moreover, the Ombudsman rightly criticized pejorative language used in the document, inadequate or vague timeline, financing, monitoring (poorly develop indicators framework that does not allow for overall and transparent measurement) as well as lack of consistent vision of personal assistance scheme that would not depend solely on project basis. In parallel, criticism in the public sphere is framed toward terminology – using the deinstitutionalisation language instead of the development of community-based services - directs public attention to the role of closing institutions while it cannot happen without the latter.

Poland is characterised by weakly targeted transfers paired with underdevelopment of social services and high reliance on informal care work of women in families. Community-based solutions are very limited, often available only to specific groups based on income threshold. Their quality is often assessed critically, as they are not user-led and often strengthen hierarchical power relations. Deinstitutionalisation cannot be understood without family care context and its gendered dimension. The gender aspect of the process is however absent. It is yet crucial to pay attention to the gendered consequences of the proposed solutions, as the current model of care is dependent on institutions and informal care work provided by women as primary caregivers in the families.²⁹

Housing – including protected and supported houses – is also progressing slowly in comparison to demand. Although it is present in some strategic documents, it is not prioritised in the RRP. Moreover, the protected housing definition³⁰ does not fully comply with the UN CRPD. The legislation on protected housing in parts does not comply with the General Comment on Article 19 CRPD as it restricts the usage of protected housing for persons who need 24-hour support and poses no limit on the number of protected houses in a building. Supported housing does not have a legal definition and is defined by guidelines for the implementation of projects in the area of social inclusion and poverty eradication. Supported housing is closer to the CRPD definitions, yet the maximum number of residents is 12, and the units per building are not limited.

²⁷ <https://www.deinstytucjonalizacja.info/>.

²⁸ <https://bip.brpo.gov.pl/sites/default/files/Uwagi%20do%20Strategii%20rozwoju%20us%C5%82ug%20spo%C5%82ecznych%202021-2040%2016.07.2021.pdf>.

²⁹ ANED (2019), Living independently and being included in the community, <https://www.disability-europe.net/country/poland>.

³⁰ Ordinance of the Minister of Family, Labour and Social Policy of 26 April 2018 on protected housing <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20180000822/O/D20180822.pdf>.

Although we can observe targeted national policies with regards to Personal Assistance and Respite Care, there is no comprehensive monitoring and evaluation of the programme. In the third year of implementation some local governments are still not implementing the programme and it is not running smoothly, every initiative starts with a delay so the beneficiaries cannot plan using the support in advance.³¹ The data is however only anecdotal and in-depth evaluation is necessary. As highlighted in recent report by Szarfenberg, Bakalarczyk and Kocejko,³² it is recommended:

- a) to make services available to persons with disabilities living in every commune (not only the ones who received grants from the competition);
- b) to increase the budget of the programme as it is for now very limited, and
- c) to increase the level of funding for local governments so that they do not have to secure own funds.

As the programmes are new extensive learning processes should be documented and feed back to the programme design.

According to the meta-analysis of EFS spending,³³ one of the major barriers for the development of the services is the low strategic importance of social services. It is reported that at local level social services are not perceived as a priority issue and entrusting their implementation to NGOs is sometimes treated as 'getting rid of the problem'. Local governments are reluctant to take on new social services due to uncertainty of future funding. Lack of coordination between similar services addressed to the same group of people and implemented under different sectoral policies.

Access to health for persons with disabilities remains a vast area needing improvement, given the challenge of unmet needs revealed in the survey data. General strikes in the medical sector are observed aimed at improving the quality of working conditions and the quality of treatment. Poland is characterized by low public expenditure on healthcare and its suboptimal allocation. In 2019, total spending accounted for 6.3 % GDP, against an average of 8.8 % for OECD countries.³⁴ Poland faces a severe shortage of medical professionals, as the number of practicing doctors and nurses in Poland is one of the lowest in the EU.

As highlighted in our EDE COVID-19 report, the mental health protection system is in need of rapid reform. At the end of 2019, the Supreme Audit Office control had highlighted a record number of people waiting for services at mental health clinics (38 857) and the child mental health clinic (10 987). In comparison to the previous year, the numbers waiting to these units increased by 45.1 % (adults) and 36.5 % (children and youth). Also, the average waiting time in child mental health clinics at the end of 2019 was 38 days and was 6 days higher than a year earlier.³⁵ These

³¹ <http://niepelnosprawni.pl/ledge/x/1823210;jsessionid=7B969B404DF73AF216698EB79C252964>.

³² Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), *Spoleczne uzupelnienie tarczy antykryzysowej*, op. cit.

³³ https://www.power.gov.pl/media/77550/Metaanaliza_raport_koncowy_2019.pdf.

³⁴ <https://www.oecd.org/poland/Polska-Profil-systemu-ochrony-zdrowia-2019-Launch-presentation.pdf>.

³⁵ NIK (2020), Implementation of tasks of the National Health Fund in 2019, https://www.nik.gov.pl/plik/id,23319,v,artykul_22225.pdf.

preconditions paired with the general influence of pandemic on mental health³⁶ indicate that youth with psychosocial disabilities are deeply impacted. Polish psychiatry is heavily understaffed and underfunded. There are only 4 300 psychiatrists and 455 youth psychiatrists working in Poland and the gap in number of these professionals is calculated to be at least 300. According to National Health Fund data, in 2018, the number of registered minor patients was app. 206 000, which means that there are about 570 patients per doctor per year. Expenditure on psychiatry accounts for only 3.04 % of the expenditure on health care services, which is extremely low if compared to 6-8 % average in Western European countries.³⁷

The Ombudsman's report *Access to healthcare for people with disability*³⁸ issued in November 2020 highlights that accessibility standards need to be put in place, that would include in contracts between health facility and the National Polish Fund, and accessible digitalization of websites and medical documentation. Given the deeply rooted exclusion of deaf and hard of hearing patients, the amendment of the Law on Sign Language providing translation in all healthcare services is also crucial. The research also clearly states the need for introduction of the trainings for medical staff and the content of equal treatment of persons with disabilities to medical schools.

Poland witnessed a crackdown in human rights, including but not limited to undermining the rule of law, cutting funds for civil society organizations working in human rights, including women's rights, as well as widespread hate speech and discrimination targeting LGBT+ persons as well as asylum seekers, thus affecting in an intersectional way also persons with disabilities who belong to migrant or LGBT+ communities. Moreover, the government announced plans to withdraw from the Istanbul Convention³⁹ thus a strong focus on establishing violence prevention policies that would address the high prevalence of violence among persons with disabilities, especially women is key. It is important to add that protests against restrictions in reproductive rights continue. The laws are dividing society, including the disability community itself, and impacting directly reproductive rights of women with disabilities.

The humanitarian crisis at the Polish-Belarus border is exacerbating. Several persons have been found dead and more and more migrants with and without disabilities are reported to be found in critical state, without access to food, water and staying in forests. The existing emergency state at the boarded does not allow for media to report on the situation, nor for medical professionals to help.

³⁶ People experiencing mental health problems on a daily basis may be particularly vulnerable at this time to for instance anxiety, see: Polish Psychiatric Association, https://psychiatria.org.pl/news,tekst,388,apel_polskiego_towarzystwa_psychiatrycznego_i_konsultanta_krajowego_w_dziedzinie_psychiatrii.

³⁷ *Health In Numbers: Psychiatric Care In Poland After The Pandemic*, <https://www.politykazdrowotna.com/61496,zdrowie-w-liczbach-opieka-psychiatryczna-w-polsce-po-pandemii>.

³⁸ https://bip.brpo.gov.pl/sites/default/files/Dostepnosc_uslug_opieki_zdrowotnej_dla_OzN.pdf.

³⁹ <https://www.edf-feph.org/letter-signed-by-thirteen-csos-from-the-european-coalition-to-end-violence-against-women-and-girls-on-the-president-of-turkeys-decision-and-polands-actions-to-withdraw-from-the-istan/>.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2018, the UN CRPD Committee made the following recommendations to Poland. The next state report is due in 2026.

[Article 24 UN CRPD](#) addresses Education.

'42. Recalling its general comment No. 4 (2016) on the right to inclusive education and Sustainable Development Goal 4, targets 4.5 and 4 (a), the Committee recommends that the State party:

(a) Enact specific provisions to support the implementation of reasonable accommodation, individualized learning curriculum and inclusive classroom teaching in accessible learning environments;

(b) Support measures for schools, including support for teachers, to advance inclusive education for students with moderate or severe disabilities;

(c) Raise awareness among parents of children without disabilities about the advantages of inclusive education for all, and provide training for school masters and teachers on inclusive education methods and best practices.'

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC 2019 estimates concerning educational attainment should be treated with additional caution due to relatively wide confidence intervals, but they consistently indicate disability equality gaps (an average of 2-3 years provides a more stable indication). Table 16 indicates early school leaving rates disaggregated by disability status in Poland. Youth with disabilities (aged 18-24) tend to leave school significantly more than peers of the same age groups without disabilities (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education disaggregated by disability and age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39).

Despite the fact that European Social Pillar clearly states that everyone has the right to quality and inclusive education the change with regards to participation in inclusive education is relatively slow. Importantly, as in many other countries, research has confirmed, a regressive trend among children after completing primary school education.⁴⁰ The transition from special education to inclusive education for children and youth with disabilities lacks sufficient systemic 360 degrees policy measures that would be centred on youth, parents, peers, teachers and the management system.

The number of registered students with disabilities in tertiary education increased from 9 247 in 2005 to 31 623 in 2012, a rise from 0.48 % of the total student population to 1.88 %. Since then, the proportion remains relatively stable (1.8 % in 2019). The actual number of students decreases in the past years (22 046 in 2018 and 21 240 in 2019).

⁴⁰ Grzelak P., Kubicki P., Orłowska M., (2014), *Realizacja badania ścieżek edukacyjnych niepełnosprawnych dzieci, uczniów i absolwentów. Raport końcowy*, Warszawa: Instytut Badań Edukacyjnych [The research of educational pathways for children, students and graduates with disabilities. Final Report,], <http://eduentuzjasci.pl/images/stories/publikacje/ibe-raport-sciezki-edukacyjne-niepelnosprawnych-dzieci-uczniow-i-absolwentow.pdf>.

Concerns have been raised around the stagnation of the proportion of students with disabilities. Interestingly, while in the 2018 report graduates with disabilities account for only 0.7 % of all graduates,⁴¹ the report from 2019 claims it is 1.8 % of all graduates.⁴²

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2021 [Recovery and Resilience Plan](#) for Poland and the *Strategy for People with Disabilities (2021-2030)*.

Tensions in the education sector

The general situation in education is characterised by a shortage of educational specialists⁴³ and a divide and criticism over the reforms and policies introduced in education. This condition has significant impact on learners both with and without disabilities. Importantly, the RRP does not focus on education as a separate component, yet integrates it mainly addressing investment in equipment and development of digital skills as part of digital transformation. What is however absent is a comprehensive vision of the education system rooted in the relationships within schools. The analysis prepared by Centrum Cyfrowe⁴⁴ highlights that participation of civil society in shaping of the vision articulated in the RRP was limited, and the strategy itself says nothing about interpersonal skills and supporting education of teachers.

