



# COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Poland

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# **COVID-19 and people with disabilities**

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## **Poland**

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## **1 Executive summary**

### **Disability inclusivity of disaster and recovery planning**

Most of the relevant legal acts on disaster management and recovery planning do not comprehensively address disability, nor do they use a disability rights-based approach. Although specific disability related measures are planned or implemented, they remain fragmented and not sufficiently coordinated and communicated. There is also not much evidence of the inclusion of DPOs in emergency and recovery strategy planning, even though DPOs have been active in naming the most relevant policy measures according to their experience of the pandemic.

### **Impact of the virus on mortality among people with disabilities**

There is not enough data on the mortality rate among people with disabilities. Data is disaggregated by age and by co-existing health conditions, yet not exactly by disability status. However, persons living in the congregate settings, especially social welfare homes (pl. DPS), have been at disproportionate risk of contracting and dying from COVID-19. COVID-related deaths in institutions amounted to 204 as of 1 October 2020. However, if other long-term care residential facilities are taken into account the number rises to 303 deaths. The case of long-term care residential facilities that operate without permission should also be scrutinized. Detailed, up-to date data collection, made publicly available in official statistics, should be a key disability-sensitive pandemic response.

### **Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities**

1. The disproportionate impact on persons living in residential institutions.

As of October 2020, 890 persons have contracted COVID-19 in institutions, making the risk many times higher than for persons living in community settings. 6 % of DPS was identified with COVID-19 cases. Approximately 1 in 10 persons who died from COVID-19 lived in an institution. There was no comprehensive response to prevent it. See sections 4.3 and 9.

2. Limited access to rehabilitation services and health care.

Rehabilitation services stopped for more than 2 months, and were further subjected to diverse substantial periodical restrictions. These restrictions have had a disproportionate effect on persons with disabilities with high rehabilitation needs. Access to health care including specialized care was limited and e-health services were not always adequately accessible. The crisis in psychiatric care for youth has increased considerably. Moreover, according to an online survey (n=821) 43 % of persons with disabilities experienced difficulties in accessing medications during the lockdown.

3. Effects of lockdown on families: e-learning, job loss, care and rehabilitation responsibilities at home.

COVID-19 related lockdowns transfer substantial amounts of care, educational and rehabilitation responsibilities from institutions to households. Within the context of the Polish public familiarism model<sup>1</sup> – based on the design of public care policies that result in delegating care to the informal sector, i.e. the primary role of women in families - and low expenditures on long-term care and limited independent living tools, this resulted in a significant rise of obligations on household members. Persons with disabilities living alone, as well as parents with disabilities, and families with children with disabilities were among the ones impacted the most by this transition. Moreover, the sudden shift to e-learning impacted the quality of education of disabled pupils and students as online education was not always fully accessible or adequate for SEN pupils. Family members were not always qualified or had time to assist in rehabilitation. All the above paired with a difficult situation in the labour market of households with persons with disabilities. This will in turn, with high probability, result in greater poverty risks of these groups, contributing to the already existing disability gap with poverty and social exclusion risk measures (16,9 percentage points between persons with no disability and severe disability in 2018 EU-SILC). Also, no special measures on protection from violence during the lockdown have been implemented, thus making it extremely difficult for persons with disabilities to seek support.

### **Examples of good practice**

Three examples of good practice are as follows:

1. COVID-19 Infoline for Deaf persons - initiated by the CSOs that provide 24-hour Covid related information in Polish Sign Language to the Deaf community (see section 4.4).
2. Extensions of expiring disability certificates and remote disability assessment based on documentation – a service that allows persons whose disability certificates have expired during COVID to continue receiving benefits as well as making it possible to receive a disability assessment based on documentation without in person contact (see section 5.1).
3. Support in transport to vaccination sites and in-home testing for selected persons – a service that makes both testing and vaccination to selected persons with disabilities more accessible, especially to those have difficulties in reaching the testing or vaccination sites (see section 4).

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<sup>1</sup> Szelewa, D. (2017). From Implicit to Explicit Familialism: Post-1989 Family Policy Reforms in Poland. W: D. Auth, J. Hergenhan, B. Holland-Cunz (red.), *Gender and Family in European Economic Policy: Developments in the New Millennium* (s. 129–151). New York: Palgrave Macmillan.

## **Recommendations and opportunities for change**

Three key recommendations for change are as follows:

1. The key recommendation is to implement strong deinstitutionalization measures focusing on the development of community-based care services,
2. Provide fully accessible (including easy-to-read), integrated and updated public health information on COVID-19 and persons with disabilities (dynamics, restrictions and available support) and their access to general health care.
3. Review COVID-19 management policies with regards to the rights-based approach for persons with disabilities. Consider providing priority vaccination for groups of persons with disabilities who are at higher risk of contracting and dying of COVID-19.

## 2 Disability-inclusive disaster and recovery planning

### [Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

#### 2.1 Commitments to disability in disaster management and recovery strategies

The Polish Constitution provides for a state of emergency,<sup>2</sup> which enables lawful restrictions of civil rights, yet the Polish government has not decided to declare it during the COVID-19 pandemic. According to the Ombudsman, (pl. RPO) the government's decision has resulted in violating citizens' rights during the COVID-19 pandemic as all the restrictions (limiting freedoms of protest and freedoms of assembly) were introduced by ordinances and not by a special act of law on the state of emergency, as provided by the Constitution.<sup>3</sup>

The key documents defining emergency management are the Act on Crisis Management,<sup>4</sup> the Act on the State of Natural Disaster<sup>5</sup>, and the Act on the State of Emergency.<sup>6</sup> The Act on Crisis Management does not refer to disability and does not include cooperation with the Plenipotentiary for Disabled Persons - as a statutory member of the Government Emergency Management Board.

In the Act on the State of Natural Disaster persons with disabilities are exempt from the obligations arising from the imposition of orders on employers relating to the conduct of certain types of business. They are also excluded (along with their caregivers) from the obligation to provide personal services. Importantly though, this law did not apply to the COVID-19 outbreak,<sup>7</sup> but the exemptions were included in special so-called Anti-crisis Shields (see 2.4).

The National Disaster Management Plan addresses disability partially - it does not refer to disability in part A on prevention and preparedness. However, in part B - response and reconstruction – disability is mentioned with regards to floods and: a) the identification of the needs of the affected population in relation to their evacuation from abroad and reception in the country, b) the use of the National Disabled Persons' Rehabilitation Fund (PFRON) to support employers hiring disabled employees, as well as sheltered workshops and the persons with disabilities engaged in economic or agricultural activity, affected by the flood, c) the use of PFRON for the reconstruction of the infrastructure for the affected population destroyed during the flood, including the purchase of rehabilitation equipment.

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<sup>2</sup> Article 230(1) of the Constitution stipulates that in the case of threats to the security of the citizenry, the President of the Republic may, on request of the Council of Ministers, introduce for a definite period no longer than 90 days, a state of emergency in a part of or upon the whole territory of the state.

<sup>3</sup> RPO, (2020), Analysis for the prime minister on legislating in a state of epidemic, <https://www.rpo.gov.pl/pl/content/raport-rpo-dla-premiera-nt-prawa-w-stanie-epidemii>.

<sup>4</sup> The act on crisis management, <https://rcb.gov.pl/wp-content/uploads/ustawa-o-zarz%C4%85dzaniu-kryzysowym-1.pdf>.

<sup>5</sup> The act on the State of Natural Disaster, <https://rcb.gov.pl/wp-content/uploads/Ustawa-o-stanie-kl%C4%99ski-%C5%BCywio%C5%82owej.pdf>.

<sup>6</sup> The act on the State of Emergency <https://rcb.gov.pl/wp-content/uploads/Ustawa-o-stanie-wyj%C4%85tkowym.pdf>.

<sup>7</sup> FRA, (2020), Coronavirus COVID-19 outbreak in the EU. Fundamental Rights Implications, Country: Poland, [https://fra.europa.eu/sites/default/files/fra\\_uploads/poland-report-covid-19-april-2020\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/poland-report-covid-19-april-2020_en.pdf).

In addition, the Act on preventing and combating infection and infectious diseases mentions caregivers of children with a disability certificate as exempt from referral to work to help control an epidemic that carries a risk of infection. Persons who have been declared partially or totally incapable of work are also exempt from this obligation.

Moreover, the 1997 Charter on Disabled Persons Rights does not address disaster management and recovery strategies. The first Disability Strategy, adopted on 16 February 2021, does address the state of emergency in the version published for consultation, yet as of 17 February, the final strategy version is still not publicly available and there is no information to what extent disaster management is framed within the Strategy.

The Ministry of Health Autumn 2020 Strategy of Fighting Against COVID-19 2.0 referred only to certain persons with disabilities among priority groups for testing, including persons living in residential care institutions.

## **2.2 Involvement of people with disabilities in disaster management and recovery strategies**

No evidence of the strategic involvement of DPOs in disaster management and recovery strategies was found. The exact scope of involvement of the Plenipotentiary for Disabled is not publicly communicated. However, the recent report on the impact of the COVID-19 pandemic clearly states that persons with disabilities were not considered in planning and first response to the pandemic.

‘The lack of consideration for people with disabilities in the planning and implementation of further solutions make some of them to create further barriers. An example of this is the closing of elevators by some housing communities and local governments, or, for example, an exceptionless social lockdown, also for people who, because of their disability, need to maintain a daily routine of activities.’<sup>8</sup>

CSOs explicitly demanded being included in disaster management and suggested policy changes (see, e.g., sections 4, 5).

## **2.3 Disability impact assessments and research to inform disaster management and recovery planning**

No evidence was found that specific research on the pandemic's impact on persons with disabilities was commissioned to inform disaster management and recovery planning.

## **2.4 Use of disaster management and recovery planning funds**

The Polish government has adopted 6 consecutive Anti-crisis Shields. Shields 1.0 to 4.0 introduced several general changes affecting the subsidizing of salaries of employees with disabilities; shields 5.0 and 6.0 introduced solutions for specific industries. Regarding persons with disabilities, the following changes were introduced

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<sup>8</sup> Szarenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie tarczy antykryzysowej [Social supplement to the anti-crisis shield], <https://oees.pl/wp-content/uploads/2020/05/EKSPERTYZA-Spoleczne-uzupelnienie-tarczy-antykryzysowej-1.pdf>.

from the beginning and mid- April 2020: a) the amounts for subsidizing salaries of persons with various degrees of disability were increased, b) reporting periods to PFRON were extended for employers of disabled persons, c) the disability certificates that have expired during the lockdown were automatically prolonged, d) subsidies from PFRON were provided to occupational therapy workshops (pl. WTZ) and vocational development centres (pl. ZAZ), even if they suspended regular activities, e) social workers if working online on needs assessment or social support within a community should adjust their communication tools to the needs of the Deaf, f) during the kindergartens' and schools' lockdown, parents/caregivers of persons with disabilities receive an additional financial benefit (see section 5), g) parents/caregivers of persons with disabilities were exempted from the obligation to work against COVID-19, also: h) all employers were given the opportunity to grant a reduction or postponement of their payments to PFRON. At the same time, the employers of persons with disabilities, who obtained wage subsidies for persons with disabilities and exemptions from payment of social security contributions under the anti-crisis legislation, could not combine these exemptions with simultaneous support from PFRON.<sup>9</sup>

Importantly, there is no data available to determine the amount of the budget associated with support for people with disabilities. Fragmented data is presented below.

In April 2020, the Ministry of Funds and Regional Policy (MFRP), which manages the EU funds, decided that the ESF related to health care can be used to improve the situation of social welfare homes (pl. DPS) and centres for persons with disabilities, institutions for 24-hour stay for seniors etc. (the catalogue of specific services that can receive funding remained open).<sup>10</sup> In April 2020, the MFRP allocated PLN 20 million (ESF) to sustain the activities of social economy entities (social cooperatives, social integration centres and clubs, vocational activity enterprises). In May 2020 the MFRP allocated PLN 327 million (ESF) to improve the situation in 800 DPS by purchasing personal protective equipment, providing temporary accommodation for residents and staff of DPS, purchasing COVID-19 tests, and subsidizing salaries of personnel, and co-financing the temporary employment of new staff.<sup>11</sup> In July 2020, MFRP allocated 17 million (ESF) for personal protection in day-care and rehabilitation centres of persons with disabilities (pl. JTZ).<sup>12</sup> With regards to accessibility, the major government initiative – the 'Accessibility Plus' - is still in the process of implementation, yet its last evaluation was published only in January 2020. Thus, the impact of COVID-19 on the programme is unknown. There is also no data on whether the programme and its budget were adjusted to address the pandemic.

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<sup>9</sup> PFRON (2020), Anti-crisis Shield - the most important changes for subsidies to salaries of disabled employees, <https://www.pfron.org.pl/pracodawcy/dofinansowanie-wynagrodzen/tarcza-antykryzysowa-najwazniejsze-zmiany-dla-dofinansowan-do-wynagrodzen-pracownikow-niepelnosprawnych-i-refundacji-skladek-na-ubezpieczenia-spoleczne/>.

<sup>10</sup> PFE (2020), Support for residential institutions during pandemic, <https://www.funduszeuropejskie.gov.pl/strony/o-funduszach/fe-koronawirus/wsparcie-dla-instytucji-calodobowego-pobytu-w-czasie-pandemii/>.

<sup>11</sup> <https://www.funduszeuropejskie.gov.pl/strony/o-funduszach/fe-koronawirus/327-mln-zl-z-power-na-pomoc-dla-mieszkancow-i-kadry-instytucji-opieki-pierwsze-umowy-podpisane/>.

<sup>12</sup> PFE, (2020), Occupational therapy workshops safe during a pandemic. <https://www.funduszeuropejskie.gov.pl/strony/o-funduszach/fe-koronawirus/warsztaty-terapii-zajeciowej-bezpieczne-w-trakcie-pandemii-sa-na-to-pieniadze-unijne/>.

### 3 Mortality connected to COVID-19 among people with disabilities

#### [Article 10 – The right to life](#)

#### 3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

No, there is only data on the mortality rate in relation to age and to coexisting diseases.<sup>13</sup>

No explicit data on disability is presented in public COVID-19 statistics, nor in data of the Central Statistical Office. The Annual Demographic Report desegregates data on the causes of deaths by the categories of ICD-10. Yet, the data is currently available only for 2018.

#### 3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No, public statistics do not provide information about the overall COVID-19 mortality rate of persons with disabilities yet provide data on the mortality rates disaggregated by the presence of coexisting diseases.<sup>14</sup> The data has been collected since 4 March 2020 (the first diagnosed COVID-19 patient in Poland). Until the end of September 2020 the average daily number of new cases of COVID-19 was below 1 000, and the average daily number of COVID-19 related deaths was around 20. The first wave of COVID-19 was low due to lockdown and there were no shortages in hospital beds or respirators observed. Since October 2020 (the second wave) the situation dramatically changed: both indicators started to rapidly increase day by day reaching their peak in mid-November 2020, with average daily number of new COVID-19 cases of more than 25 000, and an average daily number of deaths of more than 500. These tendencies started to go down from the end of November until the beginning of February 2021, when the third wave started. As of 7 February 2021, the number of all COVID deaths amounts to 39 087 persons. On 4 March 2021, the number of new COVID-19 cases is more than 15 000 and the number of deaths is almost 300 a day.<sup>15</sup> According to SARSTer data the mortality rate among all persons hospitalised due to COVID-19 is 7.3 %, and the highest mortality rate among persons with coexisting diseases is among cancer patients – 25.6 %. Disaggregated by age, it amounts to 27.6 % among patients over 60 years old and having coexisting cancer. According to the comprehensive summary of the COVID-19 pandemic in Poland<sup>16</sup> prepared by the Polish Academy of Science, nearly 7 million people in Poland are older than 65, and of those, about 90 % are living with chronic diseases, often several at once.<sup>17</sup> The reports present data

<sup>13</sup> GUS (2020), Demographic Yearbook of Poland, <https://stat.gov.pl/obszary-tematyczne/roczniki-statystyczne/roczniki-statystyczne/rocznik-demograficzny-2020,3,14.html>.

