

# The European Semester Country Reports 2020: What do they say about disability?

On the 26th of February the European commission released documents called Country Reports as part of the European Semester process.

The European Semester is an annual cycle where the Commission analyses macroeconomic and budgetary issues, as well as social policies in the Member States and then delivers recommendations to improve any persisting problems. The Country Reports are typically released late in February. They assess the progress made by each EU country in addressing the issues identified in the previous year's EU recommendations.

In the recently-released Country Reports, disability issues are a prominent feature. Particularly present are the issues of high unemployment, risk of poverty, educational attainment and care services. While some Member States’ Country Reports contain a lot of information on disability, others saw minimal focus on disability issues.

In this document you will find an overview of disability issues in each Country Report. EDF urges the European Commission to ensure the main concerns raised with regards to persons with disabilities are carried over from the Country Reports and reflected very clearly in this year’s Country-Specific Recommendations to each of the Member States.

You can [read the Country Reports for all Member States in full here](https://ec.europa.eu/info/publications/2020-european-semester-country-reports_en).



## **Austria**

**Poverty and social exclusion:** The European Social Fund has promoted the social integration of 3,761 persons with disabilities. The housing cost overburden rate for people at risk of poverty is 36.5% and even higher for those aged 16 to 29 (AT: 44.8%; EU: 40.4%).

**Social protection:** Disability Expenditure has dropped from 2.1% of GDP in 2013 to 1.8% in 2017.

**Care:** The long-term care system relies heavily on informal care. 24-hour care services at home with privately hired or self-employed carers, is increasingly used and relies to a great extent on people from central and eastern European Member States. Despite recent measures, public expenditure on long-term care still faces fiscal sustainability challenges. Work on a masterplan for long-term care (Masterplan Pflege) had started with the aim of improving quality, staffing and financing. About two thirds of Austrian employees who take leave to care for frail or sick dependants or family members (i.e. long-term care leave or family hospice leave) are women.



## **Belgium**

**Poverty and social exclusion:** Belgium has a higher risk of poverty and social exclusion for persons with disabilities than most other countries.

**Employment:** There are particularly low employment rates for persons with disabilities, well below the EU average. There are not sufficient financial incentives to enter employment.

**Education and training:** The gap between people with and without disabilities attaining tertiary education far exceeds the EU average. There has also been limited progress on vocational education, training and quality of education reforms with regards to performance and inclusiveness, although the Communities are phasing in education reforms.

**De-institutionalisation:** Belgium lacks a coordinated de-institutionalisation strategy, although increased autonomy for persons with disabilities is included in the reform agenda of every federated entity.



## **Bulgaria**

**Poverty and social exclusion:** There are significantproblems of poverty and social exclusion facing persons with disabilities. The European Programme for Aid to the most Deprived continued to be the most important instrument for mitigating extreme poverty. The highest decrease in the rate of poverty was achieved by the ‘Sickness and disability benefits’ function.

**Employment:** The employment rate of persons with disabilities remains one of the lowest in the EU (39.5%; EU average 50.7%). There has been limited progress in improving the quality, labour market relevance, and inclusiveness of education and training.

**Disability assessment:** A new State agency will be created in 2021 to coordinate the policy on persons with disabilities, based on individual assessments and support. Addressing different support needs and providing alternatives and accessible environments would allow people with disabilities to participate in the community.

**De-institutionalisation:** New services and comprehensive support for children are still under consolidation after the initial de-institutionalisation process was accomplished. All specialised institutions for children with disabilities have been closed down. The number of children in specialised institutions fell from 7,587 in 2010 to 495 in 2019 (93%). Of the 137 institutions that were identified for closure in 2009, only 21 remained.

**Care:** With the main objective of developing long-term care services for people with disabilities and the elderly, the government adopted a national strategy for long-term care and an action plan for 2018-2021.

**Education and training:** Bulgaria has made limited progress in the area of education and training, with the impact of recent measures to improve the quality and inclusiveness of education still to be seen.



## **Croatia**

**Poverty and social exclusion:** Many persons with disabilities are at risk of poverty or social exclusion (37.1% vs 28.7% in the EU in 2018) and dependent on the social protection system.