According to the report on preparation to teaching profession conducted by the Supreme Audit Office only just over a third of students graduating with first and second degrees in the 2015/2016 academic year indicated that they felt prepared for the teaching profession. In contrast, nearly a quarter (24 %) said that they had acquired 'negligible' and 'low' practical preparation for the role of a teacher.⁴⁵ With the transition to digital education, social distancing measures and shortages of teachers, social bonds, critical thinking skills and quality of education need to be centre in educational policies. This also means teachers wellbeing, remuneration and competences are crucial. Especially, as it is diagnosed that one of the major issues in the education of persons with disabilities is low quality of education and low expectations for students with disabilities that in longer perspective contribute to their situation on the labour market.⁴⁶

Education, disability and the COVID-19 pandemic

The impact of COVID-19 pandemic and lockdown measures on education of persons with disabilities has been multi-layered. Existing information allow to conclude that despite of the fact that higher reliance on e-learning made education spaces more

⁴¹ Central Statistical Office (2019), *Higher Education Institutions and Their Finances in 2018*, <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkoly-wyzsze-i-ich-finanse-w-2018-roku,2,15.html>.

⁴² <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkolnictwo-wyzsze-i-jego-finanse-w-2019-roku,2,16.html>.

⁴³ Supreme Audit Office (2017), On preparation for the teaching profession, https://www.nik.gov.pl/plik/id,13081_vp,15493.pdf.

⁴⁴ <https://centrumcyfrowe.pl/czytelnia/dlaczego-krajowy-plan-odbudowy-nie-odbuduje-edukacji/>

⁴⁵ Supreme Audit Office (2017), On preparation for the teaching profession, https://www.nik.gov.pl/plik/id,13081_vp,15493.pdf.

⁴⁶ Kubicki, https://pie.net.pl/wp-content/uploads/2019/12/Raport_PIE-Wyzwania-polityki-publicznej.pdf.

accessible to some persons with disabilities, simultaneously for others the impacts have been the clearly negative leading to exacerbating exclusion.⁴⁷ There are many challenges with regards to e-learning reported: inaccessibility of learning platforms and materials, inadequacy of online education for certain groups of SEN pupils, including the education of persons with intellectual disabilities and ASD among others.⁴⁸ For example, the Ombudsman reported negative impact on deaf education due to trouble accessing computers and high-quality internet that would enable remote education.⁴⁹ The higher reliance on family in learning was widespread. A small study (n=33) on the education of deaf and hard of hearing pupils confirmed that more than 50 % of parents pointed out that the online classes were not adapted to the needs of the child. Most popular form of teaching deaf learners was sending the information to the parent with what should be taught to pupils.⁵⁰

Digital divide only exacerbated the exclusion from education, especially as households with persons with disabilities have lower levels of access to computers and the Internet.⁵¹ Home schooling was especially challenging in families living in smaller homes, with fewer IT devices, with multiple children attending classes at the same time. Importantly, challenges were also faced by parents with disabilities providing support their children in home schooling. The needs of pupils with disabilities are not sufficiently met due to arrangements related to the organisation of the activities of institutions during the pandemic period. The Office of the Ombudsman has addressed the Ministry of Education in this matter noting the lack of revalidation classes and of appropriate psychological and pedagogical assistance among others.⁵²

The exact numbers of students impacted by pandemic measures to the extent that it significantly lowered their learning opportunities is unknown. In the analytic paper⁵³ on the impact of the pandemic on SEN pupils Magda Kocejko highlights that even though no data have been collected on the dropout rate that would take disability into account, it is reasonable to assume that it happened. Interestingly, she also highlights that in the governmental communications concerning the functioning of the education system solutions related to children with disabilities, their parents, inclusive and special education were regularly omitted, which caused a lot of confusion. Detailed guidelines had to wait for the publication of regulations.

⁴⁷ However, it is also important to acknowledge there is not enough, systematically collected data to answer the question of the impact on education of persons with disabilities in full spectrum.

⁴⁸ Buchnat M., Wojciechowska A. (2020), *Online education of students with mild intellectual disability and autism spectrum disorder during the COVID-19 pandemic*, [https://content.sciendo.com/configurable/contentpage/journals\\$002ficsp\\$002f29\\$002f1\\$002farticle-p149.xml](https://content.sciendo.com/configurable/contentpage/journals$002ficsp$002f29$002f1$002farticle-p149.xml).

⁴⁹ RPO (2020), *Coronavirus. Situation of deaf people during the epidemic* (op.cit.)

⁵⁰ Lewandowska, P. (2020). Dostępność edukacji zdalnej dla uczniów z niepełnosprawnością słuchową w klasach IV–VIII. W: E. Domagała-Zyśk (red.), *Zdalne uczenie się i nauczanie a specjalne potrzeby edukacyjne. Z doświadczeń pandemii COVID-19* (s. 11–41). Lublin: Wydawnictwo Episteme.

⁵¹ Pyżalski, J. (ed.) (2020), *Education in times of COVID-19 pandemic*, <https://zdalnie.edu-akcja.pl/#o-ksiazce>.

⁵² RPO (2021), *Education during a pandemic discriminates against children and young people with disabilities* - ROP appealed to the Ministry of the Economy and Labour, <https://bip.brpo.gov.pl/content/edukacja-dyskryminujaca-dzieci-i-mlodziez-z-niepelnosprawnosciami-w-czasie-pandemii>.

⁵³ Kocejko, M. (2021). 'Sytuacja dzieci z niepełnosprawnościami w czasie pandemii COVID-19 – analiza intersekcjonalna'. *Dziecko Krzywdzone. Teoria, badania, praktyka*, 20(2), 76–91.

With regards to persons with disabilities in tertiary education – a study conducted in July 2020 at Warsaw University (n=3 510) with students with specific learning difficulties (including dyslexia, but also coexisting diseases and disabilities) has shown that:

- a) persons with difficulties declared significantly higher levels of perceived stress related to epidemiological restrictions;
- b) they experienced greater difficulties in working remotely, they faced greater difficulties in passing courses and completing assignments on time, and in remaining in touch with their instructors.⁵⁴

As Poland is undergoing a tertiary education reform, it is also important to highlight that reform's critics inform that the teaching component is undervalued in the new framework.⁵⁵ For instance, it does not specify requirements for lecturers to undertake initial pedagogical training or continue professional development that have consequences for the education of students with disabilities. Both *European Commission Monitor on Education and Training*⁵⁶ and the *OECD Skills Strategy for Poland* suggests strengthening support and incentives for teaching in Higher Education Institutions.⁵⁷

Education policies longstanding issues

It must be highlighted that longstanding education policy problems have not been resolved. For example - lack of bilingual education for deaf children and youth continues to be unsolved problem influencing following generations of deaf students.⁵⁸ Education in Polish sign language (PJM) is rare in most schools, even those dedicated to deaf students (despite clear recommendations to introduce it in accordance with the CRPD).⁵⁹ With regard to the implementation of the 2018 CRPD Concluding Observations, there is no substantial change especially with regards to point (b) and (c). We do not observe any substantial positive policy level changes with regards to the education of children with moderate and severe disabilities in segregated settings. Major challenges remain stable: financial support in education (e.g. including costs of

⁵⁴ Zwadka, J., Plewko, J., Nowakowska, I., Kochańska, M., Miękiś, A., Haman, E., *Research Report: Problems of University of Warsaw students with specific learning disabilities during remote learning related to the COVID-19 outbreak*, available at https://bon.uw.edu.pl/wp-content/uploads/2020/10/raport_problemy_studentow_uw_covid_19.pdf.

⁵⁵ Żylicz, M. (2019), *Przewodniczący punktuje środowisko*, available at <https://prenumeruj.forumakademickie.pl/fa/2019/07-08/kronika-wydarzen/przewodniczacy-punktuje-srodowisko>.

⁵⁶ European Commission (2021), *Education and Training Monitor. Poland*, <https://op.europa.eu/en/publication-detail/-/publication/586bf177-2498-11eb-9d7e-01aa75ed71a1/language-en/format-PDF/source-171314879>.

⁵⁷ OECD (2019c), *OECD Skills Strategy Poland: Assessment and Recommendations*, <https://doi.org/10.1787/b377fbcc-en>.

⁵⁸ RPO (2014), *Edukacja głuchych*. Warszawa: *Rzecznik Praw Obywatelskich*, https://www.rpo.gov.pl/sites/default/files/Edukacja_%20głuchych.pdf.

⁵⁹ Dunaj, M., (2016), *W stronę edukacji dwujęzycznej dzieci głuchych w Polsce Co wiemy? Czego nie wiemy? Co należy zrobić?* [Towards bilingual education for deaf children in Poland. What do we know? What do we not know? What should be done?], Łódź: Polski Związek Głuchych.

transportation),⁶⁰ support for parents, shortage of qualified teachers,⁶¹ limited awareness on inclusive education among school-masters and parents of children without disabilities.

The Supreme Audit Office has issued a report on the state of special education in Poland. The conclusion informs that in the period 2017-2020, not all special schools covered by the audit properly implemented the educational process. For example, textbooks and other materials intended for education in special schools adapted to the new core curriculum were not provided before the beginning of a given school year. For this reason, only a half of the inspected schools was able to provide textbooks and other materials for education in special schools adapted to the new core curriculum. The audit also confirmed inadequate organisation of the teaching process (seven out of 12 schools), including exceeding the allowed number of students in class divisions, failure to provide the minimum number of remedial classes, failure to provide the planned number of hours of educational activities.

Safety and human rights-based approach

Safety and anti-discrimination measures have not been strengthened. According to the *European Commission Education and Training Monitor on Poland* in 2018, the proportion of students who reported being bullied at least a few times a month increased by 5.27 percentage points to 26.4 %.⁶² The data is not disaggregated by disability but given the higher risks of experiencing violence for persons with disabilities confirmed in multiple research it can be assumed that additional measures on violence prevention are urgently needed. While with the impact of pandemics attention should be paid to introduce measures the digital domain where young persons spend a substantial amount of their education.

Parallel stagnation remains in the and awareness-raising on disability issues in compliance with CRPD.⁶³ The dominant discourses if anything, tackle only accessibility which is important but cannot substitute human-rights based and anti-ableism approaches. Especially, as a discriminatory approach to persons with disabilities is among the factors influencing the isolation of this group and false presumptions of their educational needs.⁶⁴

⁶⁰ Sochańska-Kawiecka M., Kołakowska-Seroczyńska Z., Zielińska D., Makowska-Belta E., Ziewiec P., (2017), *Badanie potrzeb osób niepełnosprawnych. Raport końcowy* [Research on the needs of persons with disabilities. Final report,], Warszawa: PFRON.
https://www.pfron.org.pl/fileadmin/Badania_i_analizy/Badanie_potrzeb_ON/Raport_koncowy_badanie_potrzeb_ON.pdf?utm_campaign=pfron&utm_source=df&utm_medium=download.

⁶¹ Kubicki P., (2019), *Wyzwania polityki publicznej wobec osób z niepełnosprawnościami* [Public policy challenges towards people with disabilities], https://pie.net.pl/wp-content/uploads/2019/12/Raport_PIE-Wyzwania-polityki-publicznej.pdf.

⁶² European Commission (2021), *Education and Training Monitor Poland*, <https://op.europa.eu/en/publication-detail/-/publication/586bf177-2498-11eb-9d7e-01aa75ed71a1/language-en/format-PDF/source-171314879>.