<sup>14</sup> Serwis Rzeczypospolitej Polskiej (2020), Coronavirus: information and guidelines, <https://www.gov.pl/web/koronawirus/wykaz-zarazen-koronawirusem-sars-cov-2>; Flisiak R. (2021), Śmiertelność z powodu COVID-19 dane z bazy SARSTer, <http://www.pteilchz.org.pl/wp-content/uploads/2021/01/%C5%9Bmiertelno%C5%9B%C4%87-w-Polsce-26-01-2021.pdf>.

<sup>15</sup> COVID-19 Data Repository by the Centre for Systems Science and Engineering (CSSE) at Johns Hopkins University.

<sup>16</sup> The publication includes detailed pandemics timeline for Poland.

<sup>17</sup> Duszyński J., Afelt A., Ochab-Marcinek A., Owczuk R., Pyrc K., Rosińska M., Rychard A., Smiatacz T. (2020), Zrozumieć COVID-19. Opracowanie zespołu ds. Covid-19 przy Prezesie Polskiej

disaggregated by disease type, yet nor disability per se; neither disability certificate status is a subject of analysis.

As of 1 October 2020, the number of persons who died due to COVID in social welfare homes (pl. DPS) amounted to 204 people and 99 in private care homes.

No data is available on the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

## 4 Access to health

### [Article 25 – Health](#)

#### 4.1 Emergency measures

Publicly available triage procedures for patients presenting to non-infectious hospitals with suspected COVID-19 do not refer to disability.<sup>18</sup> The Ministry of Health has not developed instructions for doctors and emergency medical workers on how to deal with patients with different types of disabilities, which was one of the demands of the disability community.<sup>19</sup> All private visits to the hospitalized patients have been prohibited; the same applied to the social welfare homes (pl. DPS), residential medical care facilities (pl. ZOL or ZPO) since 10 March 2020 (see section 7).

COVID-19 testing is organized mainly at testing points, yet for persons who cannot leave the house, GPs may arrange for a test to be done at home. The doctor must contact the Provincial Sanitary and Epidemiological Station, and the station issues a test order in the electronic health care system and sends a "swab" ambulance to the patient. The station notifies the physician of the result, who notifies the patient. Information about the test result is visible to the patient via the internet on their personalized patient account.<sup>20</sup> Disability status was not considered as a priority criterion for testing.

The Ministry of Health Autumn 2020 Strategy of Fighting Against COVID-19 (2.0) (only 6 pages long) mentions disability only in the context of prevention. It exempts from the obligation to cover mouth and nose people who cannot do it due to, e.g., intellectual disability or difficulties in covering/uncovering mouth or nose on their own.

With regards to priority treatment, the next Strategy of Fighting Against COVID-19 (3.0) published on 3 November 2020 prioritised certain groups of persons with disability as indicated among testing aims priority for protecting those at risk, which may be most severely affected - the elderly, immunocompromised, and those in 24-hour care. Moreover, it included algorithms for testing before admitting to long-term care facilities and social welfare homes.<sup>21</sup> The strategy also aims to increase access to isolation rooms for people with confirmed COVID-19, who have persons over 65 years old among their household members.

#### 4.2 Access to hospital treatment for COVID-19

No information on the number of people with disabilities who, because of COVID-19 symptoms, have been hospitalised and admitted to intensive care units disaggregated by disability status is available, only with coexisting health conditions.

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<sup>18</sup> Ministry of Health (2020), Organization of triage in infectious and non-infectious hospitals <https://www.gov.pl/web/zdrowie/organizacja-triage-w-szpitalach-zakaznych-i-niezakaznych>, <https://www.gov.pl/web/zdrowie/wytyczne-dla-poszczegolnych-zakresow-i-rodzajow-swadczen>.

<sup>19</sup> RPO (2020), Dostępność usług opieki zdrowotnej dla osób z niepełnosprawnościami, [https://www.rpo.gov.pl/sites/default/files/Dostepnosc\\_uslug\\_opieki\\_zdrowotnej\\_dla\\_OzN.pdf](https://www.rpo.gov.pl/sites/default/files/Dostepnosc_uslug_opieki_zdrowotnej_dla_OzN.pdf).

<sup>20</sup> Ministry of Health (2020), Rules for ordering coronavirus tests, <https://www.gov.pl/web/koronawirus/zasady-zleciania-testow-na-koronawirusa>.

<sup>21</sup> Ministry of Health (2020), COVID-19 pandemic response strategy <https://www.gov.pl/web/zdrowie/strategia-walki-z-pandemia-covid19>.

Although the Ombudsman<sup>22</sup> on 16 November 2020 – during the peak of the second wave of the pandemic - pointed out the main problems with hospital care for COVID-19 patients (i.e., lack of vacancies in COVID-19 hospitals, insufficient number of ventilators, shortage of professional staff on intensive care units and shortages in personal protection equipment) there was no information about special policies on triaging, and no information disaggregated by disability status. The media extensively reported on long waiting times for emergency, and refusing to admit ambulance patients to hospitals, resulting in hours spent traveling between hospitals. Further analysis of non-explicit measures that tackled strongly persons with disabilities, or of unforeseen consequences of limiting access to hospital is needed to understand fully the impact and assess its disproportionality.

### 4.3 Treatment for COVID-19 in congregate settings

According to the Ministry of Family and Social Policy, as of 1 October 2020, COVID-19 contractions have been identified among residents of 48 social welfare homes (pl. DPS) (5.8 %) out of all 824 DPS. 890 persons out of approx. 80 000 living in DPS were infected and 339 out of 58 000 employees.<sup>23</sup> It is vital to highlight that the average number of persons living in institutions remains more than 100 persons.<sup>24</sup>

According to the Independent Living Foundation statistics, as of 1 October 2020, the number of infected persons in the DP was 890, and including other long-term care facilities, reached 939. COVID-19 related deaths in DPS amounted to 204 and to 303, including other private care facilities. Approximately 1 % of DPS pensioners died due to COVID-19. As of October 2020, almost one in ten persons dying from COVID-19, in Poland, lived in DPS. The risk of being infected as a DPS pensioner was 2 060 % higher, and the risk of dying was 3 814 % higher than in the general population. The long-term care facilities were not a priority in testing nor in providing personal protection equipment. The Polish Federation of Social Workers and Social Assistance appealed to the Ministry due to the discrepancy of information from the Ministry and from independent media monitoring,<sup>25</sup> especially as the governmental data was only announced in October.

It is essential to highlight that the DPS is only one form of institutionalized care, others, called residential medical care facilities (pl. ZPO or ZOL), often serve actually very similar role. Moreover, there are illegal long-term care homes that, according to the Supreme Audit Office, amount to 200. Deinstitutionalization is in critical stagnation - to use the term from the CRPD Committee Concluding Observations for Poland issued in 2018.<sup>26</sup>

Since April 2020, numerous media outlets have reported on the extremely difficult situation in DPS. These institutions have been struggling with rapidly increasing

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<sup>22</sup> RPO (2020), Coronavirus. The Ombudsman points out to the Ministry of Health the most important problems of the health care system to be solved <https://www.rpo.gov.pl/pl/content/koronawirus-rpo-najwazniejsze-problemy-systemu-ochrony-zdrowia>.

<sup>23</sup> Coronavirus in social welfare homes <https://www.polsatnews.pl/wiadomosc/2020-10-06/koronawirus-w-dps-ach-podano-liczbe-zgonow/>.

<sup>24</sup> ANED (2019), Independent Living and being included in community. Report on Poland. <https://www.disability-europe.net/country/poland>.

<sup>25</sup> COVID-19 Facts and Myths of Government Statistics in DPS <http://federacja-socjalnych.pl/index.php/838-covid-19-fakty-i-mity-rzadowych-statystyk-w-s-dps>.

<sup>26</sup> ANED (2019), Independent living and being included in community. Report for Poland.

infection rates among residents and staff. They did not receive adequate and timely protective equipment or operating procedures on time.<sup>27</sup> The problems involved mass infections of residents and staff (in some cases - positive tests of the entire staff), shortage of staff, including medical and nursing staff, insufficient personal protective equipment, inability to leave the workplace, prolonged waiting time for tests and their results for employees etc. In some cases, the military and volunteers were directed to help. Many institutions reported not having enough staff and therefore capacity to continue to provide medical care and assistance to the residents under quarantine. There was a case of almost all staff leaving the institution after a majority of residents were infected. Personnel were often left without proper instructions, working 24 hours a day. In some nursing homes subjected to quarantine, the residents were evacuated to the hospitals. As the spread of the virus in the nursing homes was also linked to the fact that the medical staff usually worked in several health facilities (including hospitals), the Ministry of Health recommended limiting the employment of the medical staff to only one facility,<sup>28</sup> which led to a significant decrease in medical staff remuneration.

Since the beginning of the pandemic, the media, the Ombudsman (pl. RPO), with the participation of a representative of the National Torture Prevention Mechanism, have highlighted the problems of DPS.<sup>29</sup> Also, civil society organizations demanded more protection of more than 100 000 pensioners. In March 2020, the RPO has insisted on issuing special recommendations for DPS functioning under COVID-19,<sup>30</sup> which eventually were issued in April. On 30 March 2020, the Polish Federation of Social Workers and Social Assistance appealed to the Ministry to take urgent actions to conduct tests among DPS employees quickly, provide psychological assistance to employees, increase salaries and, unconditionally, provide sufficient protective equipment. This appeal was renewed in mid-April, and at the end of April, social workers came forward with an open petition with a repeated set of demands.<sup>31</sup> In mid-May, the Federation commented on governmental data regarding personal protective equipment in DPS. Taking into account the number of people working in the DPS (over 53 000), it turned out that by the end of April 2020, there were only 0.21 litres of disinfectant liquid, around 15 masks, 26 gloves, and one visor per person employed.<sup>32</sup>

Social workers' opinion survey in the pandemic (over 91 % female responses)<sup>33</sup> held during April – June 2020 has revealed that: over 34 % of employees did not receive explicit instruction on how to work while working remotely; over 28 % of employees did not receive support in their work from their supervisors; over 58 % of workers said that bureaucracy increased even more during the outbreak; over 55 % could not rely on

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<sup>27</sup> Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie (op.cit).

<sup>28</sup> FRA (2020), Coronavirus COVID-19 outbreak in the EU. (op. cit).

<sup>29</sup> RPO (2020), Social welfare homes and residential care facilities  
[https://www.rpo.gov.pl/pl/raport\\_1/1077](https://www.rpo.gov.pl/pl/raport_1/1077).

<sup>30</sup> RPO (2020), Coronavirus. The General Sanitary Inspector should prepare recommendations for places of detention <https://www.rpo.gov.pl/pl/content/rpo-gis-powinien-wydac-zalecenia-dla-miejsc-zatrzyman-ws-koronawirusa>.

<sup>31</sup> [COVID-19] Ministry responds and we submit further comments <http://federacja-socjalnych.pl/index.php/836-covid-19-ministerstwo-reaguje-a-my-skladamy-kolejne-uwagi>.

<sup>32</sup> Big numbers - little help or about security measures for DPS <http://federacja-socjalnych.pl/index.php/851-duze-liczby-mala-pomoc-czyli-o-srodkach-ochrony-w-dps>.

<sup>33</sup> <http://federacja-socjalnych.pl/index.php/908-tylko-u-nas-praca-zdalna-wyzwaniem-dla-pracownikow-ops>.

cooperation with other institutions; and over 62 % of workers believed that the 'corona crisis' negatively affected the clients.

The problems in the institutions are exacerbated by the fact that, depending on the type of institution, they are under the authority of different ministries (Ministry of Family and Social Policy or Ministry of Health), and the inter-ministerial coordination is insufficient. Finally, the lack of a single coherent policy on testing in congregated settings caused difficulties.<sup>34</sup>

#### 4.4 Public health promotion and testing during the pandemic

In general, there is no evidence that public health information, including communication on testing, restrictions, and vaccines, has been fully accessible to disabled adults and children. This concerns especially Sign Language interpretation, subtitles, and easy-to-read communication. Easy-to-read information was only provided by the national DPO.<sup>35</sup> The communication obstacles for the elderly and disabled populations were reported by the Plenipotentiary for Patients' Rights.<sup>36</sup> According to the analysis by Kocejko the rapidly changing situation has not been well communicated to diverse persons with disabilities, contributing to misinformation and chaos,<sup>37</sup> including forms of support, especially as higher levels of digital exclusion and lower levels of access to IT are reported among the population of persons with disabilities.

A 24/7 hotline for Deaf persons (skype, online translator application) was launched only on 1 April 2020<sup>38</sup> due to strong advocacy from the Deaf community, especially the Polish Deaf Association.<sup>39</sup> On 18 March 2020, the Deaf Youth Academy Foundation and dozens of other community organizations issued an open letter<sup>40</sup> to the government demanding that information during the pandemic is available and accessible, including captioning videos on social media, and sign language translation of conferences from the Ministry of Health. The RPO drew attention to insufficient information about the pandemic situation, actions and recommendations of public authorities (no standards of interpreting in sign language, the interpreter in TV is too small or obscured, lack of subtitles), and the unpreparedness of public services to communicate with Deaf persons.<sup>41</sup> The RPO also pointed out that there is no regulation concerning the way in which Deaf persons are supposed to use health care services

<sup>34</sup> RPO (2020), Coronavirus. What does testing look like in practice <https://www.rpo.gov.pl/pl/content/koronawirus-testy-w-praktyce-dps-czernichow-wojewoda-slaski-do-rpo>.

<sup>35</sup> Polish Association for Persons with Intellectual Disability (2020), Information about coronavirus - easy to read and understand text, <https://psoni.org.pl/informacje-o-koronawirusie-tekst-latwy-do-czytania-i-zrozumienia-2/>.

<sup>36</sup> Plenipotentiary of Patients' Rights (2020), Problems of patients during Covid-19 epidemics, <https://www.gov.pl/web/rpp/raporty>.

<sup>37</sup> Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie (op.cit).

<sup>38</sup> Government Portal (2020), Coronavirus hotline for the deaf - a collaborative effort for accessibility <https://www.gov.pl/web/koronawirus/infolinia-w-sprawie-koronawirusa-dla-osob-gluchych--efekt-wspolpracy-dla-dostepnosci>.

<sup>39</sup> National Health Fund' hotline on coronavirus not for deaf people. Polish Association of the Deaf protests, <http://www.niepelnosprawni.pl/ledge/x/938774>.

<sup>40</sup> Open Letter to the Government, <https://fundamg.pl/2020/03/18/list-otwarty-do-rzadu/>.