**Employment:** Employment and labour market participation rates remain low, well below the EU average. The activity rate is expected to increase gradually in 2020 and 2021, as improved labour market outcomes start drawing people out of inactivity. Although the employment gap between persons with and without disabilities narrowed, it remained one of the largest in the EU. Employability is hampered by the lack of skills, highlighted by the completion rate of tertiary education for people with disabilities remaining one of the lowest in the EU (21.9% in 2017). Croatia has brought in policies that aim to improve the employment prospects of people with disabilities. A quota system requires all private and public-sector entities with more than 20 employees to hire a specified number of people with a disability. However, 54% of entities, including government departments, have opted out of the quota system and instead pay a compensatory fee.

**Education and training:** The completion rate of tertiary education for people with disabilities remains one of the lowest in the EU (21.9% in 2017). Croatia is using EU funds to double the number of scholarships for students from a lower socio-economic background and students with disabilities, including transport subsidies.

**Social protection:** Government spending on disability benefits is higher in Croatia than in other EU countries but is skewed towards disability pensions.

**De-institutionalisation:** Family- and community-based care for children and people with disabilities remains underdeveloped. Over 60% of people in vulnerable groups, including children and young adults with behavioural problems and adults with intellectual disabilities, still lived in institutions in 2017.

**Care:** Data from 2015 shows that one third of Croatian women provided care for older people or relatives with disabilities several days a week, one of the highest proportions in the EU.



## **Cyprus**

**Poverty and social exclusion:** The at-risk-of-poverty-or-social exclusion rate for persons with disabilities is significantly higher than the EU average (34.1% vs. 28.7% in 2018).

**Employment:** The employment rate for persons with disabilities is lower than the EU average. As a response, in July 2019, the government increased and expanded the mobility benefits of persons with disabilities by 50%. From 2015-2019, various training schemes were implemented, financed by both national and EU funds, aiming to help around 48,000 vulnerable persons into work or training, notably young people, guaranteed minimum income recipients, and persons with disabilities.

**Social protection:** Most of the social protection expenditure in Cyprus goes to pensions and health care, with other functions of the social protection system (family benefits, unemployment benefits, disability benefits, housing benefits and social exclusion) receiving relatively less resources.

**De-institutionalisation:** De-institutionalisation is being addressed through plans for setting up 10 additional social homes. Long-term care services are under-developed in Cyprus.

**Education:** Inclusive education has been strengthened. Remedial measures, including supportive teaching and psychosocial support, to improve equality in education are provided through the European Social Fund-funded DRASE programme and were expanded in the 2019-2020 school year to 102 schools, covering 15.6% of the student population.



## **Czechia**

**Poverty and social exclusion:** Persons with disabilities face a higher risk of poverty and social exclusion (a gap of 13.5 percentage points in 2018 compared to an EU average of 9.5 percentage points according to ANED calculations based on Eurostat data). poverty remains concentrated in some localities and some groups (notably single parents, older people, persons with disabilities and Roma). There are strong disparities in poverty and social exclusion rates between persons with and without disabilities. This is linked to higher education dropout rates, lower education attainment and lower employment levels. The impact of sickness and disability benefits on reducing poverty decreased in the last decade, but such benefits still have the highest impact on reducing poverty.

**Employment:** Czechia has a higher than average employment rate gap between persons with and without disabilities. There is therefore scope for improving the monitoring and targeting of active labour market policies, in particular for the most vulnerable groups. Currently active labour market policies are not well targeted and tailored. European Social Fund (ESF) projects helped create social enterprises and increased labour market participation of 8,000 people with disabilities.

**Education and training:** The early school leaving gap between persons with and without disabilities is also one of the highest in the EU (25.5 percentage points compared to an EU average of 10.1 percentage points in 2018). There has been some progress in increasing the quality and inclusiveness of the education and training systems. Furthermore, the tertiary education attainment gap between persons with and without disabilities is much higher than the EU average (21.6 percentage points vs. the EU average of 10.2 percentage points). This gap has increased in recent years, while it appears to have been stable in the EU as a whole.

**De-institutionalisation:** The reform of the institutional care system has stalled, in particular due to its complex governance framework. As for community-based social services, there are growing regional differences (e.g. in approach to institutionalisation of children under 3 years). Some social services, such as community-based services for adults and children with multiple disabilities or on the autism spectrum are missing.