⁶³ *Towarzystwo Edukacji Antydyskryminacyjnej* [Anti-discrimination Education Society] (2011), *Wielka nieobecna – o edukacji antydyskryminacyjnej w systemie edukacji formalnej w Polsce* [The great absence - on anti-discrimination education in the formal education system in Poland].

⁶⁴ RPO, 2015, *Dostępność edukacji akademickiej dla osób z niepełnosprawnościami. Analiza i zalecenia* [Accessibility of academic education for people with disabilities. Analysis and recommendations], https://www.rpo.gov.pl/sites/default/files/BIULETYN_RZECZNIKA_PRAW_OBYWATELSKICH_2015_nr_5.pdf.

Importantly, the number of foreign-born students in Polish schools more than doubled in 2017-2019, reaching almost 58 000,⁶⁵ however the policy-level response has not been sufficient for good quality integration. It is important to ensure disability mainstreaming in all educational policies addressing integration of foreign-born, refugee and asylum seekers children, youth, and adults with disabilities, especially given the developing humanitarian crisis at the Polish-Belarusian border.

⁶⁵ European Commission (2021), *Education and Training Monitor, Poland*, <https://op.europa.eu/en/publication-detail/-/publication/586bf177-2498-11eb-9d7e-01aa75ed71a1/language-en/format-PDF/source-171314879>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (up to 2021)

The *Meta-analysis of research results of evaluation studies concerning the evaluation of ESF support*⁶⁶ sheds important light on the implementation of UN CRPD and the EU finds. The report highlights that one of the basic barriers is the lack of knowledge of the rights of persons with disabilities, as well as the CRPD itself. The authors refer to the lack of widespread information campaign about it that results in lack of knowledge within institutions as well as among persons with disabilities. The results reveal also a lack of awareness of the importance of certain barriers. It was found that a common reason for not implementing solutions is the lack of daily contact with persons with disabilities. The lack of knowledge is also connected to no monitoring of the current situation of persons with disabilities in the regions and incoherent support systems (often local governments do not have information on what support is available in neighbouring regions). Diversity of persons with disabilities is often unrecognized and barriers are understood only as architectural ones. The report also highlights the relevant weakness on the NGOs that associate persons with disabilities or acting for their rights, which results in little participation in creating regional strategies.

Given the fact that the Accessibility Plus Programme is among the flag disability-specific policies, the results of the recent research financed from the EFS '*Study of the Financial Needs of Entrepreneurs in the Area of Accessibility*' are important. The study has revealed that the 79 % of enterprises did not take any actions over the last three years to improve accessibility for 'persons with special needs'. The main reason was the failure to recognize the necessity to introduce accessibility measures. Moreover, the research has proven that over the last three years, only one in five entrepreneurs has implemented accessibility solutions. Most often (in half of the cases) eliminated were architectural barriers in accessing the building/premises and moving inside the building. Improvements were twice less to be made in communications & information and digital accessibility. As concluded in the report:

'Low awareness of the problems encountered by people with special needs is observed among entrepreneurs. That translates into relatively little interest among companies in implementing activities that increase their accessibility. Only 12 % of businesses plan to spend on improving accessibility this year and beyond.'⁶⁷

It is important to stress that the complaint⁶⁸ of the European Expert Group on Transition from Institutional Care to Support in Communities to the European Commission was issued concerning investment to create a new social welfare home in Łódź. It is planned for 100 persons with mental health diagnoses as is supported by the EU funds. As European Disability Forum states 'It was a clear example of EU funds being invested in an institutional care setting, something which the EU Regulations covering investments from this source outline as being *de facto* ineligible for

⁶⁶ https://www.power.gov.pl/media/77550/Metaanaliza_raport_koncowy_2019.pdf.

⁶⁷ https://www.power.gov.pl/media/103622/Streszczenie_EN_poprawne_logotypy.pdf.

⁶⁸ <http://niezaleznezycie.pl/wp-content/uploads/Use-of-ERDF-funding-in-Poland-to-build-a-large-scale-institution-for-100-residents-with-mental-health-problems.pdf>.

funding.⁶⁹ From the very beginning, the disability rights organizations have seen it incompliant with the UN CRPD and has called for funds to be earmarked for the creation of support in the local community, e.g. in the form of supported housing.⁷⁰

6.2 Priorities for future investment (after 2021)

- Deinstitutionalisation process - as the RRP does not include any funding for the deinstitutionalisation.
- Community-based services, personal assistance long-term care schemes, support for family carers, as a part of more Social Europe.
- Strategic resourcing for long-term care services that would not be project-based.
- Quality inclusive education including support for teachers and investment in Bilingual Education for Deaf students.
- Investment in modernization and financing of psychiatric care for youth.
- Focus on the accessibility of investment in the green and digital transition.
- Allocating resources to ensure participation of persons with disabilities and their organizations at the local, national, and international levels including independent support for self-led DPOs not only in the disability-related areas.
- Develop effective violence prevention framework that will effectively protect persons with disabilities, especially women with disabilities from ableist and gender-based violence.
- Ensure access to justice through reasonable accommodations and accessibility of online platforms for communication.
- Invest in better monitoring and evaluation of existing and new policy reforms especially in the social protection sector.
- Invest in information campaign on the UN CRPD for administration, public institutions as well as the general audience.
- Better support DPOs so that they can independently monitor implementation of the UN CRPD on the regional levels and participate in policy development consultations.

⁶⁹ <https://www.edf-feph.org/stop-eu-funding-of-new-institutions-for-people-with-disabilities-in-poland-eeg-says/>.

⁷⁰ <http://niezaleznezycie.pl/plan-budowy-lodzkiego-dps-na-celowniku-europejskiej-grupy-eksperckiej-ds-deinstytucjonalizacji/aktualnosci/>.

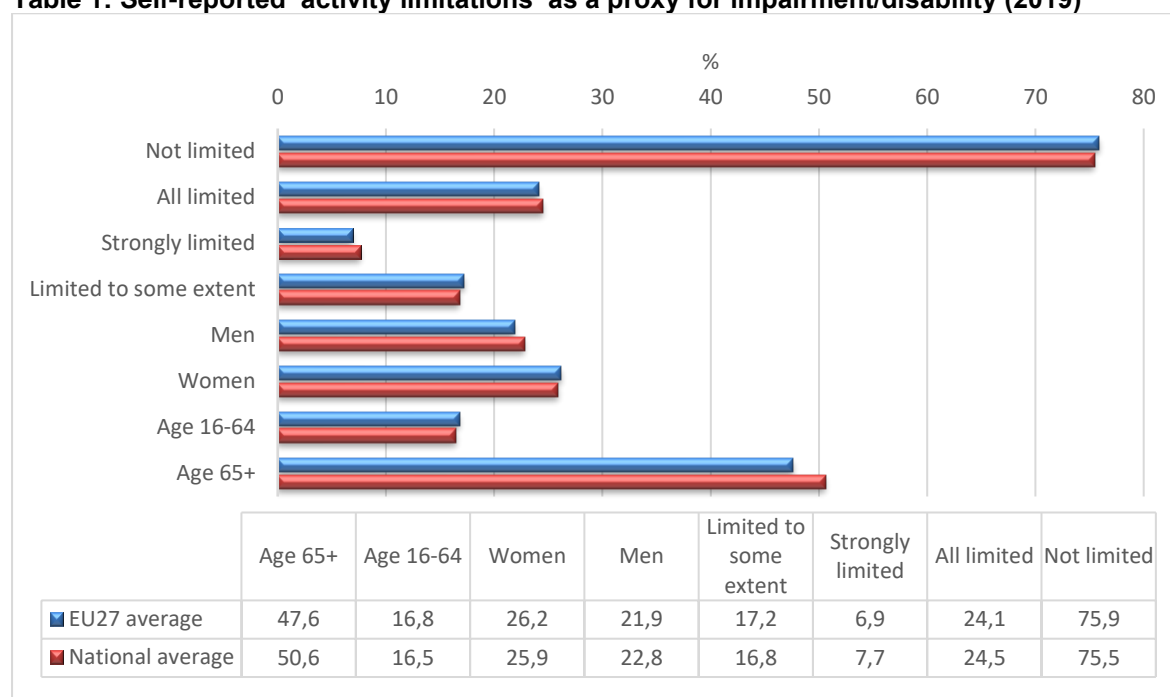
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database⁷¹ and statistical reports.⁷²

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify people with disabilities (impairments) is whether ‘for at least the past 6 months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.⁷³

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2019)



Source: EU-SILC 2019 Release 2021 version 1.

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.⁷⁴ National estimates for Poland are compared with EU27 mean averages for the most recent year.⁷⁵

⁷¹ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁷² Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

⁷³ The SILC survey questions are contained in the Minimum European Health Module (MEHM) [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

⁷⁴ This methodology was developed in the annual statistical reports of ANED, available at <http://www.disability-europe.net/theme/statistical-indicators>.

⁷⁵ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

7.1 Data relevant to disability and the labour market

Table 2: EU and Poland employment rates, by disability and gender (aged 20-64) (2019)

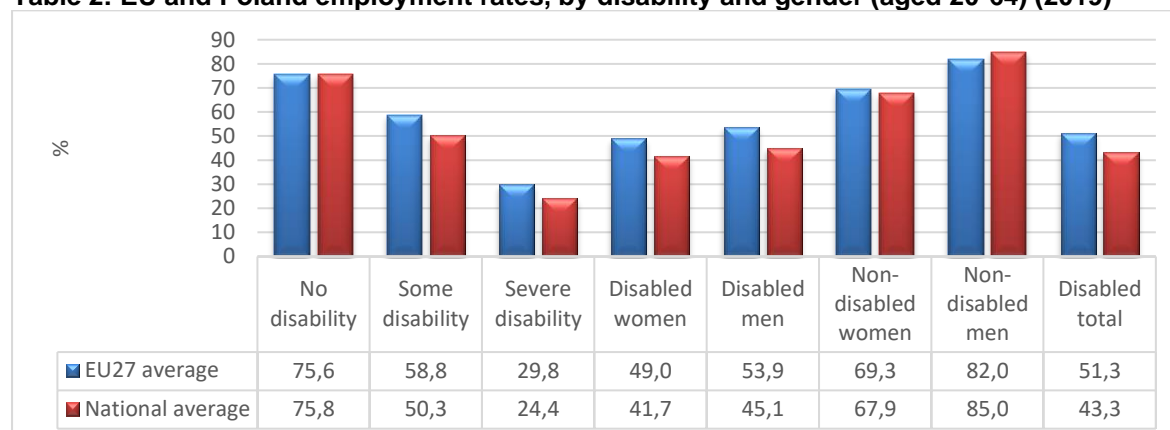


Table 3: Employment rates in Poland, by disability and age group (2019)