<sup>41</sup> RPO (2020), Coronavirus. Situation of deaf people during the epidemic, <https://www.rpo.gov.pl/pl/content/koronawirus-sytuacja-osob-gluchych-stanowisko-rpo-i-komisji-ekspertow>; Coronavirus. Improve accessibility of government messages for the deaf, <https://www.rpo.gov.pl/pl/content/koronawirus-rpo-poprawic-dostepnosc-komunikatow-dla-nieslyszacych>.

of general practitioners in the situation of limited possibilities for personal visits and recommended consultations in the form of telephone conversations.<sup>42</sup>

#### 4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

The coronavirus outbreak resulted in significant changes in health care usage for the general population, according to a nationwide survey<sup>43</sup> on a representative sample (n=1 339). Compared to 2018, in July 2020, a significant increase in the number of those not getting treated or examined at all (from 12 % to 30 %) was observed, paired with a 20 % decrease in the percentage of respondents who visited a GP and a 13 % decrease in usage of specialist health care. It would be important to have the data disaggregated by disability, yet it might be assumed that the impact is even stronger. The Patient Ombudsman report related to the COVID-19 outbreak based on patient submissions reveals an increase of almost 60 % in requests from individual patients reporting to the Ombudsman. The key problems included: access to constrained primary healthcare and outpatient specialist care services (cancellation of appointments, lack of new appointments), and limited access to diagnostics and rehabilitation.<sup>44</sup> Among patients with chronic illness, 75 % reported a need to regain access to specialist health care visits.<sup>45</sup> The report 'Seniors Health in a Time of Pandemic' (n= 1 118, individuals 60+), reveals that: 31% of respondents interrupted current treatment, 67 % reported problems with access to medical care, 46 % felt lonely due to COVID restrictions, and 61 % perceived the access to a specialist as their biggest health concern.<sup>46</sup>

According to the Ombudsman<sup>47</sup> there are numerous problems for patients with other diseases in accessing health services. Care is not fully provided for those with emergencies, cardiac problems, hypertension, dental problems, as well as those with chronic illnesses and oncological conditions, and those requiring immediate rehabilitation, as after a car accident. Many outpatient clinics cancel scheduled appointments and control visits, diagnostic examinations for pregnant women such as ultrasound are often cancelled, many gynaecological surgeries are closed, childbirth school classes are cancelled, there is a lack of community midwife care, and some cardiac surgeries are cancelled and postponed without setting new dates. Patients do not have clear information on where they can receive health services. Seniors experience limited access to health services due to difficulties in contacting health care facilities or inadequacy of communication means. Multiple sclerosis (MS) patients

<sup>42</sup> RPO (2020), Coronavirus. How is a deaf person supposed to use a teleprompter with a doctor?, <https://www.rpo.gov.pl/pl/content/koronawirus-glusi-teleporady-FAQ>.

<sup>43</sup> CBOS (2020), The Use of benefits and health insurance, [https://cbos.pl/SPISKOM.POL/2020/K\\_098\\_20.PDF](https://cbos.pl/SPISKOM.POL/2020/K_098_20.PDF).

<sup>44</sup> Plenipotentiary of Patients' Rights (2020), Problems of patients during Covid-19 epidemics, <https://www.gov.pl/web/rpp/raporty>.

<sup>45</sup> We the Patients Foundation (2020), Patients in a pandemic - results of a representative survey, <https://mypacjenci.org/pacjenci-w-pandemii/>.

<sup>46</sup> National Institute of the Senior Economy (2020), The Health of Polish seniors during the pandemic, [https://kigs.org.pl/wp-content/uploads/2020/09/20200902\\_Raport\\_Zdrowie-w-pandemii-002.pdf](https://kigs.org.pl/wp-content/uploads/2020/09/20200902_Raport_Zdrowie-w-pandemii-002.pdf); also a small study (n=61) on use of medical and non-medical services by the elderly during the SARS-CoV-2 pandemic, showed that the number of individuals who had a medical visit decreased significantly in the three-month period.

<sup>47</sup> RPO (2020), Coronavirus. The Ombudsman points out to the Ministry of Health the most important problems of the health care system to be solved <https://www.rpo.gov.pl/pl/content/koronawirus-rpo-najwazniejsze-problemy-systemu-ochrony-zdrowia>.

experience limited access to rehabilitation and have problems with receiving medications in the hospital. There is no possibility for parents to stay with their children in paediatric wards, family births are suspended, and there are restrictions in the farewell of a dying (non-COVID) person. Importantly, research by PFRON has revealed that 42.6 % of respondents with disabilities (n=821) indicated having problems in supplying themselves with medicines.<sup>48</sup>

It is essential to highlight the impact on mental health and mental health care. According to the study by Górski et al. conducted among the patients of a residential medical care facility (n=58) on their mental well-being during the first wave of the pandemic, more patients suffered from depression during isolation than before.<sup>49</sup> In February 2020, when there was no isolation, 87.9 % of the study group did not suffer from depression compared to 72.4 % during the period of full isolation. Moreover, the number of medical and psychological interventions was higher during the period of full isolation compared to prior months. The authors highlight that, after the introduction of full isolation, the scores in the Geriatric Depression Scale (GDS) were significantly higher, which means that the residents were at a higher risk of depression than in the months without isolation. According to the authors:

‘The necessity of social isolation and the sudden disappearance of family relationships contributed to the increased incidence of depression among patients. The highest severity of depression was observed in March, i.e., the first month of isolation, when no measures to maintain family bonds were taken.’<sup>50</sup>

Moreover, at the end of 2019, the Supreme Audit Office (pl. NIK) control had highlighted that – just before the outbreak of the pandemic - the largest number of people were waiting for services at mental health clinics (38 857) and child mental health clinics (10 987). In comparison to the previous year, the numbers of people and youth waiting for 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.<sup>51</sup> These preconditions paired with the general impact of the pandemic on mental health<sup>52</sup> indicate that youth with psychosocial disabilities are deeply impacted.

It is estimated that an additional 0.5 million people will use psychiatric care due to the effects of the pandemic (estimations of prof. Janusz Heitzman, vice president of the Polish Psychiatric Association, during a meeting of the Senate Health Committee).

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<sup>48</sup> PFRON (2020), Problems of persons with disabilities on supplying first need articles in time of the pandemic, [https://www.pfron.org.pl/fileadmin/News/centralne/2020/2020-05-28\\_Raport\\_zakupy/Raport16.05.2020\\_OSTATECZNY\\_2.pdf?utm\\_campaign=pfron&utm\\_source=df&utm\\_medium=download](https://www.pfron.org.pl/fileadmin/News/centralne/2020/2020-05-28_Raport_zakupy/Raport16.05.2020_OSTATECZNY_2.pdf?utm_campaign=pfron&utm_source=df&utm_medium=download).

<sup>49</sup> Górski M., Garbicz J., Buczkowska M., Marsik G., Grajek M., Całyniuk B., Polaniak R. (2020) Depressive disorders among long-term care residents in the face of isolation due to COVID-19 pandemic, [http://www.psychiatriapolska.pl/uploads/onlinefirst/ENGverGorski\\_PsychiatrPolOnlineFirstNr202.pdf](http://www.psychiatriapolska.pl/uploads/onlinefirst/ENGverGorski_PsychiatrPolOnlineFirstNr202.pdf).

<sup>50</sup> Górski M., Garbicz J., Buczkowska M., Marsik G., Grajek M., Całyniuk B., Polaniak R. (2020).

<sup>51</sup> NIK (2020), Implementation of tasks of the National Health Fund in 2019, [https://www.nik.gov.pl/plik/id,23319,v,artykul\\_22225.pdf](https://www.nik.gov.pl/plik/id,23319,v,artykul_22225.pdf).

<sup>52</sup> 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](https://psychiatria.org.pl/news,tekst,388,apel_polskiego_towarzystwa_psychiatrycznego_i_konsultanta_krajowego_w_dziedzinie_psychiatrii).

However, Polish psychiatry is heavily understaffed and underfunded. There are only 4 300 psychiatrists and 455 youth psychiatrists working in Poland and the gap in the number of these professionals to the number required is calculated to be at least 300. According to National Health Fund data, in 2018 the number of registered minor patients was approximately 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 the 6-8 % average in Western European countries.<sup>53</sup> The uneven distribution of units across the country hinders equal access to psychiatric care services.

The crisis in psychiatric care for youth has been growing since before the pandemic, yet the pandemic had a further impact on access to services. Although reform (however already criticized) is being implemented (see the EDE report on Poland 2020), its beginning came at the time of the pandemic, when community work was essentially impossible. The Ombudsman has highlighted a dramatic situation, including the closure of child and adolescent psychiatric units and patients being discharged home, that hindered their safety:

‘The specificity of these wards cannot be ignored, as it is important not only to provide medical services but also to establish a bond with the patient and encourage them to cooperate with the therapist. An unexpected change of ward or discharge to home during the course of therapy will cause the therapeutic results achieved to be lost.’<sup>54</sup>

The Ombudsman for Children has recently raised similar concerns in relation to the prevalence of violence and has urged the Ministry of Family and Social Policy and the Ministry of Health to take immediate action.<sup>55</sup> In his official address in November 2020, he mentioned that 16 % of Polish teenagers aged 11-17 injured themselves and 7 % of those aged 13-17 experienced a suicide attempt. Many of these cases were caused by violence from a close adult or by peer violence, which puts at risk especially LGBTQ youth and teenagers from low-income families.<sup>56</sup>

#### 4.6 Vaccination programmes

The National Vaccination Programme (NVP) foresees 4 stages of vaccination of persons who register for it. After Stage 0 (employees of the health care system, social workers, and employees of social welfare homes (pl. DPS)), Stage 1 (de facto Stage 2) includes people over 60 years of age (in order from the oldest to the youngest, with priority of economically active and with coexisting diseases), residents of DPS and residential medical care facilities (pl. ZOL, ZPO) and other places of permanent residence (e.g. palliative care, hospice). A Stage 1b priority for persons with chronic

<sup>53</sup> Health In Numbers: Psychiatric Care In Poland After The Pandemic, <https://www.politykazdrowotna.com/61496,zdrowie-w-liczbach-opieka-psychiatryczna-w-polsce-po-pandemii>.

<sup>54</sup> RPO (2020), Coronavirus. Dramatic state of child psychiatry gets even worse, <https://www.rpo.gov.pl/pl/content/rpo-zly-stan-psychiatrii-dzieciecej-jeszcze-sie-pogarsza>.

<sup>55</sup> Ombudsman for Children (2020), Urgent action needed on child psychiatry and psychology, <https://brpd.gov.pl/2020/11/26/potrzebne-sa-pilne-dzialania-w-sprawie-psychiatrii-i-psychologii-dzieciecej/>.

<sup>56</sup> Ombudsman for Children (2020), Official Address nr ZSS.422.8.2020, <https://brpd.gov.pl/wp-content/uploads/2020/11/wyst%C4%85pienie-do-Minister-Rodziny-i-Polityki-Spo%C5%82ecznej-ws.-psychiatrii-dzieci%C4%99cej.pdf>.

illness has been introduced, yet only four conditions have been counted as eligible: transplantation, oncology, dialysis and mechanical ventilation.

However, the majority of persons with disabilities have not been included as a priority group. The updated data on vaccinations disaggregated by age, yet not by disability status, is available.<sup>57</sup>

There have been petitions from the disability communities to include persons with disabilities and their carers among prioritised groups.<sup>58</sup> The Ombudsman emphasised that people with disabilities (e.g. after cardiorespiratory diseases, people with multiple disabilities and diseases causing significant immunodeficiency, as well as people who, because of cognitive difficulties, have a reduced ability to take care of hygiene and preventive health care) are at increased risk of infection and its consequences. Also, the Ombudsman highlighted that if the sole carer is infected, this can present difficulties in providing care for a person with a disability. Thus, they should be eligible to do priority vaccine treatment.<sup>59</sup> However, the Ombudsman appeals did not lead to any modifications of the NVP.

Still, it has been provided that transport for the vaccines will be organised for persons with disabilities and the elderly.<sup>60</sup> The NVP provides mobile vaccination points – vaccinations are carried to the patient's place of residence or stay. Alternatively, transportation from the patient's home to the vaccination centre is arranged by the municipality. Transportation is available for persons with a current disability certificate (of significant degree with code R or N) or group I with the above-mentioned conditions, and for persons of 70 years of age who have objective and insurmountable difficulties in reaching the nearest vaccination centre on their own.<sup>61</sup> However, the disability community is already alarmed about the problems with transport and vaccinations - the demand for home vaccinations exceeds the capacity of existing outreach.<sup>62</sup>

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<sup>57</sup> Government Portal (2020), COVID-19 vaccination report, <https://www.gov.pl/web/szczepimysie/raport-szczepien-przeciwko-covid-19>.

<sup>58</sup> Petycje Online (2021), <https://www.petycjeonline.com/szczepienie>.

<sup>59</sup> RPO (2020), Official Address nr V.7018.1033.2020.ER, [https://www.rpo.gov.pl/sites/default/files/RPO\\_do\\_MZ\\_30.12.2020.pdf](https://www.rpo.gov.pl/sites/default/files/RPO_do_MZ_30.12.2020.pdf).

<sup>60</sup> Municipalities will bring only the disabled and dependent to vaccinations, <https://www.politykazdrowotna.com/69240,gminy-dowioza-na-szczepienia-tylko-niepelnosprawnych-i-niesamodzielnych>.

<sup>61</sup> Government Portal (2020), National COVID-19 Vaccination Programme, <https://www.gov.pl/web/szczepimysie/narodowy-program-szczepien-przeciw-covid-19>; <https://www.gov.pl/web/szczepimysie/pytania-i-odpowiedzi>.

<sup>62</sup> <http://www.niepelnosprawni.pl/ledge/x/1523433>.

## 5 Income and access to food and essential items

### Article 28 – Adequate standard of living and social protection

#### 5.1 Emergency measures

There were two additional allowances introduced on 26 March 2020. 1) carer's allowance for parents of children under 18 - parents or guardians of children who have a certificate of disability or a certificate may apply for a supplementary care allowance. The allowance is granted to the insured caregiver who is no longer working due to the necessity of providing personal care in case of closing the institution which the child attends, i.e., a day nursery, kindergarten or school. Moreover. 2) an allowance for carers of adults with disabilities was introduced in case of closure of day care centres (occupational therapy workshops, community self-help homes or other institutions).<sup>63</sup> However, if the carer has not previously worked, the allowance is not provided.<sup>64</sup>

With regard to disability certification, the validity of disability assessments issued by district and provincial assessment boards has been extended. This means that the allowances provided on the basis of certification remain unchanged. Assessments remain valid until the expiration of the 60th day after the date of cancellation of the state of epidemic emergency or state of epidemic emergency, but no longer than the date of issuance of a new disability certificate.<sup>65</sup> Moreover, assessment boards can now make disability assessments without direct examination, based on the documentation that is attached to the application. It will not be necessary to provide a doctor's certificate confirming an inability to appear in person due to a long-term, irreversible illness. A certificate authorizing the evaluation of disability for teams, which expires, will remain valid until the 90th day after the state of emergency or epidemic is lifted.<sup>66</sup>

In a situation where an elderly, single or disabled person, or a family, is unable to provide themselves with a hot meal or food, the municipality will provide such assistance. Meals and food products will be delivered by persons designated in a given municipality, in cooperation with NGOs and volunteers.<sup>67</sup> The social work/welfare centres (pl. OPS) should cooperate with the local voluntary fire brigades, municipality

<sup>63</sup> Plenipotentiary for Disabled Persons (2020), 10 facts about supporting people with disabilities during the epidemic, <http://niepelnosprawni.gov.pl/art,1002,10-faktow-o-wsparciu-osob-niepelnosprawnych-podczas-epidemii>.

<sup>64</sup> RPO (2020), Coronavirus. Is there additional help for caregivers of children with disabilities and adults with disabilities who now need to be cared for at home?, <https://www.rpo.gov.pl/pl/content/koronawirus-pomoc-dla-opiekunow-osob-z-niepelnosprawnoscia-faq>.