**Social protection:** The social protection system shows some weaknesses. Older people, the unemployed, single parents, and persons with disabilities, are at a higher risk of poverty or social exclusion.

**Care:** Most people who need long-term care receive cash benefits, and their care is provided informally by people close to them (Ministry of Labour and Social Affairs, 2015), but there are rising concerns about the effectiveness and quality of such care.



## **Denmark**

**Employment:** Despite recent years’ labour market improvements, the number of people on the margin of the labour market has been on a downwards path since 2016, this includes young people, migrants, homeless and persons with disabilities, mental health issues or who attend drug rehabilitation. A government proposal (October 2018) aims to increase employment among persons with significant disabilities, targeting 13,000 persons to find ordinary work or ‘flexjobs’ by 2025.

**Poverty and social exclusion:** There is a gap in the risk of poverty and social exclusion rate between persons with and without disabilities of 7.9 percentage points, which is below the EU average (9.5 percentage points).

**Education and training:** The tertiary education attainment gap between persons with and without disabilities is much higher than the EU average (21.6 percentage points vs. the EU average of 10.2 percentage points). This attainment gap between persons with and without disabilities has increased in recent years, while it appears to have been stable in the EU as a whole. However, the Disability Barometer shows that this is because the share of persons with disabilities completing tertiary education in Denmark has been constant from 2012 to 2016, while the corresponding proportion for people without disabilities has increased.



## **Estonia**

**Accessibility:** Efforts are being made to make homes more accessible, as well as to improve public transport and develop a dementia competence centre.

**Poverty and social exclusion:** People with disabilities in Estonia have higher than average and increasing poverty rates (38.5% in 2018 vs 21.3% in the EU).

**Employment:** Over the past years, Estonia has made substantial progress in addressing the challenge of the shrinking labour force. It has improved the labour market integration of persons with disabilities through the Work Ability reform, which has been in force since July 2016. The activity rate of persons with disabilities increased from 63% in 2016 to 68% in 2017. Estonia has over the course of the last 3 years increased both spending and participation in active labour market policies. Major reform initiatives that affect the labour market, such as the implementation of the Youth Guarantee, the work ability reform have been introduced. However, challenges remain regarding ensuring sustainable employability. Around one third of people in Estonia with reduced work ability suffer from mental illnesses. There is further scope to support the labour market participation of vulnerable groups and people on long-term sick leave, and for measures to prevent loss of ability to work and to preserve good health and safety at work. To this end, available and affordable quality services are key.

**Healthcare:** There has been limited progress in improving access to integrated social and health services.

**Social protection:** Estonia made some progress in improving the adequacy of the social safety net. Disability benefits for children have increased two to threefold as of 2020. Social benefits in Estonia are less effective than average in the EU in reducing the incidence of poverty. In 2017, social transfers reduced the at risk-of-poverty rate by 27%, and the poverty gap by 43% (compared to an EU average of 34% and 55% respectively).

**Care:** Further efforts leading to an improved system of care include the launching a pilot project for the integrated care of children with support needs.



## **Finland**

**Education and training:** The education system fares relatively well in terms of inclusiveness, although challenges remain for some groups. Pupils with disabilities go to mainstream schools and receive support from special teachers or assistants, interpretation or communication services, support services, assistive devices, transport services, etc. If needed, municipalities provide services for special education. However, choosing a certain type of secondary education may depend on the physical accessibility of a school building rather than on genuine interests of pupils with disabilities. The early school leavers’ gap between pupils with disabilities and other pupils is higher than the EU average (15.6 percentage points vs the EU average of 10.1 percentage points). The previous government launched a ‘work ability programme’ targeting people with partial work ability. The reform aims to integrate and clarify the responsibilities of all the relevant services for those with partial or reduced work ability. Moreover, legislative work on a reform of the disability pension has started. It seeks to incentivise people on part-time disability pensions to come back to the labour market. The aim of the reform is to increase the beneficiary’s net income with the uptake of work. To achieve this, the reform would introduce an ‘earnings disregard’ of 50% of the pension. The earnings that exceed the disregard would reduce the pension by 50% of each euro earned.

**Healthcare:** The government’s reform of the healthcare bill focuses on things such as designing a national mental health strategy; continuing the programme to address child and family services; and reforming the Act on Disability Services and Assistance.