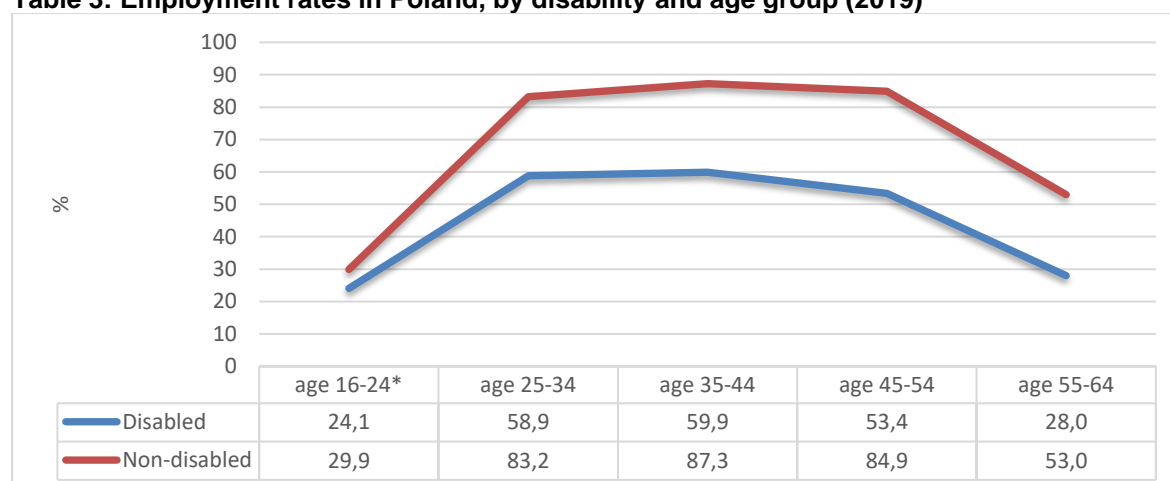
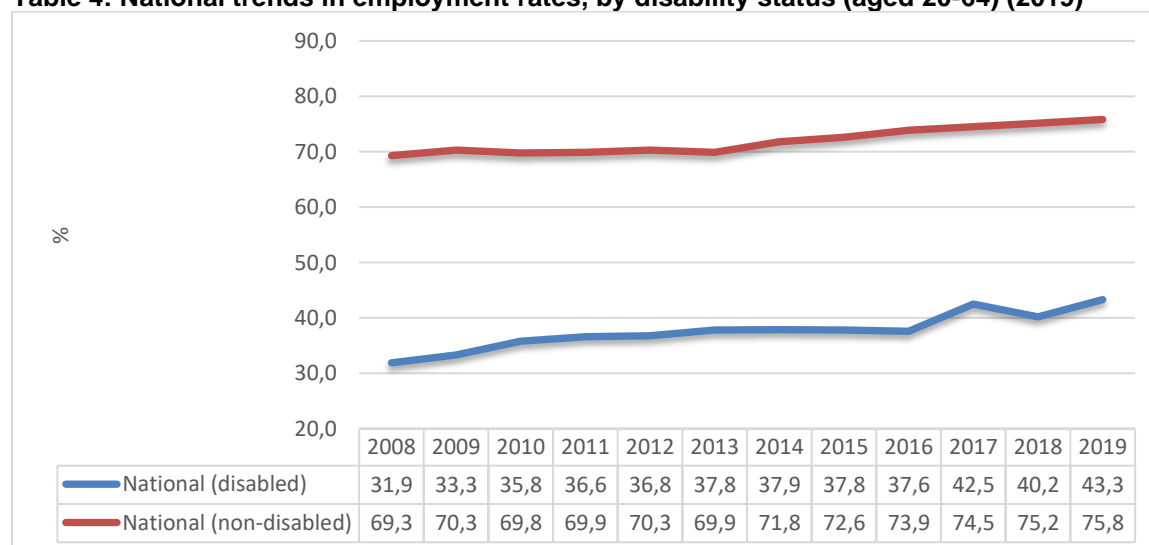
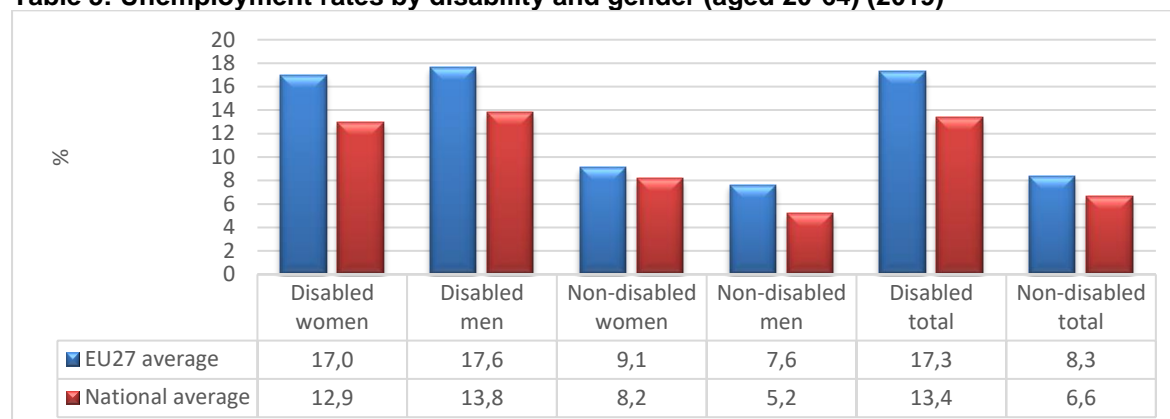
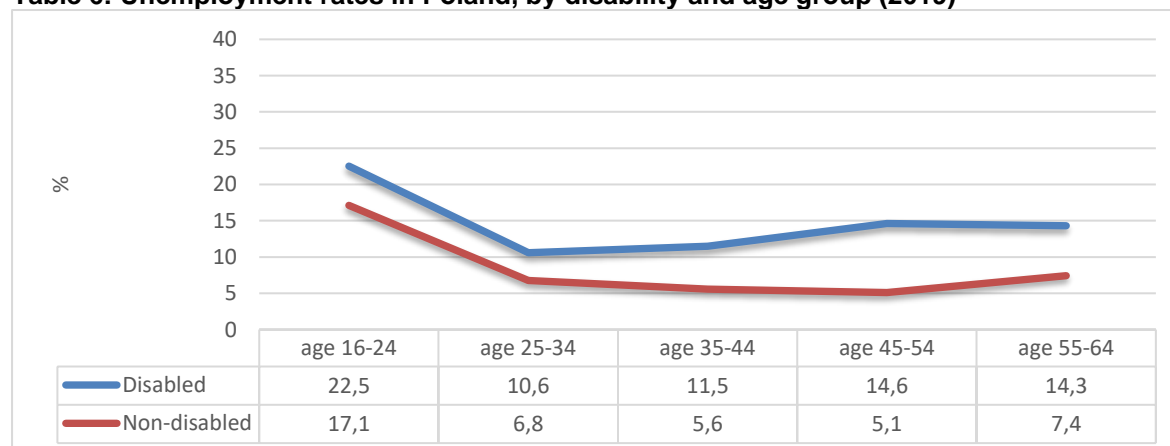
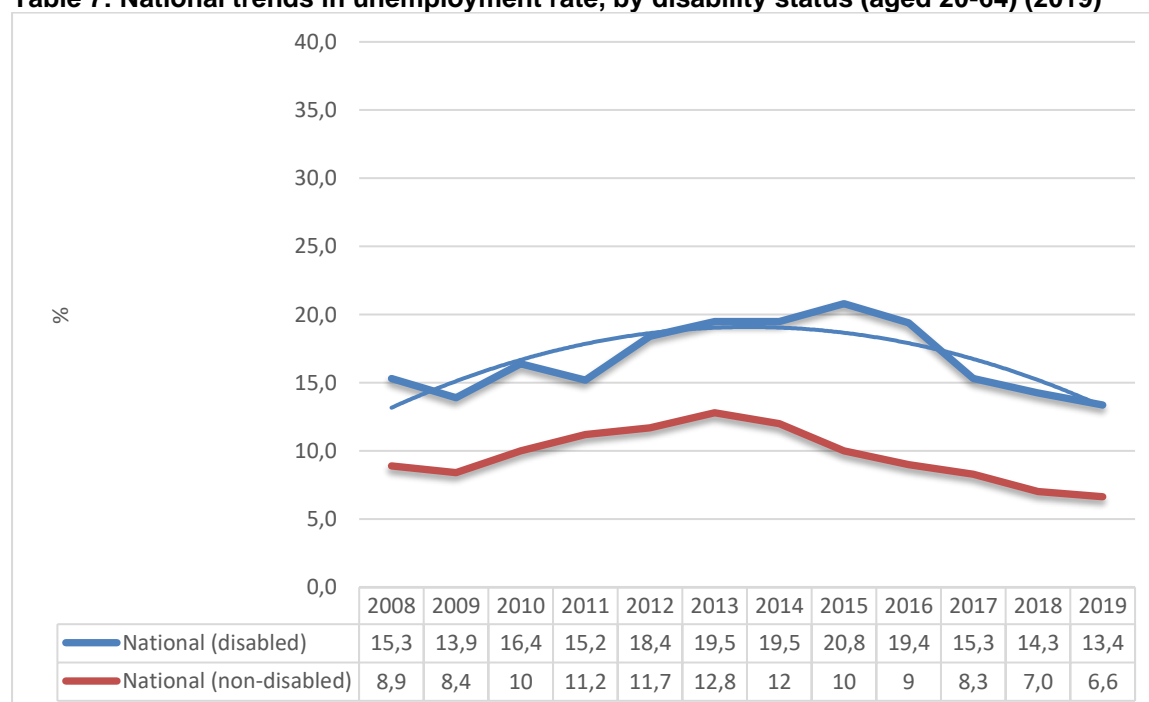


Table 4: National trends in employment rates, by disability status (aged 20-64) (2019)