<sup>65</sup> Plenipotentiary for Disabled Persons (2020), Renewal of disability certificates and degree of disability..., <http://niepelnosprawni.gov.pl/a,11118,przedluzenie-waznosci-orzeczen-o-niepelnosprawnosci-i-stopniu-niepelnosprawnosci-wydawanych-przez-powiatowe-i-wojewodzkie-zespoly-do-spraw-orzekania-o-niepelnosprawnosci-i-stopniu-niepelnosprawnosci>.

<sup>66</sup> Government Portal (2020), Coronavirus: information and recommendations, <https://www.gov.pl/web/koronawirus/orzeczenia-o-niepelnosprawnosci-bez-osobistego-stawiennictwa>.

<sup>67</sup> Coronavirus. Who will help you for free in your city? <http://www.niepelnosprawni.pl/ledge/x/943658;sessionId=FD241B59DA1C78FC122D308F9E45706DKoronawirus>.

guards, the police, and the territorial defence army in order to provide food to those in need.<sup>68</sup>

According to government recommendations, the OPS should focus on helping elderly, single, and disabled persons - especially those in need of support due to the quarantine. During the quarantine police officers as well as social workers are obliged to check if a person stays at home, and if this is an elderly, single or disabled person, they should gather such information and share with OPS. All other citizens who know about people in quarantine in need of help were encouraged to contact OPS which contacts the person by phone and provides support.<sup>69</sup>

In October 2020, the Solidarity Corps for Senior Support has been organized by the government. It is volunteer-based and provides free assistance with shopping and delivery, picking up medications, walking the dog, help with errands etc. The initiative also includes a special hotline for seniors (aged 70+ or “not independent”), and aims at improving the coordination of NGO, OPS and volunteers who support elderly people.<sup>70</sup> Senior hours for shops have been established (10 am – 12 am, Monday to Friday).

## 5.2 Impact of the COVID-19 crisis

There has been no representative data on poverty risk and the impact of COVID-19 on people with disabilities. However, it must be highlighted that persons with disabilities are among the groups at greatest risk of poverty in Poland. The highest risk involves persons with severe disabilities whose risk of poverty is twice as high (33.5 %) as of the non-disabled population (16.6 %). During the pandemic, we can observe job loss among people with disabilities (see section 13), as well as among the general population (including caregivers and persons sharing the same households with persons with disabilities).

Access to food and income rely still on access to information and social capital, thus, as many persons with disabilities live in isolation, they are at higher risk of being disproportionately affected. Some institutions or organizations have ceased or reorganized their scope of work, not always making communication about the changes accessible. Research of the National Disabled Persons' Rehabilitation Fund (PFRON) on the supply of essentials to persons with disabilities during the pandemic conducted in April-May 2020 (n=821) showed that 80 % of the surveyed persons with disabilities were able to procure necessities, with no significant differences between urban and rural residents in this regard. However, there are differences in how people manage shopping: in cities, remote shopping is more popular, in the countryside - family and neighbours' help is essential. Nevertheless, the conclusions are based on information obtained from people with access to the Internet. 20 % of the respondents stated that during pandemic they could not buy all essentials. In this group, people who live alone most often have problems with supplies. One in five persons with disabilities

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<sup>68</sup> Ministry of Family and Social Policy (2020), Assisting people in quarantine, <https://www.gov.pl/web/rodzina/pomoc-osobom-w-kwarantannie2>.

<sup>69</sup> Ministry of Family and Social Policy (2020), Assisting people in quarantine.

<sup>70</sup> Government Portal (2020), The entire country in the red zone, more safety rules and the Solidarity Corps for Senior Support, <https://www.gov.pl/web/koronawirus/cala-polska-w-czerwonej-strefie-kolejne-zasady-bezpieczenstwa-oraz-solidarnosciowy-korpus-wsparcia-seniorow>.

participating in the survey stated that it is not possible to order groceries for home delivery at their place of residence, while 15 % have no knowledge of home delivery.<sup>71</sup>

According to study only 0.6 % of respondents (n=821) have used support from municipality social work/welfare centres in essentials supply delivery, compared to 7.8 % supported by neighbours, and 1.7 % by an NGO. The survey showed that the biggest problem for disabled people was to get medicines (42.6 % of respondents), fresh fruit and vegetables (36.7 %), personal hygiene products (28.4 %), and fresh food such as bread and dairy products (23.7 % of respondents).

Only 65 % of respondents said that in their place of residence they can do shopping for basic needs with home delivery. Substantial discrepancies occur across voivodships. Shopping for necessities with home delivery is possible only in a little more than half of the surveyed municipalities. According to NGOs these problems are mainly the lack of support from a third-party in providing basic needs, insufficient computer skills and too high prices of goods ordered with home delivery.

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<sup>71</sup> PFRON (2020), Problems of persons with disabilities on supplying first need articles in time of the pandemic.

## 6 Access to transportation and the public spaces

### Article 9 – Accessibility

#### 6.1 Emergency measures

During different periods of 2020, the government regulations involved commuting restrictions – only two persons could walk together, however at a distance no shorter than 2 meters. Nevertheless, disability-sensitive measures have been explicitly communicated, that this did not apply to persons with disabilities. Later, after the restrictions were loosened and cinemas and theatres had been again open to the public, the limits and distance measures did not apply to a person ‘accompanying a disabled person, or a person who cannot move independently.’<sup>72</sup>

The duty of covering the nose and mouth applied also to all passengers of public transport, as well as to persons travelling in private cars who did not live in the same household. Again, disability measures have been applied and the latest regulation from August 2020, which states that persons who cannot cover their mouth or nose due to: ‘holistic developmental disorders, mental disorders, intellectual disability of moderate, severe or profound degree’ or ‘difficulty in independent covering or uncovering of mouth or nose’ are exempt.<sup>73</sup> Moreover, uncovering of the mouth and nose is possible in order to enable communication with a person experiencing permanent or periodic communication difficulties. Persons with asthma diagnosis were not subjected to exemptions. Elderly persons were regularly advised to desist from leaving home.

Importantly, if the public realm is to be understood broadly, the COVID-19 Emergency Support Programme for Non-Governmental Organizations does not prioritise, nor reference explicitly disability, and no specific support for NGOs of disabled or elderly people has been provided.<sup>74</sup>

#### 6.2 Impact of the COVID-19 crisis

The COVID-19 crisis has had an impact on transportation and the public realm for persons with disabilities, limiting the possibilities of accessible and safe transportation. With limitations to 50 % of seats, people with disabilities and their caregivers may find it challenging to get the bus or tram. Also due to epidemiological risks co-passengers might be less willing to support a person in getting on or off the vehicle. In a study among local governmental units (n=101) conducted in April and May 2020, only 10 % surveyed units and 4.4 % of surveyed communities have launched additional transportation services. Both communities and NGO representatives surveyed admitted that transport availability remained an obstacle for disabled citizens and their caregivers or assistants.

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<sup>72</sup> Duszyński J., Afelt A., Ochab-Marcinek A., Owczuk R., Pyrc K., Rosińska M., Rychard A., Smiatacz T. (2020), Zrozumieć COVID-19. Opracowanie zespołu ds. Covid-19 przy Prezesie Polskiej Akademii Nauk (op. cit.).

<sup>73</sup> Regulation of the Council of Ministers of November 26, 2020 on the establishment of certain restrictions, orders and prohibitions in connection with the occurrence of an epidemic (2020), Journal of Laws 2020, item 2091  
<https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20200002091>.

<sup>74</sup> The COVID-19 Emergency Support Programme for Non-Governmental Organizations,  
<https://niw.gov.pl/wp-content/uploads/2020/05/Program.pdf>.

Importantly transportation for testing is also problematic, despite the measures described in section 4. The test sites are called in English 'drive-thru' test sites, which is an additional discouragement for elder and persons with disabilities among whom a significant part does not speak English. For them the journey to test sites that are not always located close to their residence is already an organizational obstacle, especially as tests can only be performed at designated times.

## 7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

### 7.1 Emergency measures

The Helsinki Foundation for Human Rights (HFHR) reports that: ‘the epidemic threat primarily affected people in places of confinement. (...) Residents of social welfare homes and other care institutions suffered the most. The prophylactic measures introduced resulted in long-term deprivation of residents of physical contact with their relatives.’<sup>75</sup> Since March 10, 2020, visits to hospitalized patients have been prohibited, the same applied to the social welfare homes (DPS) and residential medical care facilities (ZOL). The National Mechanism for the Prevention of Torture has asked all provincial governors for information on the gradual easing of the sanitary regime in social welfare homes and private care homes. Due to the intervention on 24 August 2020 the Ombudsman informed that in most of voivodships<sup>76</sup> the restrictions have been loosened, yet due to the worsening of the pandemic situation the Ministry of Family and Social Policy decided to re-introduce the restrictions. The recommendations allow for communication through telephone and audio-visual devices.<sup>77</sup>

With regards to detention centres, on 19 March 2020 the Ministry of Justice introduced total restrictions on visits to all prisons and detention centres. These restrictions affected more than 75 000 people; the issue of disability was not included in them. The use of the Electronic Dispensation System was also increased. These provisions did not explicitly refer to age or disability categories.<sup>78</sup>

The first regulation on the declaration of an epidemic state, effective from 13 March 2020, included clear restrictions on the organization of assemblies, first to 50 people, and from 31 March 2020 the organization of assemblies has been banned completely. In May 2020, the ban was relaxed to 150 people. From 24 October 2020 the limit was again lowered to 5 people - the legal state lasted until the end of 2020. It was common practice for the police to enforce criminal liability for participation in assemblies, issuing fines and applying arrests, as well as imposing financial penalties. The Higher Commissioner for Human Rights publicly referred to police brutality, unjustified use of gas, handcuffs and batons during detentions (especially during women's strikes).<sup>79</sup> These have also affected protesters with disabilities.

<sup>75</sup> HFPC (2020), Pandemic, rule of law crisis, human rights challenges, <https://www.hfhr.pl/wp-content/uploads/2021/02/2020.Pandemia-kryzys-praworzadnosci-wyzwania-dla-praw-czlowieka-01-02.pdf>.

<sup>76</sup> Voivodships are the highest-level regional administration units, corresponding to provinces. Poland is divided into 16 voivodships.

<sup>77</sup> "Why are we still banned from visiting our loved ones?" Ministry of Health answers <https://www.medonet.pl/koronawirus/koronawirus-w-polsce,koronawirus-w-polsce--odwiedziny-w-placowkach-opiekunczych--mz-tlumaczy,artykul,13488628.html>.

<sup>78</sup> Government Portal (2020), Limiting visitation in all prisons, <https://www.gov.pl/web/sprawiedliwosc/ograniczenie-odwiedzin-we-wszystkich-zakladach-karnych>.

<sup>79</sup> <https://www.rpo.gov.pl/sites/default/files/Raport%20KMPT%20z%20wizytacje%20pomieszcze%C5%84%20policyjnych%20po%20demonstracjach%20zwi%C4%85zanych%20z%20wyrokiem%20TK%20-%2011.01.2021.pdf>.

## 7.2 Impact of the COVID-19 crisis

The National Preventive Mechanism Department (NPM) had many doubts about the far-reaching limitations on the rights of residents which occurred in some institutions, e.g., residents were asked not to leave their rooms and visits were forbidden, even though such meetings were allowed by the provincial governors in their guidelines.<sup>80</sup> It is also crucial to highlight that Poland is undergoing a crisis of the rule of law that has significant consequences for citizens' freedoms. According to the Helsinki Human Rights Foundation:

'The deepening decline in human rights protection that occurred in 2020 as a result of the unfolding pandemic and the ongoing crisis of the rule of law, will have a defining impact on the functioning of the human rights protection system in the coming years.'<sup>81</sup>

In this context it is essential to highlight that on 7 August 2020 the police detained an LGBTQ activist, then arrested 48 people participating in a solidarity demonstration and random passers-by. These events constituted the most extensive police action against the LGBTQ community in Poland since 1989. In October 2020, the so-called Constitutional Tribunal passed a judgment declaring abortion on embryo pathological grounds to be unconstitutional, virtually banning abortion in Poland. Street protests began and lasted over a month. One of the organizers of the protests in the town of Mysłibórz was a woman with a physical disability, who was charged by the police with organizing a local women's strike. The police tried to issue a PLN 500 fine. The woman pleaded not guilty, refused to give any explanations and the case went to court.<sup>82</sup>

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<sup>80</sup> RPO (2020), DPS and 24-hour care facilities, [https://www.rpo.gov.pl/pl/raport\\_1/1077](https://www.rpo.gov.pl/pl/raport_1/1077).

<sup>81</sup> HFPC (2020), Pandemic, rule of law crisis, human rights challenges (op. cit.).

<sup>82</sup> RPO (2020), How to improve police behaviour - NPM report from police stations after Women's Strike protests, <https://www.rpo.gov.pl/pl/content/Policja-zatrzymania-demonstracje-strajk-kobiet-raport-KMPT>; Kowalewska J. (2020), "I'm in a wheelchair and I'm screaming." Police want to punish Mysłibórz resident for organizing protests, [https://www.wysokieobcasy.pl/wysokie-obcasy/7,163229,26755379,jade-na-wozku-i-sie-dre-opowiada-o-swoim-protescie-40-latka.html?token=X6JM3opR1LnU50zexeG0-KpFsKbS8i\\_DQyn7FSJOqBg](https://www.wysokieobcasy.pl/wysokie-obcasy/7,163229,26755379,jade-na-wozku-i-sie-dre-opowiada-o-swoim-protescie-40-latka.html?token=X6JM3opR1LnU50zexeG0-KpFsKbS8i_DQyn7FSJOqBg).

## 8 Violence, exploitation or abuse

### Article 16 – Freedom from violence, exploitation and abuse

#### 8.1 Emergency measures

During the COVID-19 pandemic no legal nor policy measures have been introduced that would address the severe situation of persons experiencing violence, including domestic violence against disabled and elderly persons, especially women, whose position worsened with the compulsory lockdown and lesser possibilities to exit home. Women's rights organizations have appealed to government to include anti-violence policies in the Anti-crisis Shields, yet without success. A similar appeal was made by the Ombudsman, which drew attention to 'taking into account forms of communication accessible to persons with disabilities, in particular deaf and hard of hearing persons' in support services.<sup>83</sup> Despite this fact, during the pandemic, the 'Blue Card'<sup>84</sup> procedure – defining a set of measures implemented by police to deal with complaints of domestic violence including remedial responses and cooperation with non-police entities - was modified: in-person contacts were reduced and recommended to be replaced by telephone contact.

In addition to the lack of measures on preventing violence, in July 2020 the Ministry of Justice made a formal request to the Ministry of Family and Social Policy to work on withdrawing from the Council of Europe Convention on preventing and combating violence against women and domestic violence.<sup>85</sup> In November 2020, the Ministry of the Family reported that the government had not made a decision 'on the withdrawal of the Istanbul Convention by Poland'. However, the Prime Minister asked the Constitutional Tribunal to examine the compliance of the Convention's provisions with the Polish Constitution.<sup>86</sup> This has undermined perceived protection for persons experiencing violence. It is worth noting that Poland does not have legal regulations on hate speech on the basis of disability.

On the positive side, in November 2020 the long-awaited change through the 'Anti-violence Act', adopted in April 2020, came into force. Yet it did not have pandemic-related dimension. The main new provision of the Act was the introduction of an immediate order for the perpetrator of violence to leave the apartment and a restraining order,<sup>87</sup> thus will have a big impact also for persons with disabilities who experience domestic violence.