**Poverty and social exclusion:** Income inequality remains among the lowest in Europe.

**Social protection:** Relative spending on social protection is among the highest in the EU and has increased over recent years.

**Care:** While expenditure on health care alone is below the EU average in terms of current spending (5.5% of GDP vs 6.6% of GDP in the EU), expenditure on long-term care is at 2.2% of GDP, the fourth highest in the EU. Incentives for carers could improve their long-term employment prospects. Long spells involving caring responsibilities, which fall often on women, weaken the labour market position of carers.

**Mental health:** The life expectancy of the Finnish population has increased since 2000, but mental health is a growing issue. The estimated prevalence of mental health disorders is one the highest in the EU, increasing the risk of early school leaving, unemployment, inactivity and social exclusion.



## **France**

**Employment:** As labour market conditions improve, active labour market policies are being refocused on people most in need.The volume of subsidised jobs is rapidly falling, in parallel to strengthening training and monitoring to improve employability. The available tools for social and labour market integration of most disadvantaged people through economic activity (*Insertion par l’Activité économique*) are being scaled up, with the aim of activating minimum income for the beneficiaries.

**Education and training:** Increased rights for people without qualifications or persons with disabilities, if successfully implemented, could rebalance access to training, which has so far mostly benefited higher-skilled people.



## **Germany**

**Employment:** there are promising initiatives in the “nationonal skills strategy” (Nationale Weiterbildungsstrategie), adopted in 2019. It is a substantial component of the federal government’s skills strategy, combining federal adult learning programmes with the Länderprogrammes. It is, inter alia, expected to improve transparency and accessibility, better recognise informal skills and guide persons with low skills to formal qualifications, including through partial qualifications.

**Poverty and social exclusion:** While the risk of poverty or social exclusion continues to decline moderately among the general population, rising income inequality raises concerns.

**Education:** Among persons with disabilities, the tertiary education attainment rate is lower in Germany (23.9%) than the EU average (32.4%).



## **Greece**

**Employment:** Support has been provided to improve labour market and pension, social welfare, health and education systems.

**Disability assessment:** The Commission is helping Greece to modernise its disability assessment system.

**De-institutionalisation:** The Commission is helping Greece to facilitate the deinstitutionalisation reform. The transition from institutional to community-based care for people with disabilities, in particular children, is also a challenge.

**Care:** Long-term care services are inadequate to meet increasing needs in Greece. Day-care centres for persons with disabilities and older people exist and numerous home care schemes are operated by both public and non-governmental providers. Branches dedicated to supporting families and better coordinating elderly care will start opening in 2020. As caring responsibilities are cited as the main reason for inactivity by around one fifth of inactive women in this age group, increasing the availability of high-quality childcare and long-term care services could improve women’s employment status.



## **Hungary**

**Poverty and social exclusion:** The overall poverty situation has improved markedly in recent years but challenges remain. Nevertheless, income inequality has been increasing.

**Employment:** Despite recent improvements, unemployment is higher among the low skilled and persons with disabilities. Labour market outcomes for various vulnerable groups improved, including persons with disabilities, the Roma population and women with care responsibilities, but remained well below average outcomes in the Hungarian workforce.

**Education and training:** Limited progress has been made towards increasing the participation of disadvantaged groups in inclusive mainstream education. The European Social Fund supported 605,000 people by Active Labour Market Policies and training initiatives, as well as upholding inclusive education, by training 196,000 pupils and 28,000 teachers and contributed to modernising public administration by delivering competence development trainings for 114,000 public service professionals.

**De-institutionalisation:** Ongoing long-term care reforms support a shift towards community-based care, but the supply of services remains limited relative to needs. Long-term care provision remains institution-centred, although the EU-financed de-institutionalisation process for children and persons with disabilities is currently ongoing.



## **Ireland**

**Poverty and social exclusion:** The difference in the at-risk of poverty or social exclusion rates between persons with and without disabilities is much higher than the EU average (19.1 percentage points vs. 9.4 percentage points in the EU).