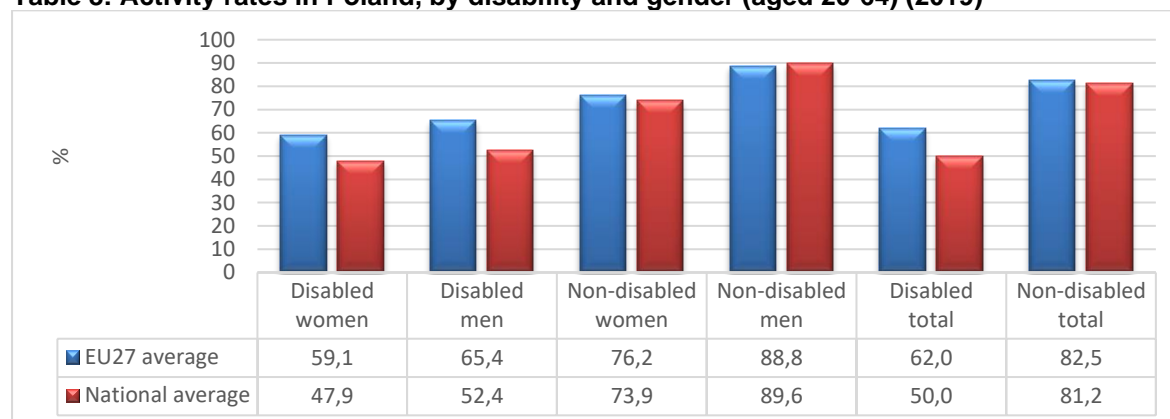
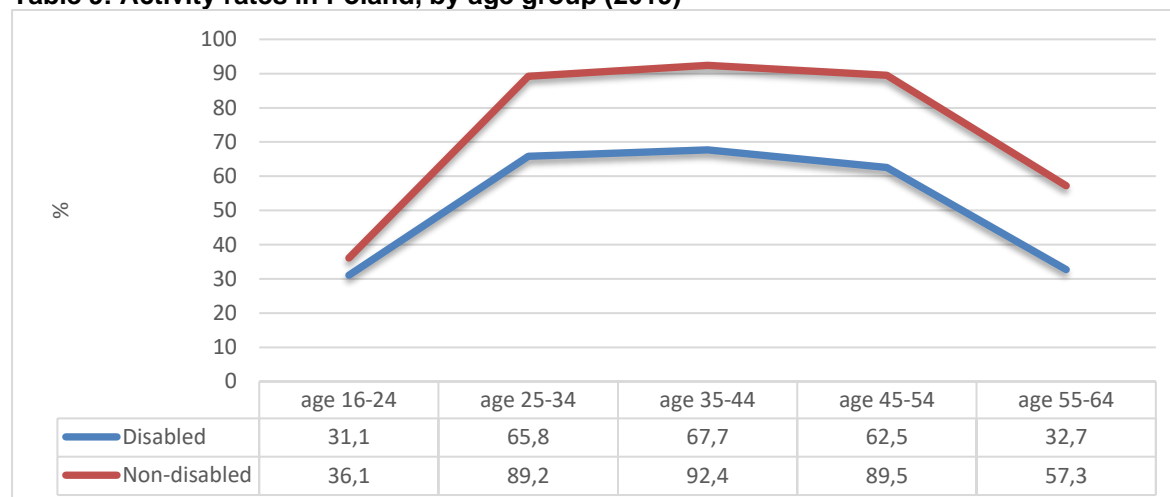
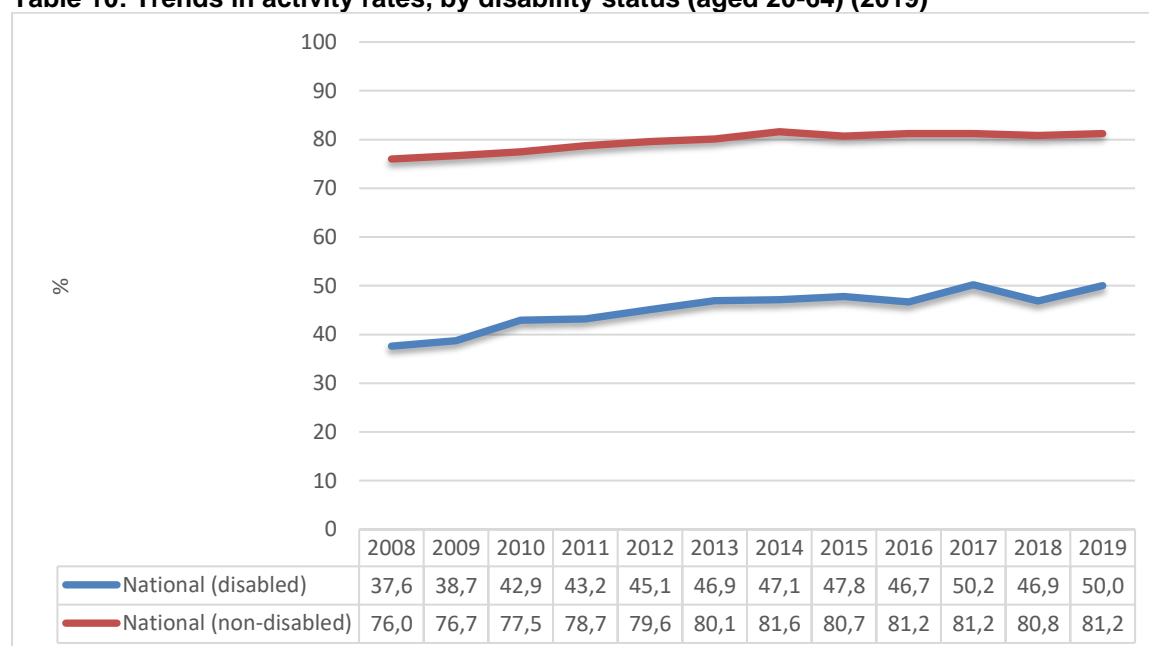
Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2019)

Table 6: Unemployment rates in Poland, by disability and age group (2019)

Table 7: National trends in unemployment rate, by disability status (aged 20-64) (2019)


Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.2 Economic activity

Table 8: Activity rates in Poland, by disability and gender (aged 20-64) (2019)

Table 9: Activity rates in Poland, by age group (2019)

Table 10: Trends in activity rates, by disability status (aged 20-64) (2019)


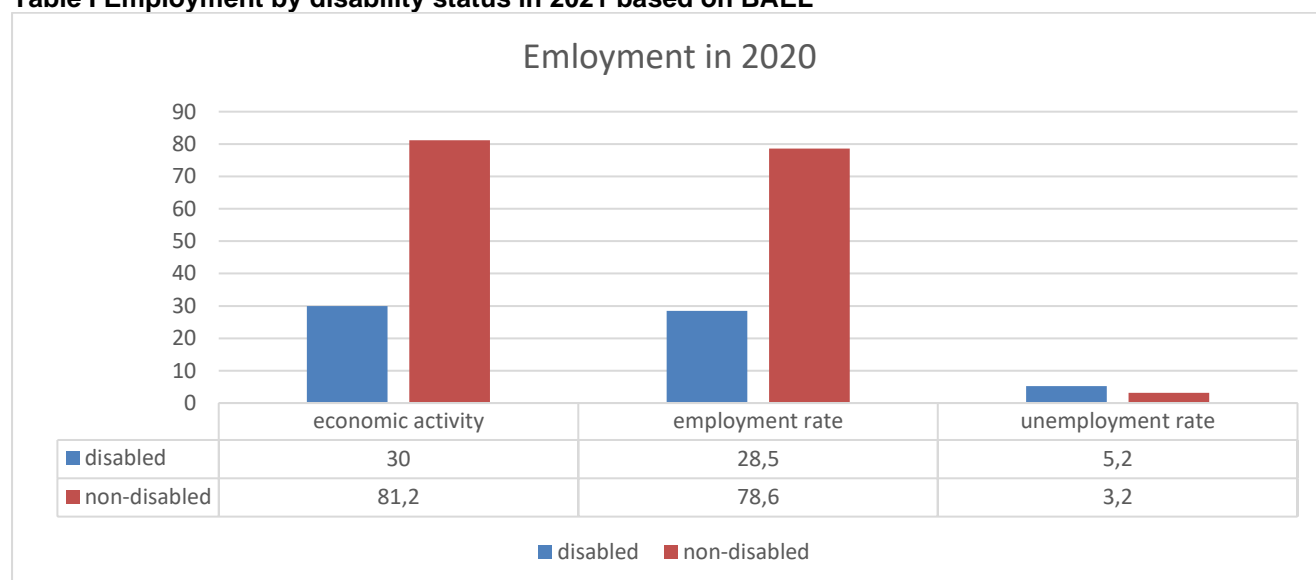
Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs).

7.1.3 Alternative sources of labour market data in Poland

Disability data is not yet available from the core European Labour Force Survey but labour market indicators for Poland were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁷⁶

The Labour Force Survey (LFS), known as BAEL⁷⁷ in Poland (*Badanie Aktywności Ekonomicznej Ludności*) has been carried out since May 1992 on a quarterly basis. It has been improved in accordance with Eurostat recommendations. The survey covers the economic activity of the population, including persons with disabilities and members of the households with disabilities in the dwellings. The information on the number of employed, unemployed and inactive persons with disabilities (with legal certificates), as well as information on the size of the labour force participation rate, employment rate or unemployment rate, are provided. The data disaggregated by 'voivodships' is also available.

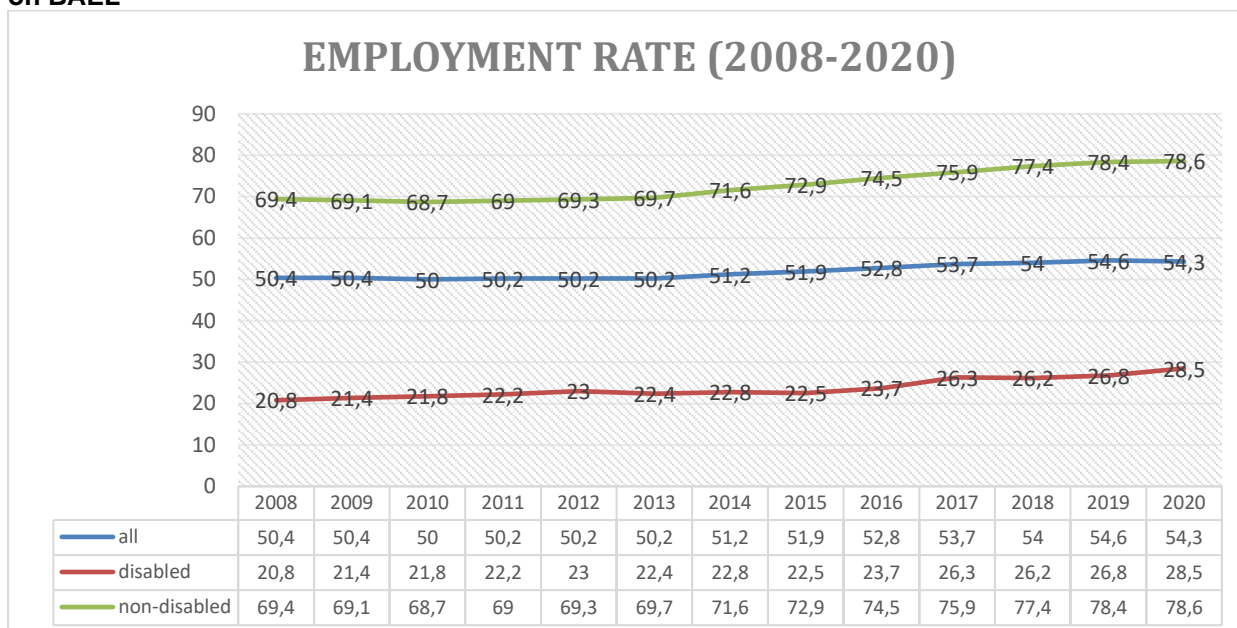
Table I Employment by disability status in 2021 based on BAEL⁷⁸



⁷⁶ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

⁷⁷ <https://stat.gov.pl/en/topics/labour-market/>. The Office of the Government Plenipotentiary for Disabled People on BAEL <http://www.niepelnosprawni.gov.pl/p,81,bael>.

⁷⁸ Office of the Government Plenipotentiary for Disabled Persons' Affairs, BAEL 2021 <http://www.niepelnosprawni.gov.pl/p,81,bael>.