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<sup>83</sup> RPO (2020), Coronavirus. People experiencing domestic violence have found themselves in life-threatening situations, <https://www.rpo.gov.pl/pl/content/osoby-doswiadczajace-przemocy-domowej-znalazly-sie-w-sytuacji-zagrozenia-zycia>.

<sup>84</sup> EIGE, "Blue Card" police procedure <https://eige.europa.eu/gender-based-violence/methods-and-tools/poland/blue-card-police-procedure>.

<sup>85</sup> Council of Europe Convention on preventing and combating violence against women and domestic violence, <https://rm.coe.int/168008482e>.

<sup>86</sup> Ministry of Justice (2020), Proposal on the denunciation of the Istanbul Convention, <https://www.gov.pl/web/sprawiedliwosc/ministerstwo-sprawiedliwosci-konwencja-stambulska-powinna-zostac-wypowiedziana-poniewaz-jest-sprzeczna-z-prawami-konstytucyjnymi>.

<sup>87</sup> Ministry of Justice (2020), Effective protection of victims - anti-violence act in force, <https://www.gov.pl/web/sprawiedliwosc/skuteczna-ochrona-ofiar---ustawa-antyprzemocowa-obowiazujacym-prawem>.

The Ombudsman, in cooperation with the Centre of Women's Rights, The Blue Line and Feminoteka Foundation, has published short practical guidance 'Personal emergency plan' on how individuals can react and seek support during the pandemic.<sup>88</sup>

## 8.2 Impact of the COVID-19 crisis

The impact of the lack of measures for support to persons experiencing violence during the pandemic has had a strong effect on the exposure to violence and safety of persons with disabilities, especially women and children. This includes limited chances to seek support and exit dangerous situations at home during the lockdown. The NGOs and media<sup>89</sup> have raised the topic of increasing numbers of cases of domestic violence in the conditions of mandatory isolation, school closures and restricted social contacts. However, official police statistics for 2020 indicated a lower number of so called 'Blue Cards' opened - a decrease of 2.3 % in registering domestic violence households compared to 2019. Still, in 2020, the police filled out more than 72 000 blue card forms. The number of them relating to disability is unknown as police statistics do not collect data on disability. The police estimate that in 2020 the number of people affected by domestic violence was about 85 575, 73 % of whom were women (no data on how many had disabilities). This group was predominantly women under the age of 65 (88 %), with older women accounting for 12 % of all women experiencing domestic violence.<sup>90</sup> The lower number in police records might be a consequence of COVID-19 restrictions on data collection.

There is the possibility that the already high attitudes of indifference towards violence will only rise due to enforced isolation. The data on prevalence of violence against persons with disabilities are alarming. According to the study by Korzeniowski and his team<sup>91</sup> in 2015, 43.3 % of the respondents knew of at least one form of violence against people with disabilities outside their own family, while 21 % knew of violence within their own family. Almost every third person surveyed knew a case of physical and economic violence against a person with disabilities, and almost every fifth person knew a case of sexual violence. A large part of respondents (45.9 %) showed indifference to violence - agreeing with the statement that in such situations 'it is better not to interfere'. Among people who knew cases of violence against people with disabilities, as many as 79 % did not react to them. If violence occurred in the family, 69.5 % admitted to not reacting. If we compare the results of the study from 2009 and 2015, we can see that the percentage of people finding circumstances justifying the use of violence has increased from 2.7 to 4.1 %. Also, fewer witnesses of violence inform the services: in 2009 - 2.1 % and in 2015 – 1 %. The attempts to withdraw from the Istanbul Convention clearly do not contribute to more trust in state institutions to report violence.

<sup>88</sup> RPO (2020), Emergency plan - how to seek help when experiencing domestic violence in the pandemic?, <https://www.rpo.gov.pl/pl/content/plan-awaryjny-przemoc-domowa-pomoc-w-epidemii>.

<sup>89</sup> The Epidemic of Violence, <https://www.tygodnikprzeklad.pl/epidemia-przemocy/>.

<sup>90</sup> Police Statistics, <https://statystyka.policja.pl/st/wybrane-statystyki/przemoc-w-rodzynie/137709,Sprawozdania-z-realizacji-procedury-quotNiebieskie-Kartyquot.html>.

<sup>91</sup> Korzeniowski, K., Radkiewicz, P. (2015), Przemoc w rodzinie wobec osób starszych i niepełnosprawnych. *Raport z badania ogólnopolskiego 2015 r. oraz badania porównawczego z lat 2009-2015*, Warszawa: Instytut Psychologii Polskiej Akademii Nauk.

## 9 Independent living

### [Article 19 – Living independently and being included in the community](#)

#### 9.1 Emergency measures

Independent living services in Poland are available only to a very limited extent. One of the main conclusions of the ANED Independent Living Report on Poland was that deinstitutionalisation is in critical stagnation as Poland has not adopted any strategic plan. Persons with disabilities rely mainly on the support of their families of origin or may obtain day-to-day care in institutions. 2019, however, was marked with the introduction of new measures.

In October 2020, the Recommendations for organising the delivery of nursing and long-term care services in relation to the epidemic status and risk of SARS-CoV-2 and COVID-19 infections have been introduced. They include remote services as well as home-visit step by step recommendations and put a strong emphasis on educating the patient and the family.<sup>92</sup> However, public information about both the Personal Assistance programme for 2021 (maximum support is 60 hours monthly per person) nor respite care (14 days per year per person) has not mentioned explicit epidemic management measures.

#### 9.2 Impact of the COVID-19 crisis

The disproportionate impact of the pandemic on residents of social welfare homes (DPS) has been a base for further advocacy of the DPOs to introduce deinstitutionalization and transition to community-based care services measures, as the situation highlights the risks related to massive institutions. The 2020 Disabled People's Congress participant living in a DPS highlighted 'I am confined to the facility. I can't go out to the store, to the doctor. Everything is passing me by.' His biggest need was to live independently, without the control of institution staff, as now his world has shrunk to the size of the building, he lives in. Another participant, a 42-year-old wheelchair user who lives alone, reported that he sleeps sitting in his wheelchair because he has no one to help him lie down.<sup>93</sup> In 2019, Poland spent just 0.4 % of GDP on long-term care, compared to an OECD average of 1.6 %. Even though recently more policies are directed towards the development of community-based care, it is not clear what the exact impact is of the coronavirus crisis on independent living tools.

The respondents to the National Disabled Persons' Rehabilitation Fund (PFRON) study pointed out problems with the purchasing of personal protective equipment (gloves, masks, disinfectants) and household chemicals (18.9 %).

Parents, especially mothers, who are often the primary caregivers, express the fear that due to the lack of community-based support their relatives with disabilities will be left without any help when they contract the virus or will be hospitalised. Family

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<sup>92</sup> Regulation of the Minister of Health of 16 March 2020 amending the Regulation on guaranteed services in the scope of nursing and care services in long-term care (Journal of Laws 2020, item 460).

<sup>93</sup> Congress 2020: Coronavirus reveals truth about the support system, <http://www.niepelnosprawni.pl/ledge/x/1205286;sessionid=61EB5CCE432571EF642E5F3BB1F948A7>.

caregivers are also extremely tired with providing 24-hour care while the day facilities and rehabilitation centres are closed. Especially as some symptoms become more frequent or more severe with the change of everyday life and anxiety. The Plenipotentiary for Patient's Rights reports the need to develop a strategy in cases when the caregiver contracts COVID-19.

Moreover, people with the lowest income are not protected from the consequences of rising costs of care services. The Ombudsman called on the Minister of Family and Social Policy to implement an appropriate protection mechanism, as there are municipalities where the increase in fees for care services for persons receiving, for example, the lowest pensions has reached 200 % to 600 %. And this may have led to resignations from care services and adversely affected the social well-being of the person requiring support. This is not directly related to COVID-19 regulations but general policies on income calculations, yet this affects persons during the pandemic.<sup>94</sup>

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<sup>94</sup> RPO (2021), The cost of caregiving services is rising. Poorer people need to be protected from this, <https://www.rpo.gov.pl/pl/content/wzrastaja-koszty-uslug-opiekunczych-rpo-ochronic-najubozszych>.

## 10 Access to habilitation and rehabilitation

### [Article 26 – Habilitation and rehabilitation](#)

#### 10.1 Emergency measures

Rehabilitation services have been suspended for almost two months<sup>95</sup> from 31 March until 5 May 2020, which had a disproportionate effect on persons with disabilities. In October 2020, new restrictions applied including sanatorium treatments and therapeutic-preventive stays.<sup>96</sup> The Ombudsman reported on inaccessible speech therapy for Deaf children (in-person therapy suspended, without online solutions).<sup>97</sup> The situation was also problematic due to the frequent changes of regulations and procedures, both general and rehabilitation-specific, as well as due to the lack of coherence of these rules between different areas and scopes of rehabilitation. Even for services provided in the same setting (e.g. stationary), there was a lack of uniformity and considerable variation in the restrictions.<sup>98</sup>

The new regulation adopted on 14 January 2021<sup>99</sup> does not introduce changes in the scope of the existing restrictions concerning sanatorium treatment and inpatient rehabilitation. The existing restrictions on the suspension of services remain in force until further notice, taking into account the existing exceptions. However, at the request of the National Chamber of Physiotherapists, the ordinance introduces another exception allowing the continuation of inpatient rehabilitation provided under inpatient conditions, discontinued in the period of declaring an epidemic emergency or a state of epidemic after 23 October 2020. This rehabilitation can be continued with the provider where it was interrupted on the basis of the previous referral for inpatient rehabilitation under the previous conditions or with another provider on the basis of a certificate taking into account the number of procedures. In case discontinuation of medical rehabilitation poses a threat of serious deterioration of the health condition, the patient may continue this rehabilitation also with another provider.

Notably, the financial aid for rehabilitation at home of PLN 500 per month for a disabled person was granted since 9 March 2020 until 16 November 2020. However, it can be received for a period not exceeding three months. Moreover, in each of the months indicated in the application there must be a loss of possibility to receive care in a rehabilitation centre for at least 5 consecutive working days until 30 September 2020.<sup>100</sup> These limitations influence especially persons with high rehabilitation needs, who were left without sufficient or any rehabilitation, or who had to rely on the private

<sup>95</sup> Ordinance of the Council of Ministers of 31 March 2020 on the establishment of certain restrictions, orders and prohibitions in connection with the occurrence of an epidemic <https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20200000566/O/D20200566.pdf>.

<sup>96</sup> Ordinance of the Council of Ministers of 23 October 2020, amending the Ordinance on the establishment of certain restrictions, orders and prohibitions, in connection with the occurrence of an epidemic (Journal of Laws of 2020, item 1871) <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20200001871>.

<sup>97</sup> RPO (2020), Coronavirus. Situation of deaf people during the epidemic (op.cit.).

<sup>98</sup> Mrożek-Gąsiorowska, Magdalena A. (2020), *Świadczenia rehabilitacji medycznej w Polsce w czasie pandemii COVID-19. Zagadnienia regulacyjne i organizacyjne*, *Zdrowie Publiczne i Zarządzanie*, vol 18(2), pp. 165-175, <https://www.ejournals.eu/Zdrowie-Publiczne-i-Zarządzanie/202/Tom-18-zeszyt-2/art/17743/>.

<sup>99</sup> <https://dziennikustaw.gov.pl/D2021000009101.pdf>.

<sup>100</sup> Government Portal (2020), Helping people with disabilities in the age of coronavirus, <https://www.gov.pl/web/koronawirus/pomoc-dla-osob-niepelnospprawnych-w-dobie-koronawirusa>.

sector (only affordable for persons with disabilities of high socio-economic status). It is vital to notice that the Polish Chamber of Physiotherapists have issued Recommendations for physiotherapy of adult patients with COVID-19<sup>101</sup> as well as home rehabilitation<sup>102</sup> that standardise rehabilitation during the pandemic.

## 10.2 Impact of COVID-19 and/or emergency measures adopted

The COVID-19 pandemic restrictions introduced temporary suspensions of both public and private rehabilitation services, which may have led to reduced availability of services and longer waiting times. Estimates show that prior to the pandemic, approximately 2 million people were waiting for inpatient rehabilitation services. According to the analysis conducted by Mrożek-Gąsiorowska, the several-week interruption in the provision of services, and the introduced restrictions (e.g., schedules of procedures to prevent contact between patients in waiting rooms) have resulted in even more significant problems with the availability of services. According to estimates, the waiting time for services may have increased by 50 %, which resulted in a further outflow of patients to the private sector.<sup>103</sup>

Moreover, as reported many patients stopped accessing rehabilitation stays because of the fear of contracting COVID-19. Research also highlights substantial concerns with regards to transport to rehabilitation as well as pre-rehabilitation testing. Referral systems for rehabilitation had been pre-pandemically assessed as too complicated and not easy to navigate, especially for patients, which might lead to future delays in access to rehabilitation after the pandemic ends. Moreover, according to Mrożek-Gąsiorowska, the coronavirus pandemic highlighted the lack of consistency in the regulations for different areas and forms of rehabilitation. It is recommended to improve the coordination and linkages among elements of the system, in order to facilitate delivery of rehabilitation services. However, the Polish Physiotherapy association informs:

'The research conducted in Poland immediately after lockdown, in cooperation with several patient organisations, in which over 300 families took part, showed that limiting physiotherapy in Poland led to worsening of the functional condition of disabled children and increased anxiety and pain in case of most parents. The caregivers evaluated the direct contact with physiotherapists positively and appreciated their good professional preparation, the possibility to conduct a thorough examination of the child and to teach the parents exercises to do at home. Tele physiotherapy was considered by the majority of parents as a valuable addition to the treatment in direct contact.'<sup>104</sup>

Additionally, the data on the situation within the physiotherapist profession exists. The prevalence of COVID-19 infections among physiotherapists amounts to 16 %, thus they are disproportionately affected. This shows that needs for protective measures are significant also because they directly influence the risks for contracting COVID

<sup>101</sup> Polish Chamber of Physiotherapists (2020), Recommendations for physiotherapy of adult patients with COVID-19, <https://kif.info.pl/file/2020/03/Recommendations-for-physiotherapy-of-adult-patients-with-COVID-19.pdf>.

<sup>102</sup> Polish Chamber of Physiotherapists (2020), Recommendations for conducting home physiotherapy in the epidemic, <https://kif.info.pl/rekomendacje-do-prowadzenia-fizjoterapii-domowej-w-stanie-epidemii/>.

<sup>103</sup> Mrożek-Gąsiorowska, Magdalena A. (2020), Świadczenia rehabilitacji op.cit.).

<sup>104</sup> <https://fizjoterapeuci.org/fizjoterapia-jest-lekiem-w-czasie-pandemii/>.

during rehabilitation for patients with disabilities. Moreover, it is proven that physiotherapists working in in-patient rehabilitation wards, social welfare homes, hospitals and schools faced the highest risk of infection, whereas those working in private practices and conducting physiotherapy at home were characterized by the lowest risk.<sup>105</sup>

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<sup>105</sup> Polish Chamber of Physiotherapists (2020), <https://kif.info.pl/mamy-dane-dotyczace-zakazen-koronawirusem-wsrod-fizjoterapeutow/>.