**Employment:** Although increasing, the employment rate for persons with disabilities remains below the EU average. Gains from the economic upturn have not trickled down to all population groups, such as the low skilled or those with disabilities. The employment rate of persons with disabilities (32.2% in 2017) increased 6 percentage points compared to 2016 but remains well below the EU average (50.6%). Persons with disabilities find difficulties in getting to work, in particular women (the female employment rate was 28.6% in 2017, compared to 36% for men). The employment rate gap between persons with and without disabilities is the highest in the EU (42.2 percentage points vs 24.2 percentage points in the EU). In 2015, the government introduced a new "Comprehensive Employment Strategy for People with Disabilities", The European Social Fund has significantly contributed to increasing employment and social inclusion in Ireland.

**De-institutionalisation:** Long-term care is under-provided and under-regulated, with policies incentivising the use of institutional care, which is more expensive than home care for dependency levels below a certain threshold.



## **Italy**

**Services:** Adequacy and access to quality social services remains a challenge. Social services lack resources and their availability in remote and rural areas is a major concern that can drive depopulation.

**Employment:** The European Social Fund has supported the participation in employment and social inclusion initiatives of more than 107,600 persons with disabilities. There has been limited progress in supporting women’s participation in the labour market through a comprehensive strategy, including through access to quality childcare and long-term care. The inactivity rate of women due to caring responsibilities has continued to grow since 2010 and remains above the EU average (35.7% against 31.8%).

**Education and training:** More investment in the skills and professional competences of teachers would benefit the integration of students with disabilities.



## **Latvia**

**Poverty and social exclusion:** Older people and persons with disabilities are particularly affected by poverty. The share of persons with disabilities at risk of poverty or social exclusion in Latvia is 43.6 %, one of the highest in the EU (EU average 28.7 %; 2018). In 2018, Latvia had one of the highest gaps in the EU between the at-risk-of poverty–and social-exclusion rate for persons with and without disabilities (22.4 percentage points vs. the EU average of 9.5 percentage points).

**Social protection:** The budget for 2020 targets an increase in social expenditure to 11.7% of GDP. This mostly reflects the annual indexation of pensions, as well as discretionary increases in minimum social benefits. Measures are being taken to improve the weak social protection for persons with disabilities. On 1 January 2020, the state social security benefit, which serves as a basis for calculating the invalidity pension, was raised from 64 EUR to 80 EUR. But for persons with a disability since childhood, the amount has been increased from EUR 106.72 to EUR 122.69 and will be further indexed depending on the severity of the disability. Furthermore, the special care allowance for children and adults with severe disability since childhood was increased on 1 July 2019, by EUR 100, amounting to EUR 313.43 per month. While the measure increases the disposable income of this group, the amounts are still below the poverty threshold, and more could be achieved by providing community-based services.

**De-institutionalisation:** The transition from institutional to community-based care has started, but only covers a part of overall needs. Despite improvements, Latvia still has a high number of people living in institutional settings (5,010 in 2019). With a delay of 2 years, the transition from institutional to community-based care started in 2018 for three priority groups: adults with mental health issues, children with functional disabilities and children in out-of-family care. As a result, the number of children in institutions is decreasing. Prejudices towards adults with mental disabilities remain a challenge though, and continuous communication efforts are needed. The EU funds support community-based care services as well as infrastructure, such as day care centres and group apartments, but these funds succeed in covering only a part of the overall needs. shortages of social workers pose a risk to the successful implementation and sustainability of the programme. In 2018, 36% of the country’s municipal social services did not comply with the minimum requirement set by law to provide one social work specialist per 1 000 inhabitants.

**Care:** Public expenditure on long-term care was 0.4% of GDP in 2016 — significantly lower than the EU average (1.6%). The coverage of the long-term care system in Latvia is moderate: in 2013, 20% of the potentially dependent population was covered and only 1% of the total population were long-term care recipients. In 2016, 38% of households in need were affected by an unmet need for homecare services due to financial reasons (the EU average was 32%).

**Mental health:** The authorities plan to offer screening programmes and diagnostic services for mental health issues in children at primary care settings, in order to increase access to such services, given the lack of child psychiatrists.



## **Lithuania**

**Poverty and social exclusion:** Among persons with disabilities, about 43% were at risk of poverty or social exclusion in 2018, compared to 29% in the EU.

**Employment:** Significant funding cuts for policies to get people into employment will result in fewer vulnerable people being in work. Through European Social Fund, 30,328 participants with disabilities took part in activities to promote employment or inclusion. In September 2019, Lithuania updated its law on social enterprises but it is too soon to assess its effect on the integration of people with disabilities into the labour market or on the development of the social economy in the country.