Table II Trends in employment rate in productive age, by disability status (2008 - 2020) based on BAEL⁷⁹


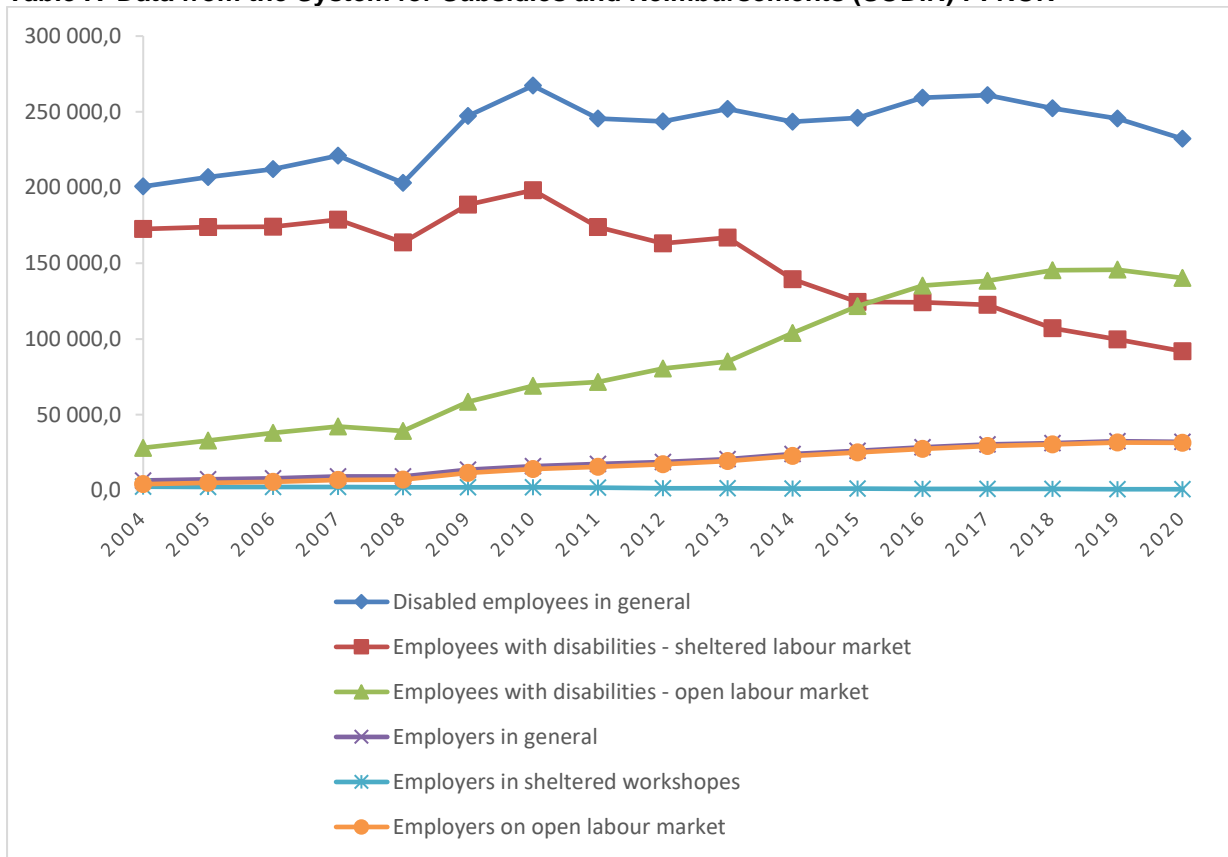
⁷⁹ Office of the Government Plenipotentiary for Disabled Persons' Affairs, BAEL 2021, <http://www.niepelnosprawni.gov.pl/p,81,bael>, <http://www.niepelnosprawni.gov.pl/p,81,bael>.

Table III Economic activity of registered persons with disabilities aged 16 and more by degree of disability, 1st trimester 2021; based on BAEL⁸⁰

Activity rate	Employment rate	Unemployment rate	SPECIFICATION in %
18.5	17.2	7.5	TOTAL
4.9	4.7	.	Persons with a certificate: of severe degree of disability or equivalent
22.2	20.4	8.3	of moderate degree of disability or equivalent
26.5	24.6	6.8	of minor degree of disability or equivalent
20.4	18.8	8.4	Men
	5.2	5.0	Persons with a certificate: of severe degree of disability or equivalent
24.7	22.3	9.8	of moderate degree of disability or equivalent
30.0	27.9	.	of minor degree of disability or equivalent
16.7	15.6	6.4	Women
4.5	4.5	-	Persons with a certificate: of severe degree of disability or equivalent
19.8	18.5	.	of moderate degree of disability or equivalent
23.4	21.6	.	of minor degree of disability or equivalent
19.2	17.8	7.2	URBAN AREAS
5,7	5,7	.	Persons with a certificate: of severe degree of disability or equivalent
21,9	20,3	7,0	of moderate degree of disability or equivalent
27,7	25,5	9,0	of minor degree of disability or equivalent
14,6	13,7	6,5	RURAL AREAS
3,7	3,5	.	Persons with a certificate: of severe degree of disability or equivalent
22,7	20,6	10,3	of moderate degree of disability or equivalent
24,2	23,5	.	of minor degree of disability or equivalent

⁸⁰ Central Statistical Office, *Labour force survey in Poland – quarter 1/2021*, <https://stat.gov.pl/obszary-tematyczne/rynek-pracy/pracujacy-bezrobotni-bierni-zawodowo-wg-bael/aktywnosc-ekonomiczna-ludnosci-polski-i-kwartal-2021-roku,4,41.html>.

Table IV Data from the System for Subsidies and Reimbursements (SODiR) PFRON⁸¹



⁸¹ Data from the System for Subsidies and Reimbursements (SODiR) PFRON <http://niepelnosprawni.gov.pl/p.83,sodir-pfron>.

7.2 EU data relevant to disability, social policies and healthcare (2019)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

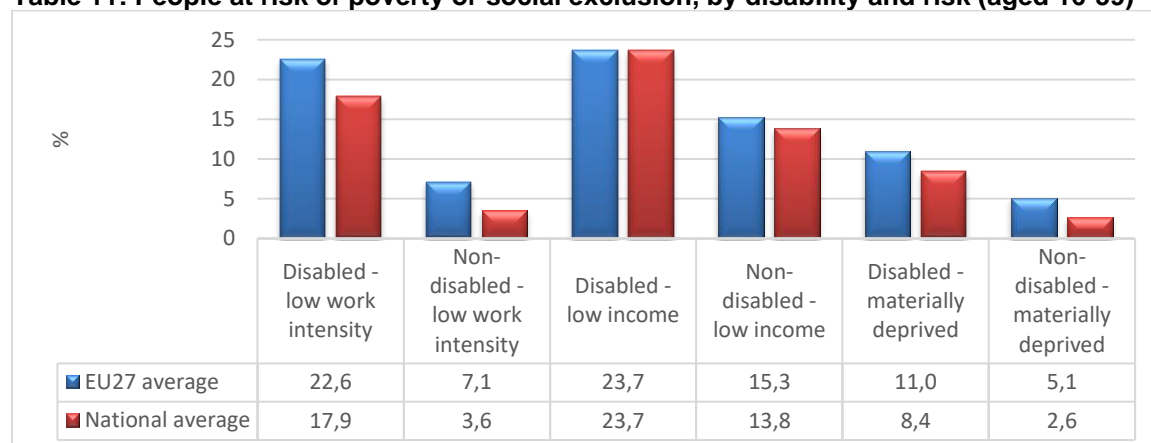


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

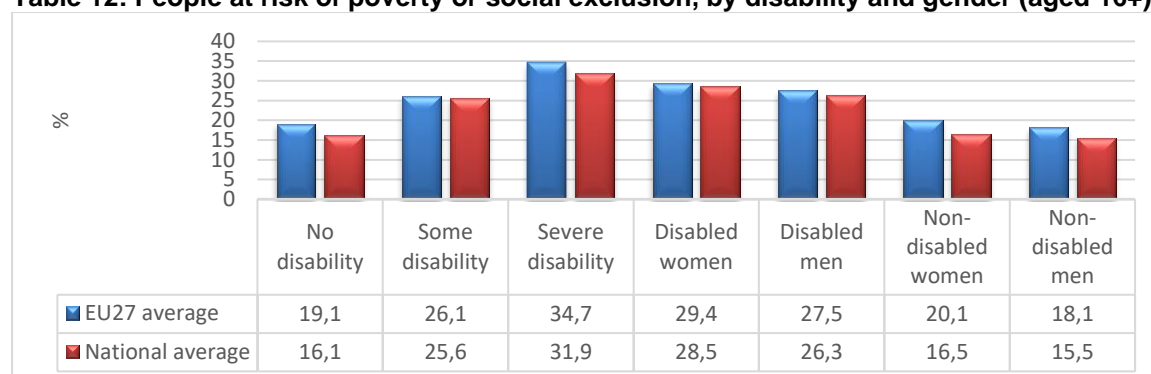
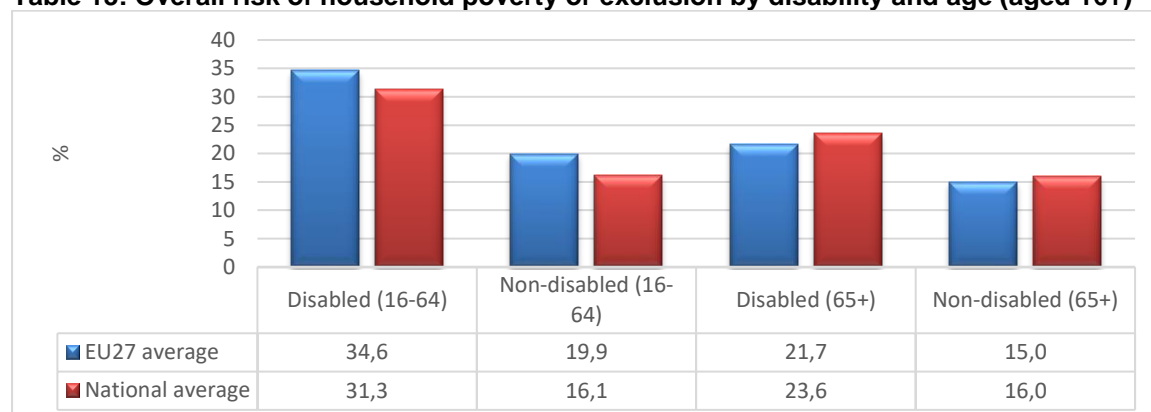
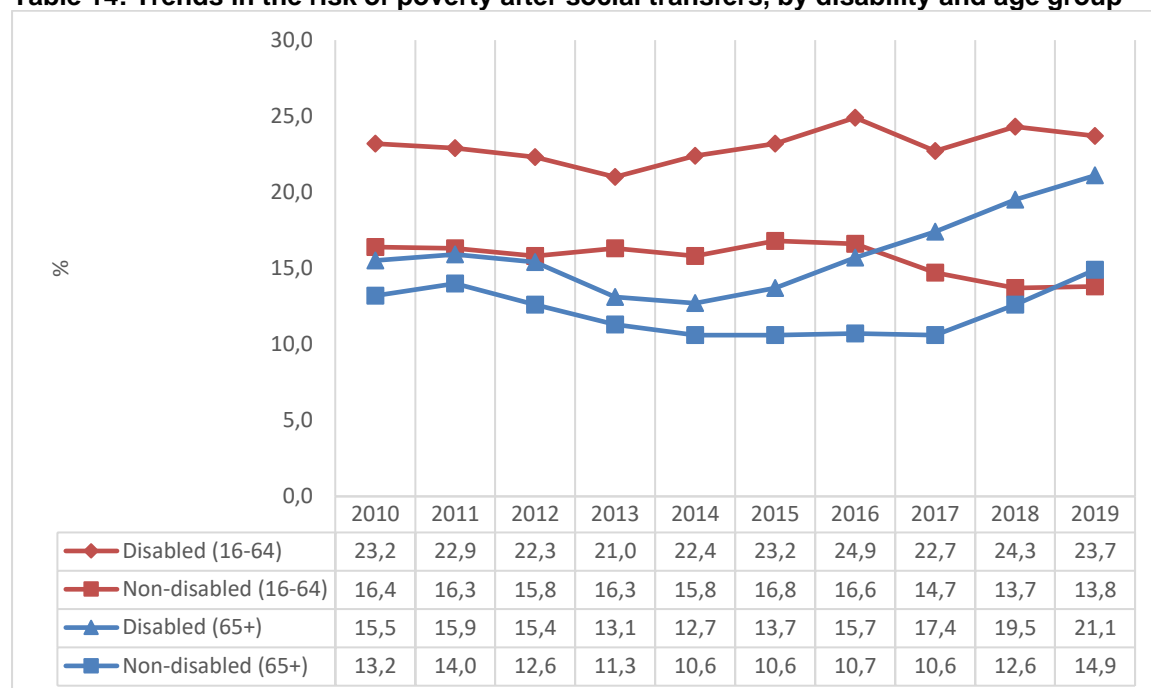