## 11 Access to justice

### [Article 13 - Access to justice](#)

#### 11.1 Emergency measures

On 13 March 2020, the Ministry of Justice issued a recommendation to postpone hearings in proceedings that are not 'urgent in nature' and to halt cases that have not been started. The recommendations of the Ministry of Justice have been included in the 'Anti-Crisis Shield' (31 March 2020). Since May 2020 (Shield 3.0), the running of court cases has been restored, recommending that hearings be held remotely. The scope of administrative matters possible to handle online (EPUAP) has been increased. Since June 2020 (Shield 4.0), the capacity of the courts to conduct online trials, including criminal cases, has increased.<sup>106</sup> None of these solutions at the level of the law referred explicitly to age or disability, but at the level of individual courts the following solutions were introduced: a) elderly persons who were witnesses or parties in a case could agree by telephone whether personal presence in court was necessary, or whether testimony could be given in writing etc.), b) persons with disabilities could come to court with a caregiver or other accompanying person. No evidence was found that additional accessibility of digital spaces measures has been introduced, yet it is crucial to notice that Poland introduced in 2020 the Accessibility Act. Its effectiveness has not yet been evaluated.

#### 11.2 Impact of COVID-19 crisis

There is no empirical research data available about the impact of the COVID-19 crisis on access to justice for people with disabilities. However, it can be assumed that persons with disabilities have been disproportionately impacted due to the lack of full accessibility of digital spaces asserting access to justice<sup>107</sup> as well as changes in the stationary, in-court organization of proceedings. The postponement of court cases has also had an impact on persons who regulate matters related to legal capacity including for example regulation on access to bank accounts of guardians of incapacitated persons.<sup>108</sup> Moreover, due to higher risks of more severe consequences of contracting COVID-19 among at least some groups of persons with disabilities, some of them restrained from presenting to courts. Importantly, reasonable accommodation does not relate in the Polish law system to access to justice, thus could not be used during the pandemic.<sup>109</sup>

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<sup>106</sup> Ministry of Justice (2020), <https://www.gov.pl/web/sprawiedliwosc/komunikat-w-sprawie-organizacji-pracy-sadow>; <https://www.gov.pl/web/sprawiedliwosc/prezydent-podpisal-tarcze-antykryzysowa-z-rozwiazaniami-dla-wymiaru-sprawiedliwosci>.

<sup>107</sup> RPO (2016), Access to justice for people with disabilities. Analysis and recommendations, <https://www.rpo.gov.pl/sites/default/files/Dost%C4%99p%20os%C3%B3b%20z%20niepe%C5%82nosprawno%C5%9Bciami%20do%20wymiaru%20sprawiedliwo%C5%9Bci.pdf>.

<sup>108</sup> Courts don't work, and life doesn't stand still. What to do?, <http://niepelnosprawni.pl/ledge/x/985201>.

<sup>109</sup> RPO (2016), Access to justice for people with disabilities. Analysis and recommendations (op.cit).

## 12 Access to education

### [Article 24 – Education](#)

#### 12.1 Emergency measures

There have been many measures with an explicit disability dimension implemented at different phases of the pandemic. They mainly concerned certain delays or exemptions in suspending the operation of education institutions for some pupils with disabilities.

As of 12 March 2020, classes in kindergartens and schools as well as at universities were suspended. The closure was not in force in Special Schools and Revalidation and Education Centres and Leading Coordination and Rehabilitation and Care Centres. In the official announcement, the Ministry of Education justified this solely on the grounds of ‘the good of children with disabilities’. At the same time, it was up to the parents to decide whether the child would actually participate in the classes. However, classes at the above-mentioned places in the in-person form were suspended on 6 April 2020, and their work shifted to the remote form. As of 4 May 2020, psychological and pedagogical counselling centres started to work in in-person mode, as of 6 May 2020 creches and kindergartens were opened for all. As of 18 May 2020, special schools in medical entities and social welfare units were opened, and as of 25 May 2020 classes in grades I-III of elementary schools were restored. Older pupils did not come to schools until the new school year in September 2020.<sup>110</sup>

As of 24 October 2020, the on-site classes for students of classes IV-VIII of primary schools, and secondary schools and vocational training schools have been suspended. Notably, again exempted were special schools in Youth Education Centres (MOW) and Youth Socio-therapy Centres (MOS), and psychological and pedagogical counselling centres, remedial classes. As for special schools, headmasters decided on the form of education. For students who, due to disability or e.g., home conditions, were not able to learn from home, the headmasters were obliged to organize in-school or remote learning at school (with the use of computers at school).

As of 9 November 2020, stationary classes for students in grades I-III of elementary schools are suspended. This change did not influence special schools. Notably it was announced that:

‘It is possible to conduct remedial classes, remedial-educational classes and early intervention classes for students who have an evaluation on the need for special education, evaluation on the need for remedial-educational classes or an opinion on the need for early intervention in child development at school. These

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<sup>110</sup> Ministry of Education (2020), What do you need to know? Suspension of classes in schools, kindergartens, educational institutions - questions and answers, <https://www.gov.pl/web/edukacja-i-nauka/o-czym-nalezy-wiedziec-zawieszenie-zajec-w-szkolach-przedszkolach-placowkach-oswiatowych--pytania-i-odpowiedzi>; Restrictions on the functioning of psychological-educational institutions and counselling centres, <https://www.gov.pl/web/edukacja-i-nauka/ograniczenia-w-funkcjonowaniu-placowek-i-poradni-psychologiczno-pedagogicznych>; Psychological-educational counselling centres return to full-time operation from 4 May this year, <https://www.gov.pl/web/edukacja-i-nauka/od-4-maja-br-powrot-poradni-psychologiczno-pedagogicznych-do-pracy-w-systemie-stacjonarnym>; What about schools until summer vacation?, <https://www.gov.pl/web/edukacja-i-nauka/co-ze-szkolami-do-wakacji>; <https://www.gov.pl/web/edukacja-i-nauka/nauka-zdalna-do-26-czerwca>.

classes may take place through direct contact between the child or pupil and the teacher. It is important to maintain complete voluntariness on the part of the parents, as well as the possibilities of the institution, taking into account the safe conditions for the realization of such classes.'

Moreover, in the case of pupils with intellectual disabilities of moderate or severe degree and intellectual disabilities of profound degree, teachers will be obliged to inform parents about available materials and possible forms of their implementation in order to support the child/student/participant of remedial classes.

## 12.2 Impact of the COVID-19 crisis

Generally, there is no sufficient data to answer the question of impact on education fully. The Children's Ombudsman's report, entitled 'Survey of Attitudes Toward Distance Learning'<sup>111</sup> does not address the issues of pupils with disabilities. This is despite the fact that many challenges with e-learning in education are reported, especially with regards to accessibility, inadequacy of online education for SEN pupils, and the education of persons with intellectual disabilities and ASD.<sup>112</sup>

As the pre-pandemic data shows, households with persons with disabilities have lower levels of access to computers and the Internet;<sup>113</sup> it can be assumed that persons with disabilities encounter digital exclusion in education throughout lockdown, including households where there is one computer for education and work and it had to be shared among more than one person. This also applies to Deaf students and teachers as it was reported that many do not have computers to enable them to participate in education remotely. They also have trouble accessing the Internet.<sup>114</sup> The media also reported a lower quality of education due to the transition to digital space, that due to a lack of accessibility might also have a disproportionate effect on children with SEN. Also, difficulties with support during education by caregiver(s) due to professional work and an excessive number of responsibilities at the same time were reported. Home schooling was especially challenging in families living in smaller homes, with fewer IT devices, with multiple children attending classes at the same time. It was especially challenging for pupils with disabilities and their siblings, who spend all the days together.<sup>115</sup> Serious challenges were also faced by parents with disabilities to support their children in home schooling.

With regards to persons with disabilities in tertiary education – a study conducted in July 2020 at Warsaw University (n=3510) 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

<sup>111</sup> Grabowski M. (2021), Survey of Attitudes Toward Distance Learning, <https://brpd.gov.pl/wp-content/uploads/2021/01/Raport-z-badania-na-zlecenie-Rzecznika-Praw-Dziecka.pdf>.

<sup>112</sup> 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).

<sup>113</sup> Pyżalski, J. (ed.) (2020), Education in times of COVID-19 pandemic, <https://zdalnie.edu-akcja.pl/#o-ksiazce>.

<sup>114</sup> RPO (2020), Coronavirus. Situation of deaf people during the epidemic (op.cit.).

<sup>115</sup> Buchnat M. Wojciechowska A. (2020), Siblings of persons with disabilities in a crisis situation caused by the covid-19 virus pandemic, *Studia Edukacyjne*, vol. 57, pp. 34-46, <https://pressto.amu.edu.pl/index.php/se/article/view/25022/23016>.

to epidemiological restrictions, b) they experienced greater difficulties in working remotely, c) they faced greater difficulties in passing courses and completing assignments on time, and in remaining in touch with their instructors.<sup>116</sup>

The Regional Pomeranian Disability Convent has recommended building accessible e-learning platforms and trainings for teachers, parents, caregivers, supporters and therapists. There was also a clear demand to create a dedicated team at the Ministry of Education that would align therapeutic and educational problems to digital learning and COVID-19 restrictions.<sup>117</sup>

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<sup>116</sup> 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, [https://bon.uw.edu.pl/wp-content/uploads/2020/10/raport\\_problemy\\_studentow\\_uw\\_covid\\_19.pdf](https://bon.uw.edu.pl/wp-content/uploads/2020/10/raport_problemy_studentow_uw_covid_19.pdf).

<sup>117</sup> Polish Forum of Persons with Disabilities, <https://pfon.org/aktualnosci/konwenty-2020-podsumowanie/>.

## 13 Working and employment

### [Article 27 – Work and employment](#)

#### 13.1 Emergency measures

The Anti-crisis Shield 1.0 introduced on 31 March 2020<sup>118</sup> provided policy amendments regarding work and persons with disabilities during the pandemic (see section 2.4). Most importantly, the monthly subsidy of the salaries of employees with disabilities was increased. Additionally, it was made possible to allocate the funds of the company's rehabilitation or activity fund to maintain jobs at risk of liquidation as well as for remuneration and crisis financial assistance for workers with disabilities, regardless of the legal basis of their employment. The Government also created a possibility of remuneration of persons employed in vocational development centres (pl. ZAZ).<sup>119</sup>

However, the increase of subsidies to salaries of disabled employees have not been substantial for all persons with disabilities. The amounts are as follows - PLN 1 950 - for persons with a severe degree of disability (previously PLN 1 800) (approx. PLN 150 increase), PLN 1 200 - for people with moderate disabilities (previously PLN 1 125) (approx. PLN 75 increase), PLN 450 - for people with mild disabilities (the amount remains unchanged).<sup>120</sup> For persons with disabilities with diagnosed mental illness, intellectual disability, holistic developmental disorders or epilepsy and blind persons, the amounts referred to above have been increased by PLN 1 200 for persons with disabilities classified as having a significant degree of disability (previously PLN 600), and PLN 900 for persons with disabilities classified as having a moderate degree of disability (previously PLN 600). The minimal wage for general population in 2020 was PLN 2 600.

Importantly the disability policies have an influence on the labour market participation of women, as they constitute major part of primary caregivers.

#### 13.2 Impact of the COVID-19 crisis

The impact on the labour market can be tracked through data from the System for Subsidies and Reimbursements (SODiR) of the National Disabled Persons' Rehabilitation Fund (PFRON). The latest data (up to October 2020) suggests that the number of employees registered through SODiR has declined by 6 % from October 2019 to October 2020. In total numbers 13 861 fewer employees with disabilities were registered through SODiR in October 2020 than a year before (see Figure 1). The lowest numbers were registered during April and May 2020. The numbers show that the sheltered labour market was more impacted (see Figure 2), which is connected also with a decline in the number of registered employers (see Figures 4 and 5). Interestingly, it is persons with mild and moderate disabilities who according to the data from SODiR were the most influenced.

<sup>118</sup> Act on specific solutions related to the prevention and combating COVID and other infectious diseases and crises they caused and some other acts (Journal of Law 2020, item 568).

<sup>119</sup> FRA (2020), Coronavirus COVID-19 outbreak in the EU. (op. cit).

<sup>120</sup> Changes for employers of people with disabilities during the pandemic, <https://www.pit.pl/aktualnosci/zmiany-dla-pracodawcow-osob-niepelnospprawnych-w-okresie-pandemii-987917>.

No major quantitative change is visible in the Vocational Activity Centres in July 2020. The number of persons with disabilities employed there reached 5 253 and in 2020 5 354, thus the policy measures prevented an impact on job losses.<sup>121</sup>

The Labour Force Survey (LFS), known in Poland as BAEL<sup>122</sup> data is available only until the 2nd quarter of 2020. In comparison to the 2nd quarter of 2019 the economic activity rate for persons with disabilities declined by 0.9 % from 17.5 % to 16.6 %, the employment rate declined by 0.4 %, and the unemployment rate declined by 2.3 % (see Table 7). The data is disaggregated by gender, disability status and place of living (urban/rural areas).

According to reports prepared by a leading CSO Fundacja Aktywizacja, who conducted research (n=367) on the labour market and disability during the 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'. According to the survey, despite the high employment retention rate (78.8 %) we can observe: a decrease in the number of people employed on a 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 %), and an increase in the percentage of people who work fewer hours as a result of the coronavirus pandemic (from 22 % to 37.5 %). Moreover, among the unemployed respondents, 21.8 % lost employment due to the pandemic, and 34.6 % did not receive a new contract when their existing contract expired.<sup>123</sup> Another notable change between the May and October 2020 surveys is a significant increase in the number of people discharged due to employer problems resulting from the pandemic from 57.2 % to 82.3 %.<sup>124</sup> Even though the sample is not representative it shows a trend of worsening quality of work - shorter hours and lower earnings due to the pandemic. The decrease in the percentage of people working in standard employment, protected by the Labour Code, alongside the simultaneous increase in the percentage of surveyed people with disabilities in non-standard employment, is observed, which usually offers a lower level of social security. The return to sheltered employment is particularly worrying. Importantly, recent and up-to-date information on labour market support measures confirm that they are not fully accessible, which will impact persons with disabilities and increase the risk of people losing their jobs.<sup>125</sup>

<sup>121</sup> Data on vocational development centres, <http://niepelnosprawni.gov.pl/p,85,dane-dotyczace-zakladow-aktywnosci-zawodowej>.

<sup>122</sup> The Labour Force Survey (LFS), known as BAEL 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 disabled people and it covers members of the households in the sampled dwellings. The information on the number of employed, unemployed and inactive disabled people (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 for 'voivodships' is also available.

<sup>123</sup> 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>.

<sup>124</sup> Fundacja Aktywizacja (2020), Work vs coronavirus. Will people with disabilities lose their jobs?, <https://aktywizacja.org.pl/wp-content/uploads/2020/10/Druga-edycja-badania-os%C3%B3b-z-niepe%C5%82nosprawno%C5%9Bciami-Praca-a-koronawirus.-Czy-osoby-z-niepe%C5%82nosprawno%C5%9Bciami-strac%C4%85-prac%C4%99.pdf>.

<sup>125</sup> 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](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).

According to analysis by Kocejko, Bakalarczyk and Szarfenberg, the consequences of the pandemic might include a worse situation for persons with disabilities in the labour market due to: (1) stereotypes as less productive workers thus at risk of job loss during economic crisis, (2) EU funds for the employment of persons with disabilities might get redirected.<sup>126</sup>

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<sup>126</sup> Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), *Spoleczne uzupelnienie* (op.cit).