**De-institutionalisation:** The European Social Fund supports the shift towards community-based services, having helped to reduce the number of children in institutional care from 4,086 in 2014 to 2,667 in 2018. Resources in the long-term care sector remain insufficient and any further investment needs to support community and home-based care, avoiding the development of institutionalised care.

**Mental health:** The quality of healthcare for people with mental health issues is limited with insufficient coordination across different healthcare providers, although measures are underway to strengthen access to mental health care.



## **Luxembourg**

**Employment:** The Amendment to the Labour Code of the 1st of August 2019 intends to improve the access to the regular labour market of employees with disabilities or those in external job reclassification i.e. those who can no longer fulfil their last job tasks for physical or health reasons, but do not qualify for disability benefits and to help them to stay in employment through accompanying measures that may last up to 2 years, under the guidance of an “inclusion in employment assistant”. A law aiming at keeping workers with disabilities longer in the labour market entered into effect at the beginning of 2016.

**Education and training:** The attainment rate in tertiary education of persons with disabilities is lower than the EU average (22.8% against the EU average of 32.4%). The tertiary education attainment gap between persons with and without disabilities is the second largest in the EU (30 percentage points against an EU average of 10.2 percentage points).

##

## **Malta**

**Employment:** The weak labour market outcomes of persons with disabilities may be explained by a low level of qualifications and educational attainment (despite recent improvements) combined with a lack of accessibility or reasonable accommodation in the workplace. The employment rate of persons with disabilities in Malta (37% in 2017) increased by 8 percentage points in 1 year, and has more than doubled over 10 years, but remains one of the lowest in the EU (EU average: 51%). Current measures to address this situation include a quota requiring that in companies employing 20 or more employees at least 2% of the workforce are persons with a disability, and schemes supporting the transition of persons with disabilities from unemployment to employment (including subsidies to employers and exemptions from social security contributions). Other initiatives include pre-employment training, job coaching, and sheltered employment training. Support measures announced in the Budget for 2020 include a grant for purchasing special equipment, a dedicated helpline and training for employees in the disability sector. The European Social Fund (ESF) notably promotes inclusive training opportunities.

**Poverty and social exclusion:** Persons with disabilities are still at higher risk of poverty and social exclusion. In 2018, 30% of persons with severe or some disability were at risk of poverty and social exclusion, against 17% for non-disabled people.

**Social security:** Social benefits reduced the incidence of poverty in Malta by slightly less than the EU average. The 2020 budget plans to improve disability and invalidity pensions.

**Care:** Malta has introduced several services to support informal carers and older adults that wish to continue living in their homes rather than move into residential care. These services include functional assistance, education, psychological support and respite care. One out of five women aged 46-55 provides unpaid care services and the employment rate of female informal carers of this age group is below 50%.



## **Netherlands**

**Employment:** Untapped potential in labour market inclusion remains as regards (part-time) employment of women, older workers, people with a migrant background and (partly) persons with disabilities.

**Social protection:** Although some measures have recently been implemented to address labour market segmentation, the government also aims to implement a mandatory disability insurance for the self-employed.



## **Poland**

**Accessibility:** In 2018, a governmental programme Accessibility+ was adopted and the developments so far have been very positive. Thanks to this programme, actions are being implemented aiming at the permanent inclusion of the accessibility issue into all public policies. In September 2019, a law on accessibility entered into force. It obliges public entities to ensure accessibility standards and foresees sanctions for not respecting them. Also, in the framework of the programme direct investments are made in the existing public utility buildings and multi‑family housing stock, space, modes of transport, internet websites and universal services with a view to ensuring their accessibility.

**Care:** The situation of persons with disabilities and their carers has not improved.The cash benefits were slightly increased but no steps were taken to encourage persons with disabilities and their carers to take up work. The provision of care and special care services remains insufficient. The Polish law on social assistance does not include personal assistance or respite care among the benefits it lays down provisions on. The Solidarity Fund for Support of Persons with Disabilities, which was established in 2018 to remedy the situation, is being reformed and the funding could potentially be spent for other purposes. Social services remain underdeveloped, including for persons with disabilities.