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

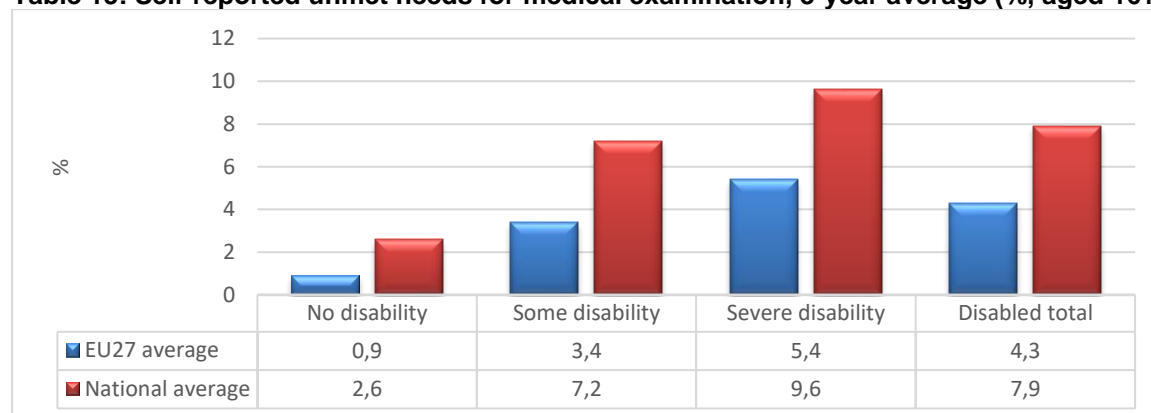


Source: EU-SILC 2019 Release 2021 version 1 (and previous UDB).

Table 14: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [[hlth_dpe020](#)] - People at risk of poverty.

Note: this table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination, 3-year average (% , aged 16+)

Source: Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'.

Note: due to large variations an average of three years is indicated. EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2019 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in Poland

The EU-SILC data provides a comprehensive and reliable source concerning poverty or social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.⁸²

⁸² Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

National surveys or studies may offer additional information.

Household budget survey is an annual report prepared by Central Statistical Office, that provides general information on households with or without persons with disabilities, including income, monthly consumption of selected goods per capita in households, subjective evaluation of material situation in households.⁸³

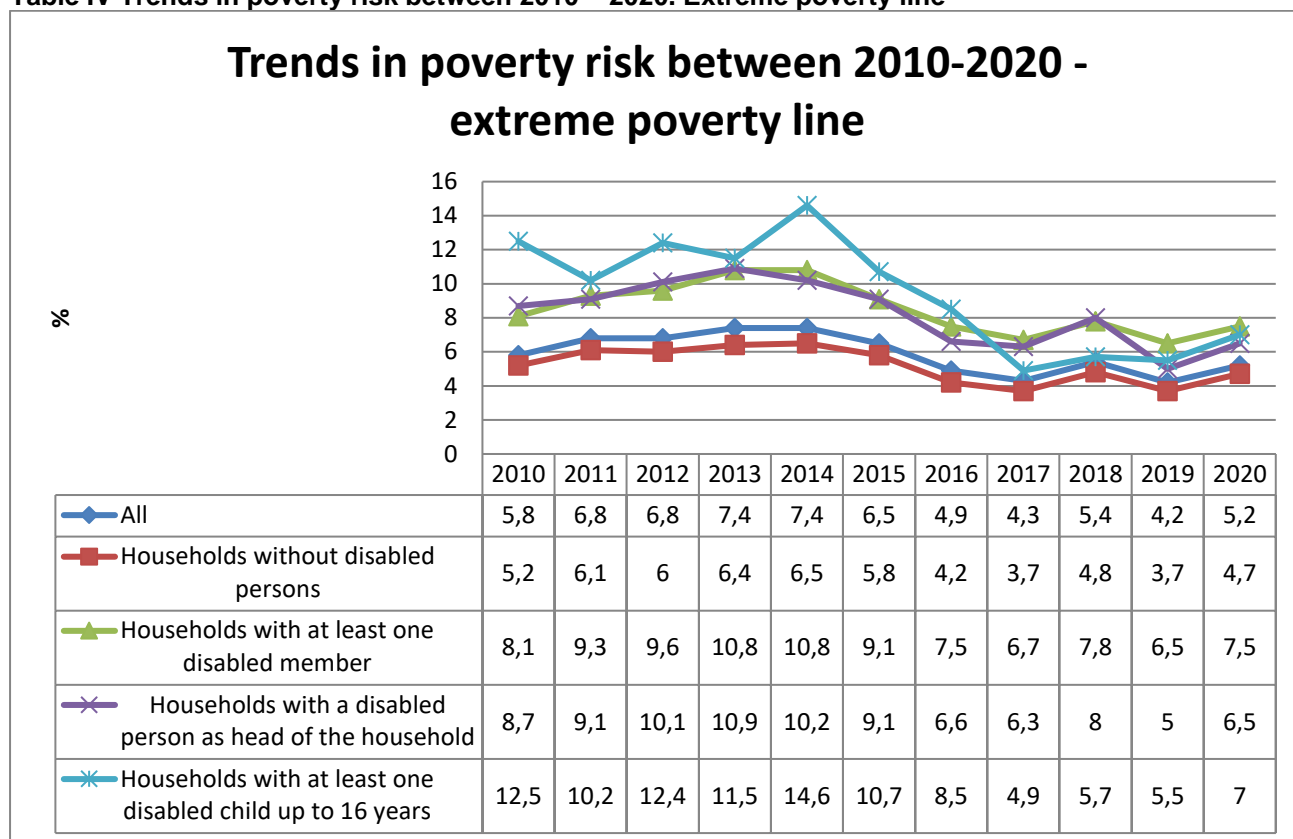
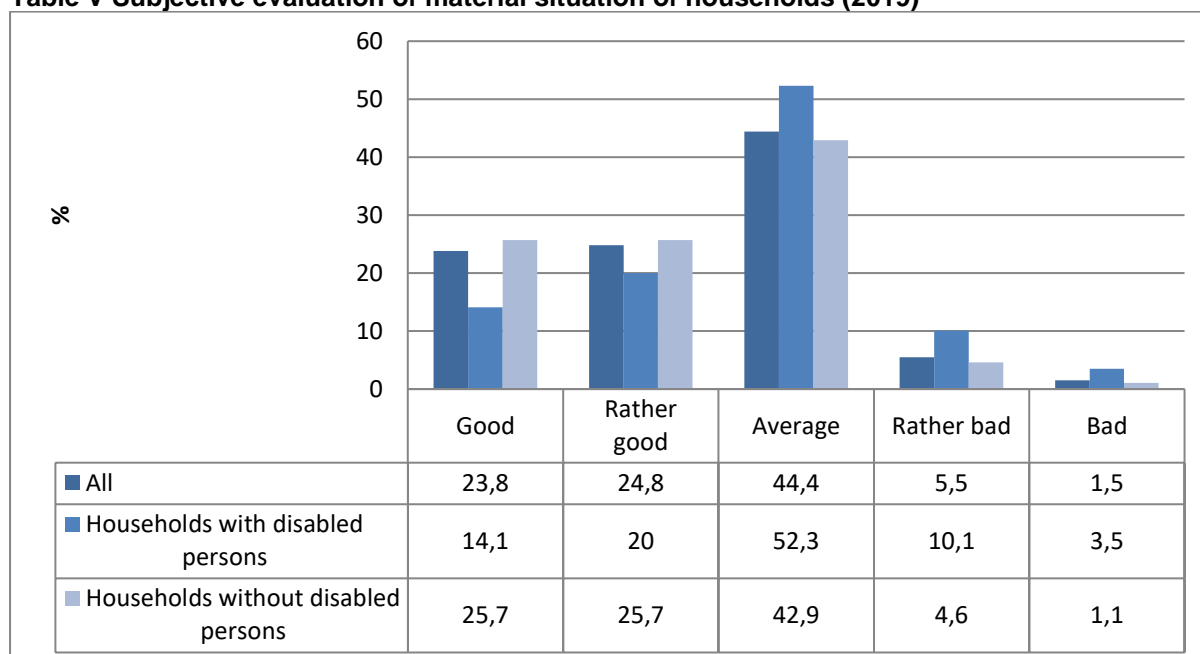
Social Diagnosis provides some data on persons with disabilities between 2000 – 2015. The data includes subjective and objective quality of life, including some health and mental health measures.⁸⁴

Reports on the activities of the National Health Fund - annual reports provide information on the number of patients (by gender and age) who have received selected medical services, including those addressed directly to people with disabilities (e.g. therapeutic rehabilitation, long-term care and nursing services, palliative and hospice care). They also contain information about the costs of these benefits.⁸⁵

⁸³ Central Statistical Office webpage, <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2018-r-,9,13.html>.