## 14 Good practices and recommendations

### 14.1 Examples of good practice

Examples of good practice that have helped mitigate the negative impact of the COVID-19 crisis on people with disabilities include:

1. CSOs and DPOs response to the situation in DPS – early alarm on possible disproportionate risks of COVID-19 in the congregate settings, urging the decision-makers to introduce immediately preventive and responsive measures (see 4.3).
2. 24/7 hotline for Deaf persons (initiated by DPOs) – establishment of the online communication line in Sign Language available 24 hours a day (see 4.4).
3. Extending disability assessment expiration dates and providing certificates based on the documentation - a service that allows persons whose disability certificates have expired during COVID to continue receiving benefits as well as making it possible to receive disability certificate based on documentation without in person contact (see 5.1).
4. Some labour market measures – the monthly subsidy of the salaries of employees with disabilities were slightly increased during the pandemic to ensure continuity of employment, remuneration of persons employed in vocational development centres during the lockdown (see 13.1).

### 14.2 Recommendations

On 24 October 2020, the VI Congress of People with Disabilities adopted the following resolution that includes recommendations centred on deinstitutionalisation:

‘We, the participants of the 6th Congress of People with Disabilities, demand a coherent policy to ensure Independent Living for people with disabilities. The pandemic has made painfully evident the consequences of the lack of a Deinstitutionalization Strategy and the insufficiency of support in the local community. Therefore, we demand:

- Provide systemic solutions to mitigate the impact of the pandemic in institutions (where the incidence of death from coronavirus is over 40 times higher than outside institutions)
- Support people with disabilities by the Solidarity Support Corps (Seniors) with the inclusion of organisations of people with disabilities and their families
- Develop and adopt a Deinstitutionalisation Strategy within six months with the close involvement of the community of people with disabilities and their families for the effective realisation of the right to independent living in the community
- The strategy should be based on community working groups for deinstitutionalisation
- Build a support system for people with disabilities and their families in their local community
- Provide free personal assistance to all in need
- Support independent living through living in one's apartment or assisted living, including for those requiring intensive support
- Develop a family support system focused on preventing family crises
- Develop a system of support for people with mental health support needs

- Launching individual plans to prevent placement and exit from institutions, and a moratorium on the creation of new institutions.<sup>127</sup>

Further recommendations include:

1. Ensure disability mainstreaming and a human rights-based approach in all pandemic management and recovery planning.
2. Provide full accessibility of all public health information on pandemic dynamics, restrictions as well as support available. Strategically use the Accessibility Plus programme to support the accessibility of pandemic management measures. Ensure access to rehabilitation and general health care to the greatest extent possible.
3. Monitor the impact of the coronavirus crisis on persons with disabilities. Collect data disaggregated by disability and residential status, including mortality rates. Fund and conduct research on the impact of the pandemic on persons with disabilities. Ensure public availability.
4. Introduce policy measures to provide availability for psychiatric care for youth during pandemics and beyond. Prioritise mental health support measures for all, including residents of congregate settings, and create a fast track for psychiatric care.<sup>128</sup>
5. Ensure substantial participation of DPOs in the pandemic management and recovery strategy. Collect data from DPOs and persons with disabilities to inform evidence-based policies. Provide support measures and additional funding streams for CSOs and DPOs.
6. Prioritise persons living and working in residential care facilities in testing, protective equipment supplies and vaccination. Invest in independent living tools and provide guidelines on usage during pandemics. Provide support measures for family caregivers and provide clear instructions on support for persons with disabilities whose caregiver has contracted COVID-19 or is hospitalised.
7. Introduce measures on domestic violence prevention and response during pandemics and ensure disability mainstreaming within them. Ensure access to justice through reasonable accommodations and accessibility of online platforms for communication.
8. Support access to computers and the internet for disabled students and pupils as well as the accessibility and adequacy of e-learning. Educate teachers, caregivers and children and elderly persons with disabilities on digital access.
9. Do not allow the reduction, suspension, or imposition of additional restrictions on benefits for people with disabilities, and on the scale and scope of services provided.<sup>129</sup>
10. Take active measures to maintain employment among persons with disabilities who are already working and supporting the search for permanent employment among others (e.g., through maintaining ESF projects aimed at improving the situation of people with disabilities on the labour market as an element of anti-crisis measures).<sup>130</sup>

<sup>127</sup> Uchwała VI Kongresu Osób z Niepełnosprawnościami, <https://pfon.org/aktualnosci/uchwala-konczaca-vi-kongres-osob-z-niepelnosprawnosciami/>, own translation.

<sup>128</sup> Konwenty 2020 – podsumowanie, <https://pfon.org/aktualnosci/konwenty-2020-podsumowanie/>.

<sup>129</sup> Based on Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie (op.cit).

<sup>130</sup> Based on Szarfenberg R., Kocejko M., Bakalarczyk R., (2020), Społeczne uzupełnienie (op.cit).

### 14.3 Other relevant evidence

1. A study<sup>131</sup> on the impact of workplace arrangements on mental health of long-term care facilities personnel has shown that psychopathologic manifestations may be modifiable through workplace factors such as access to PPE, safety guidelines, and psychological support. Recommendations based on the research are crucial for quality of care during pandemic in long-term care facilities.
2. Poland has one of the most restrictive abortion laws in the EU. In October, the Constitutional Tribunal effectively banned abortion based on embryo pathological grounds causing heated debate in the disability community. However complex and contentious this issue is, it must be highlighted that the law over which there is no social consensus was introduced during the height of the pandemic making it difficult to participate in public debates. The law has a direct effect on access to reproductive rights of women with disabilities.
3. During the pandemic a presidential election was conducted in Poland, and as of 2 July 2020, the Ministry of Health announced that in the second round of elections, seniors, pregnant women, and people with disabilities could vote without a queue. The Deaf community was alarmed about not being informed in an accessible way about the elections.

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<sup>131</sup> Senczyszyn, A., Lion, K. M., Szcześniak, D., Trypka, E., Mazurek, J., Ciułkiewicz, M., Maćkowiak, M., Duda-Sikuła, M., Wallner, R., & Rymaszewska, J. (2020). Mental Health Impact of SARS-COV-2 Pandemic on Long-Term Care Facility Personnel in Poland. *Journal of the American Medical Directors Association*, 21(11), 1576–1577. <https://doi.org/10.1016/j.jamda.2020.09.020>.

**Annex**
**Table 1. Number of persons residing in DPS (based on the data reported by the state to the CRPD Committee)<sup>132</sup>**

Facility	2012	2013	2014	2015	2016
For persons with chronic somatic diseases	14 964	14 742	13 740	14 206	13 895
For persons with chronic mental illnesses	21 007	21 142	20 046	19 951	20 575
For adults with intellectual disabilities	11 595	12 471	11 475	11 145	10 727
For children and young persons with intellectual disabilities	5 471	3 928	3 908	3 672	3 610
For persons with physical disabilities	891	894	908	906	666

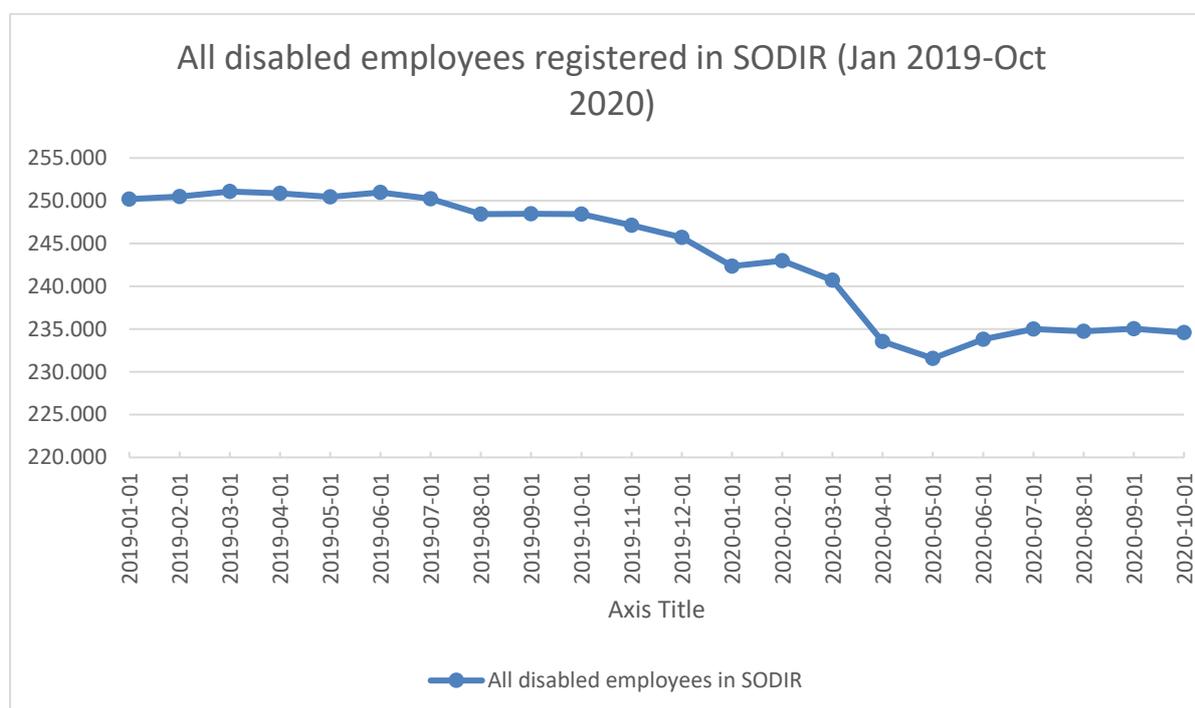


Figure 1 All disabled employees registered in on the System for Subsidies and Reimbursements (SODiR) of National Disabled Persons' Rehabilitation Fund (PFRON). Data based on information provided by the Governmental Plenipotentiary for Disabled Persons.<sup>133</sup>

<sup>132</sup> Replies of Poland to the list of issues (2018), [https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolNo=CRPD%2fC%2fPOL%2fQ%2f1%2fAdd.1&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolNo=CRPD%2fC%2fPOL%2fQ%2f1%2fAdd.1&Lang=en).

<sup>133</sup> <http://niepelnosprawni.gov.pl/p,83,sodir-pfron>.

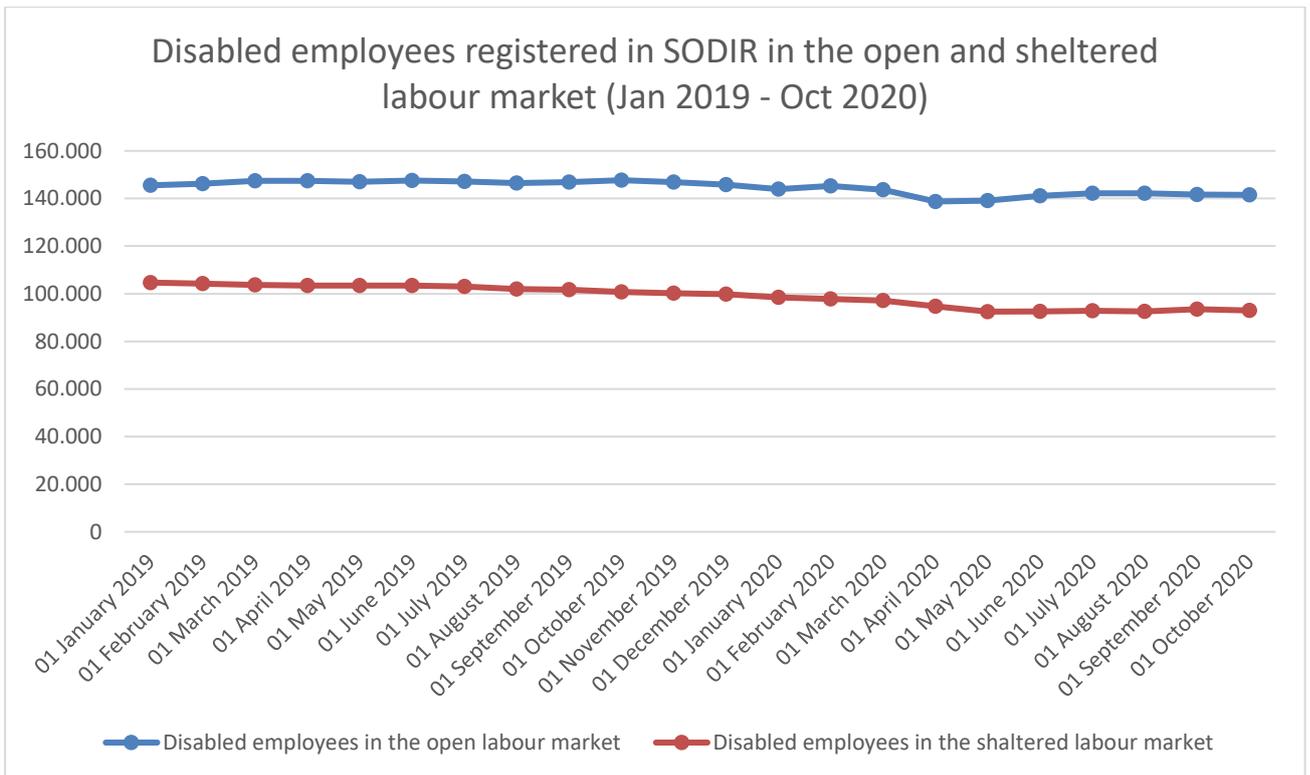


Figure 2 Disabled employees registered in SODIR in the open and sheltered labour market (Jan 2019 - Oct 2020). Data based on information provided by the Governmental Plenipotentiary for Disabled Persons.

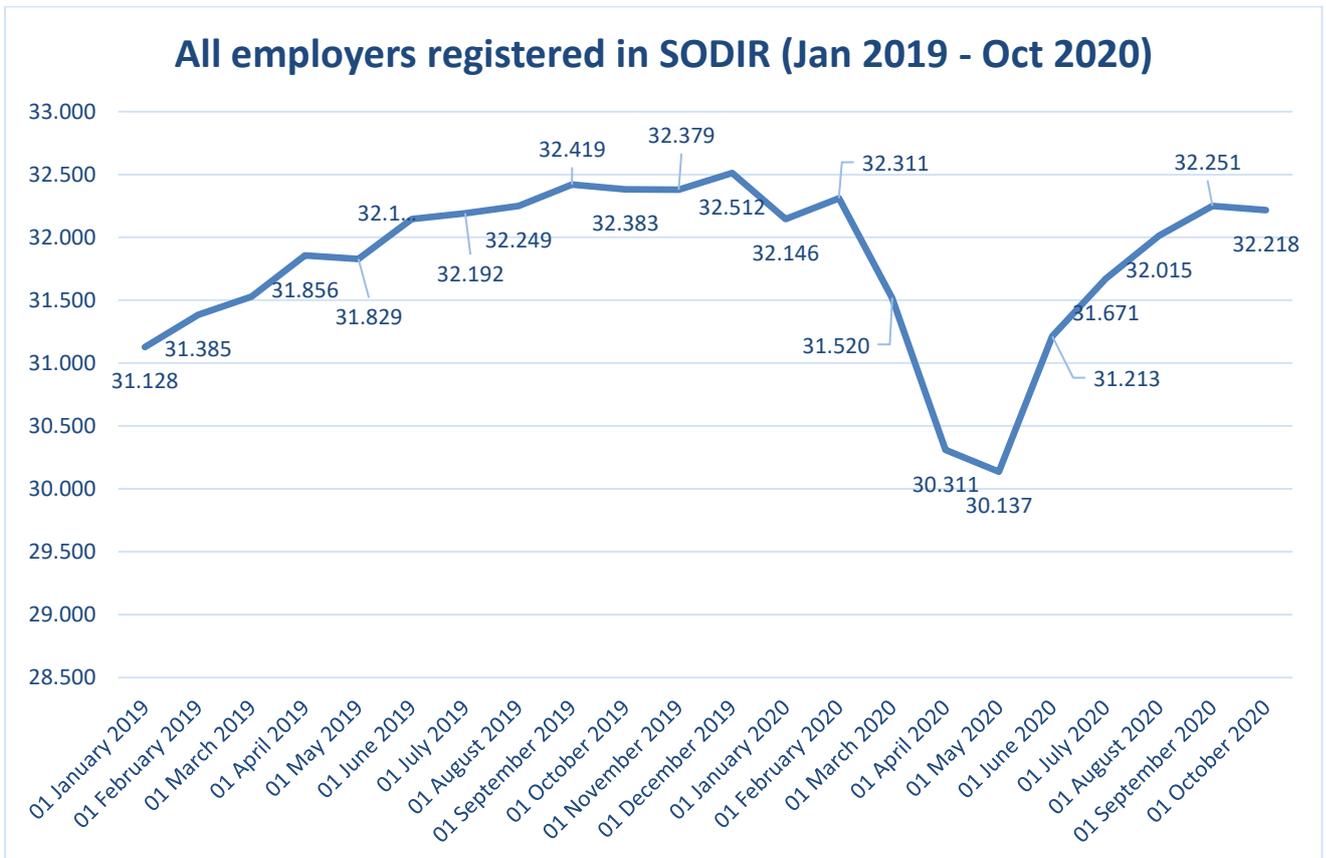


Figure 3 All employers registered in SODIR (Jan 2019 - Oct 2020). Data based on information provided by the Governmental Plenipotentiary for Disabled Persons.

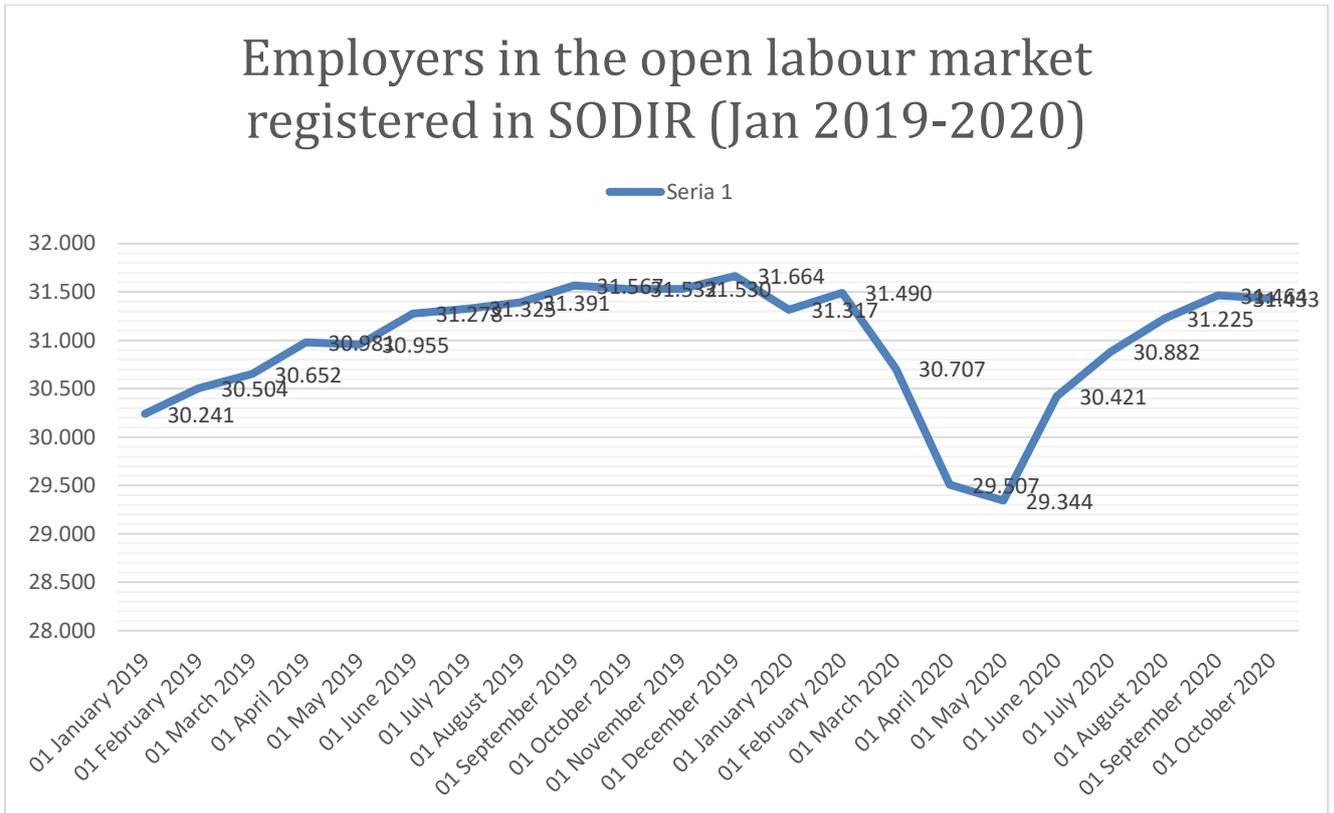


Figure 4 Employers at the open labour market registered in SODIR (Jan 2019-2020). Data based on information provided by the Governmental Plenipotentiary for Disabled Persons.

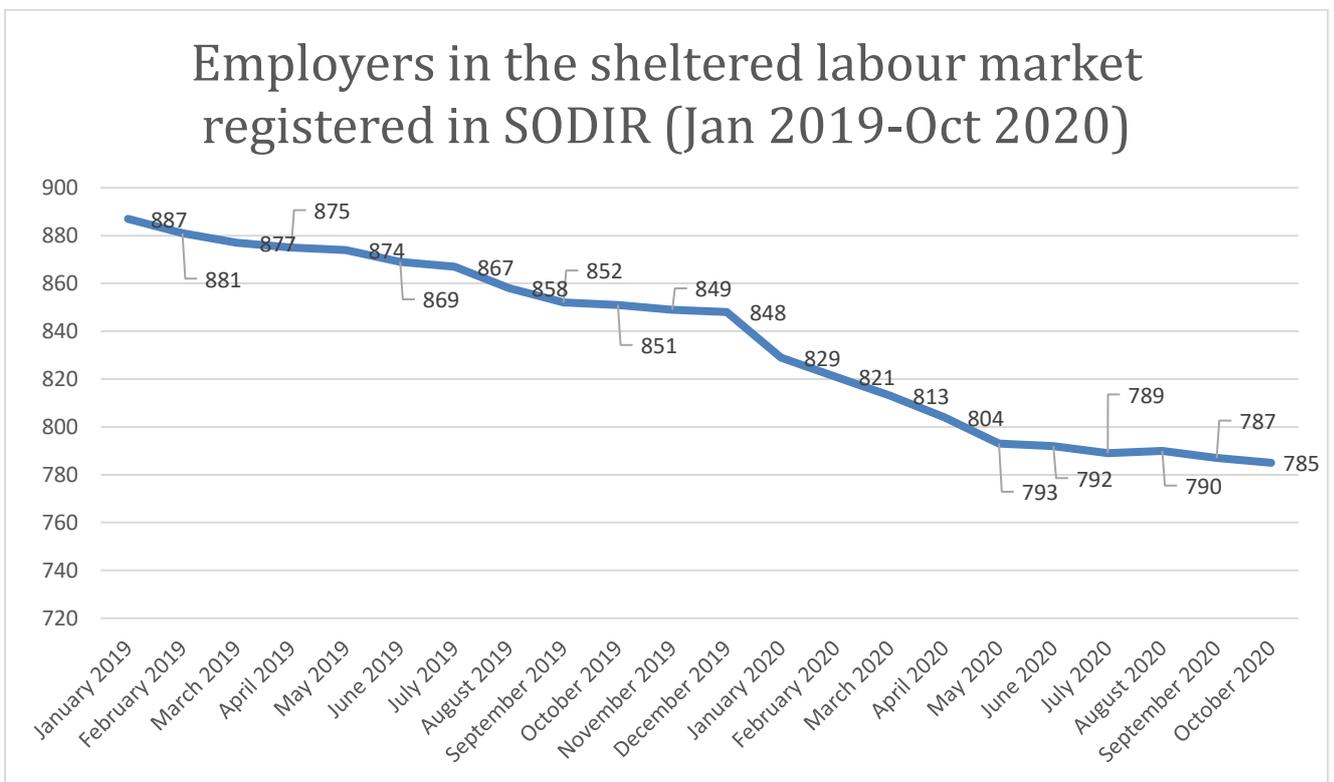


Figure 5 Employers at the sheltered labour market registered in SODIR.

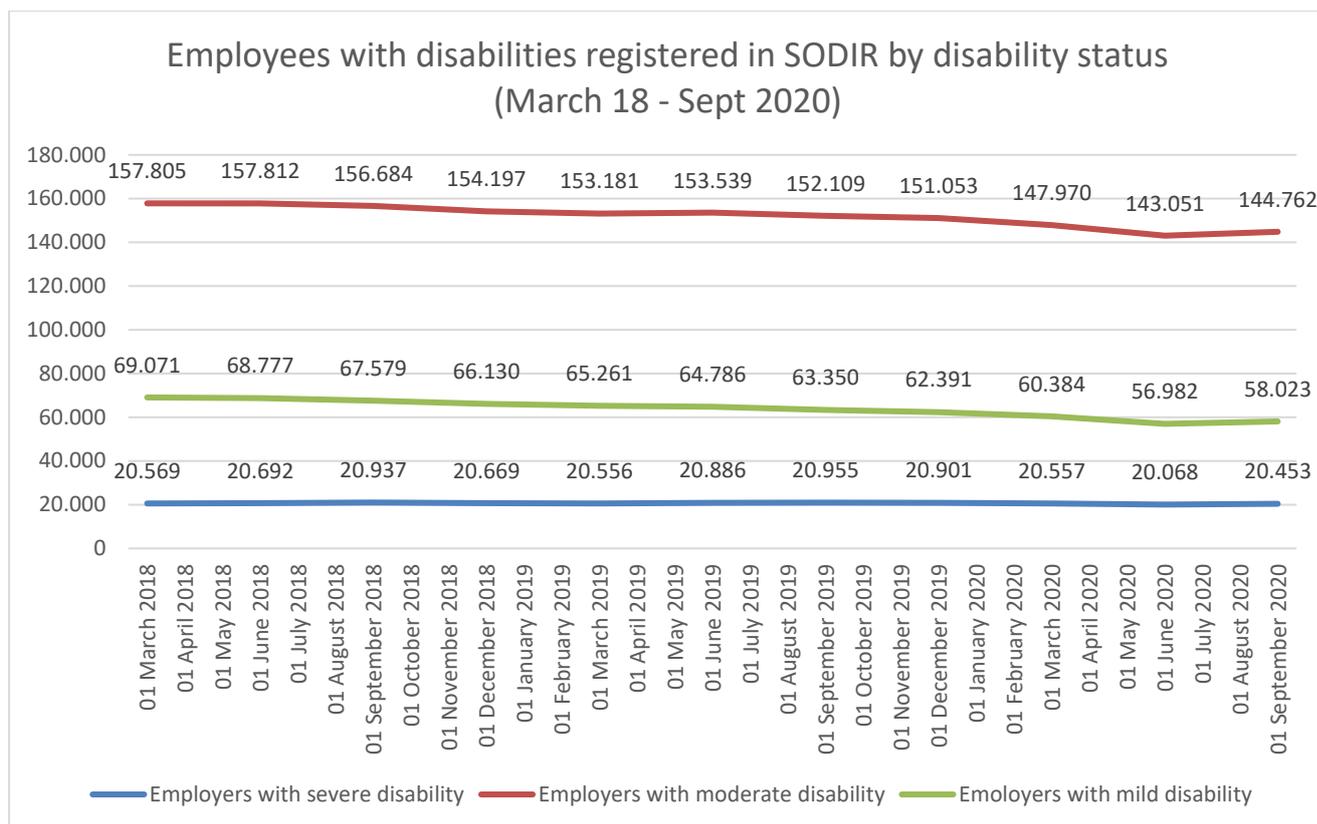


Figure 6 Employees with disabilities registered in SODIR by disability status (18 March – Sept 2020).

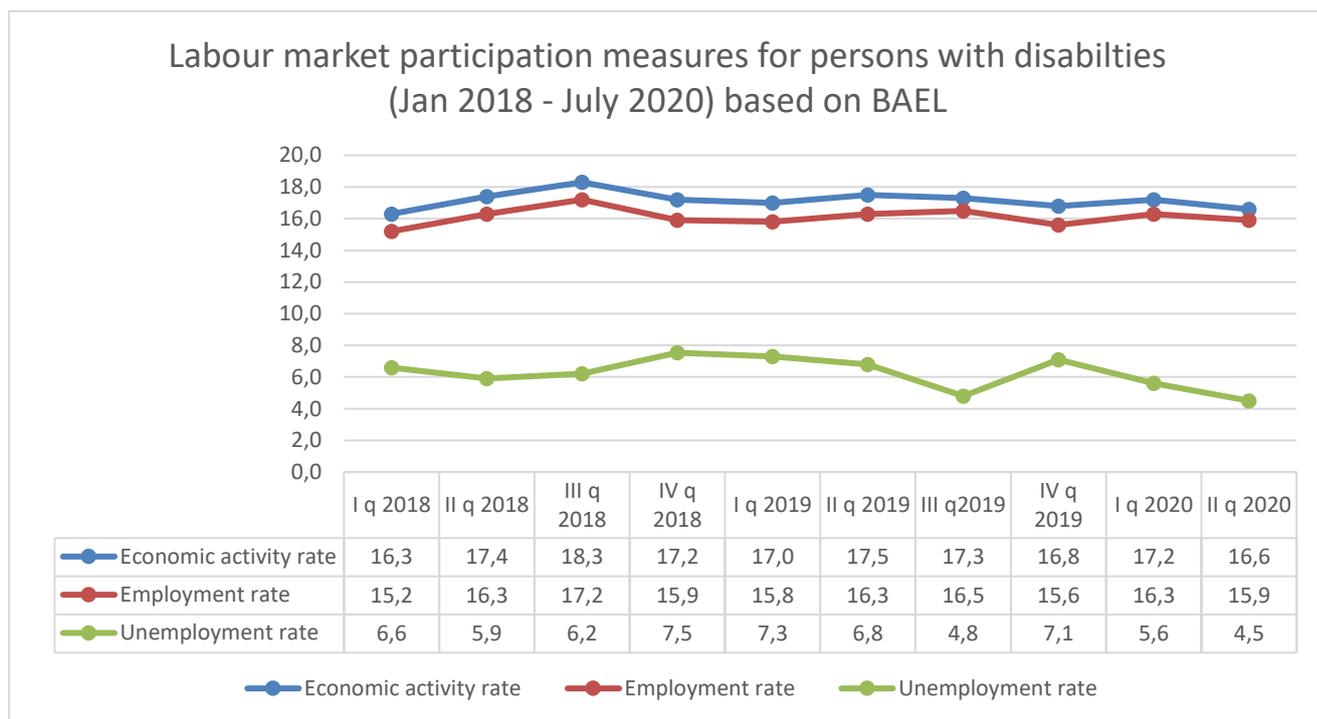


Figure 7 Labour market participation measures for persons with disabilities from BAEL.<sup>134</sup>

<sup>134</sup> <http://niepelnosprawni.gov.pl/p,81,bael>.

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