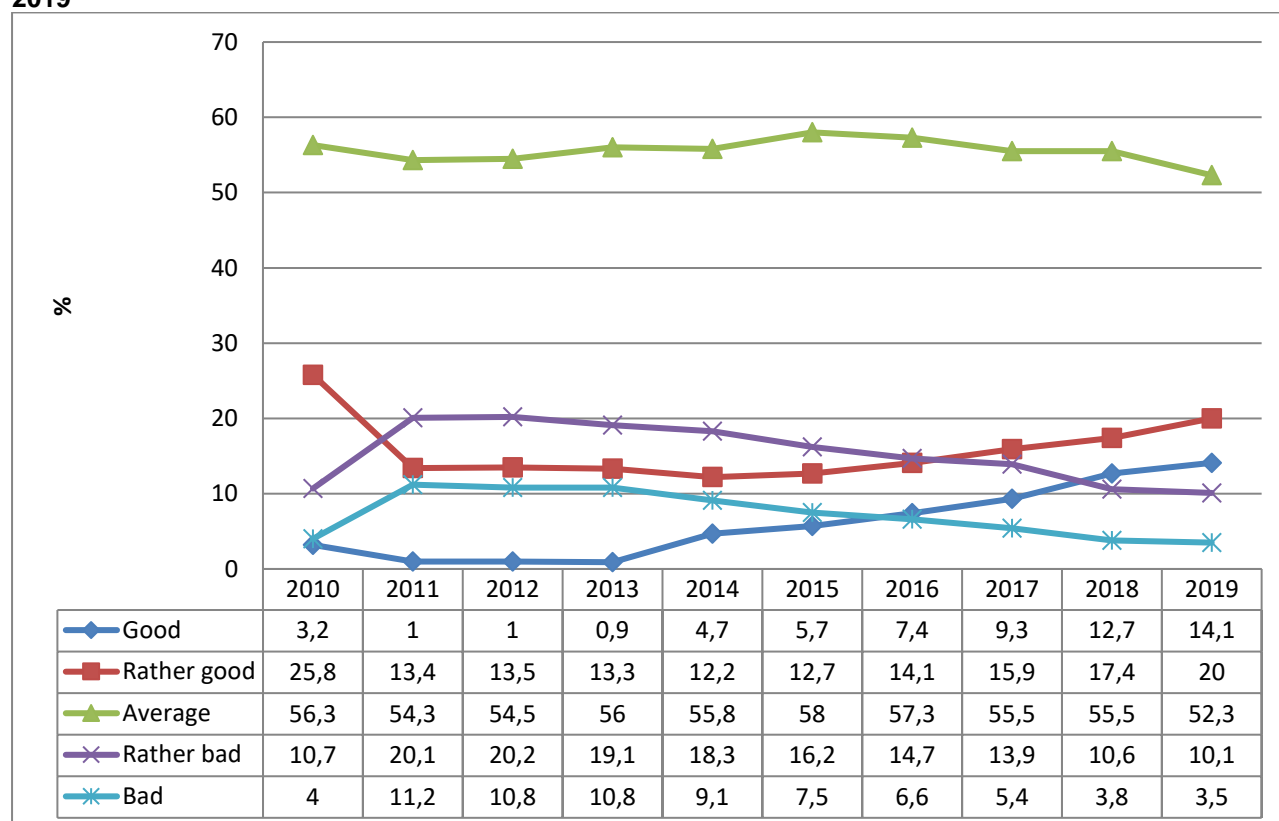
⁸⁴ <http://www.diagnoza.com/index-en.html>.

⁸⁵ https://www.nfz.gov.pl/gfx/nfz/userfiles/public/zarzadzenia_prezesa/uchwaly_rady_nfz/2019/zal_do_uchwaly_nr_12_sprawozdanie_z_dzialanosci_nfz_za_2018_rok.pdf.

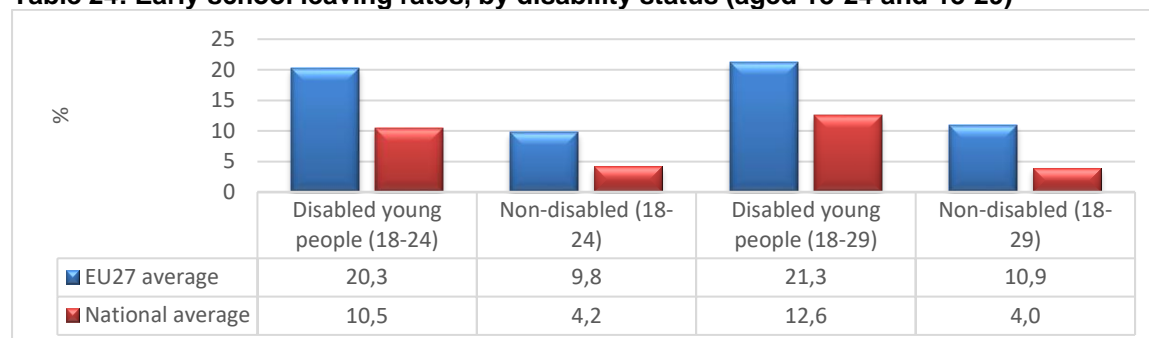
Table IV Trends in poverty risk between 2010 – 2020. Extreme poverty line⁸⁶Table V Subjective evaluation of material situation of households (2019)⁸⁷

⁸⁶ Central Statistical Office, 2021, *The extent of economic poverty in Poland in 2020 (based on the Household Budget Survey)*, <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/ubostwo-pomoc-spoeczna/zasieg-ubostwa-ekonomicznego-w-polsce-w-2020-roku,14,8.html>.

⁸⁷ Central Statistical Office, 2020, *Household budget survey in 2019*, <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2019-roku,9,14.html>.

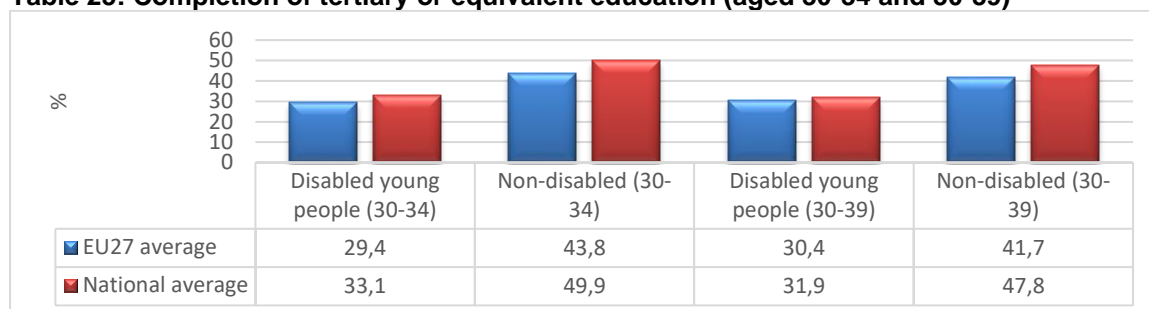
Table VI Trends in subjective evaluation of households with persons with disabilities 2010-2019⁸⁸

7.3 EU data relevant to disability and education

Table 24: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁸⁹

⁸⁸ Central Statistical Office, 2020, *Household budget survey in 2019*, <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/dochody-wydatki-i-warunki-zycia-ludnosci/budzety-gospodarstw-domowych-w-2019-roku,9,14.html>.

⁸⁹ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014 although some Member States continued to use the older definition after this time.

Table 25: Completion of tertiary or equivalent education (aged 30-34 and 30-39)

Source: EU-SILC 2019 Release 2021 version 1 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender.

7.3.1 Alternative sources of education data in Poland

Disability data is not included in the core European Labour Force Survey, but education and training indicators were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁹⁰ Similar caution is needed with this data.

Some administrative data is also provided in the *European Agency's Statistics on Inclusive Education* (EASIE), concerning the population of enrolled students identified with special educational needs in Poland.⁹¹

The Central Statistical Office provides annual report *Higher Education Institutions and their Finances*⁹² where data on number of students, graduates and doctoral students with disabilities, by types of schools and broad fields of education, where also data on scholarship, grants are available.

The Central Statistical Office provides annual reports *Education in the 2018/2019 school year* where data on SEN at primary, lower and upper secondary levels is available. Also, the Information Centre for Education⁹³ gathers data on the numbers of students with a certificate of need for special education on the basis of their disability; numbers of students with disabilities studying in special, integrated and mainstream schools (inclusive education) respectively, at every stage of education (primary, lower secondary and upper secondary schools).

⁹⁰ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁹¹ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

⁹² This publication is released annually by the Central Statistical Office in Poland. Data in the table above comes from reports published in years 2005-2019 (available at <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkoly-wyzsze-i-ich-finanse-w-2018-roku,2,15.html>).

⁹³ <https://cie.men.gov.pl/>.

Table II Graduates with disabilities in academic years (2004/05 - 2018/19)⁹⁴

Academic year	Total	Of which females	Deaf and hearing impaired	Blind and sight impaired	With motor organs impairment		Other types of disability
					Able to walk	Unable to walk	
2018-2019	5 744	3 697	390	515	1 694	166	2 979
2017-2018	6 326	4 125	486	530	1 853	151	3 306
2016-2017	7 013	4 632	511	635	2 049	202	3 616
2015-2016	7 043	4 612	540	599	2 115	162	3 627
2014-2015	7 545	5 068	538	679	2 322	136	3 970
2013-2014	7 995	5 314	567	753	2 364	172	4 139
2012-2013	8 199	5 566	510	772	2 464	151	4 302
2011-2012	8 617	5 737	597	713	2 359	122	4 826
2010-2011	8 136	5 447	566	712	2 098	148	4 612
2009-2010	7 011	4 656	473	597	1 818	105	4 018
2008-2009	5 837	3 924	361	478	1 495	125	3 378
2007-2008	4 438	2 862	277	367	1 095	64	2 635
2006-2007	3 451	2 183	216	292	847	55	2 041
2005-2006	2 510	1 595	183	203	517	57	1 550
2004-2005	1 358	804	96	113	270	49	830

⁹⁴ Central Statistical Office, 2020, *Higher Education Institutions and their Finances in 2019*, <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkolnictwo-wyzsze-i-jego-finanse-w-2019-roku,2,16.html>.

Table III Education structure of 15+ population with regard to disability,⁹⁵ no new data presented

Education	Total	Education level				
		Tertiary Education	Upper secondary	secondary	vocational school	Lower-secondary, primary education, in-completed primary and without education
		in %				
2009						
Working age	100	19.4	26.0	11.7	29.6	13.3
With disabilities (with certificate)	100	5.1	21.0	6.7	39.8	27.4
Without disabilities	100	20.8	26.4	12.2	28.7	11.9
2010						
Working age	100	21.3	31.5	11.7	28.4	12.7
With disabilities (with certificate)	100	8.6	18.9	6.6	39.4	26.5
Without disabilities	100	22.4	26.6	12.2	27.4	11.4
2011						
Working age	100	22.2	25.6	11.5	28.3	12.4
With disabilities (with certificate)	100	9.4	18.3	6.4	40.3	25.7
Without disabilities	100	23.4	26.3	12.0	27.2	11.1
2013						
Working age	100	24.4	25.2	11.4	27.5	11.5
With disabilities (with certificate)	100	9.1	18.7	6.6	40.9	24.7
Without disabilities	100	25.8	25.8	11.9	26.3	10.3
2014						
Working age	100	25.6	24.6	11.4	27.3	11.1
With disabilities (with certificate)	100	9.8	18.3	6.7	40.1	25.2
Without disabilities	100	27.1	25.2	11.8	26.1	9.8
2015						
Working age	100	26.3	24.8	11.2	26.9	10.9
With disabilities (with certificate)	100	10.2	17.8	7.1	40.1	24.8
Without disabilities	100	27.7	25.5	11.5	25.7	9.6
2016						
Working age	100	27.1	25.3	10.9	26.5	10.2
With disabilities (with certificate)	100	10.8	17.9	7.3	39.9	24.0
Without disabilities	100	28.6	25.9	11.2	25.3	9.0

⁹⁵ Office of the Government Plenipotentiary for Disabled Persons' Affairs, Education, <http://niepelnosprawni.gov.pl/p,123,edukacja>.

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