**Employment:** Poland made positive steps towards improving the social and economic inclusion of persons with disabilities.However, women, older people, persons with disabilities, and those with lower qualifications participate in the labour market much less than in many other EU countries. This is due to several factors, such as limited access to childcare and long-term care, underdeveloped public transport outside large cities, and a low statutory retirement age. The employment rate of people with disabilities remained low, hardly improving in recent years.

**Education and training:** In 2019 several projects have been delivered on the ground. The Commission, for example, provided the authorities with support to develop a plan to improve inclusive education.

**De-institutionalisation:** Poland lacks a strategy on how to ensure equal access to quality, affordable and sustainable community-based social services with measurable objectives and underlying national funding. The law on Centres for Social Services adopted in 2019 aims at creating integrated social services, but its impact is uncertain due to the lack of national financing and possible over-reliance on European funds, which cannot guarantee the sustainability of the reform.

**Care:** Long-term care continues to be provided mostly by informal carers, often family members who lack adequate institutional support. Similarly, public expenditure on long-term care at 0.5% of GDP in 2016 is very low comparing to the EU average (1.6%). A comprehensive strategic approach based on the analysis of needs of persons requiring long-term care and their carers as well as the definition of financing sources would be a first. The lower women’s employment rate is linked to their lower retirement age, care responsibilities in relation to children, to persons with disabilities and to other family members in the context of underdeveloped social services.



## **Portugal**

**Accessibility:** EU cohesion policy plays a fundamental role in supporting public investment and strengthening economic, territorial and social cohesion in the Portuguese regions, on the basis of a multi-criteria approach, taking into consideration demographic trends and accessibility criteria.

**Education and training:** The tertiary education attainment rate of persons with disabilities is below the EU average (25.5 % vs. 30.3 % in the EU).

**Social protection:** Expenditure on social protection benefits for disability fell from 2% of GDP in 2013 to 1.7% of GDP in 2017.



## **Romania**

**Poverty and social exclusion:** Despite poverty being at a historically low level in general, Roma, elderly women and persons with disabilities are still highly exposed. The rate of persons with disabilities at risk of poverty or social exclusion in Romania is among the highest in the EU (37.6% vs an EU average of 28.7%).

**Employment:** The lack of synergies and complementarity between educational, employment and social services further aggravates the situation of persons with disabilities. There remains significant scope to improve the effectiveness of activation measures, in particular for providing tailor-made services to vulnerable groups, such as low-skilled, old workers and persons with disabilities. The employment rate for persons with disabilities is below the EU average, 43.7% vs 50.6%. The legal framework does not effectively incentivise their employability and public employment support services are limited. Necessary reforms in the case management approach and relations with employers continue to stall, despite the European Social Fund funding (ESF) available.

**Education:** The equity, inclusiveness and quality of education remain important challenges. Education spending is amongst the lowest in the EU. Early school leaving is very high, in particular for pupils in rural areas, Roma children and children with disabilities. An integrated, nation-wide strategy targeting early school leaving is not yet in place. Educational outcomes, especially in rural and economically deprived areas, are not improving. The early school-leaving rate for persons with disabilities is 41.4%, among the highest in the EU and more than double the EU average (19.6%) whereas the tertiary attainment rate (22.6%) is significantly below the EU average (32.4%).

**De-institutions:** There are no licensed community services for adults with disabilities. The deinstitutionalisation of care for adults with disabilities is only being taken up slowly, while significant EU funds are available.

**Social Security:** A new pension law, enacted in summer 2019, significantly changed several parameters to the minimum pension, disability and survivor benefits.

**Services:** Only 1% of the required centres for people with disabilities or addictions exist in the areas of Sud-Vest Oltenia (compared to 56% in Bucuresti-Ilfov and 57% in Centru).



## **Slovakia**

**Poverty and social exclusion:** The proportion of people at risk of poverty or social exclusion is comparatively low, but it is not decreasing among some groups, such as persons with disabilities.

**De-institutionalisation:** Formal long-term care continues to be dominated by residential facilities, and the process of deinstitutionalising care for persons with disabilities is proceeding slowly. In 2017, there were 47,125 places in social services facilities, with approximately 40% serving pensioners and the other 60% serving people with various types of disabilities or special needs. However, this type of care remains under-resourced, with up to 20% of applicants waiting for a placement for more than one year.

**Care:** Long-term care heavily relies on informal care by family members.Up to 71% of people with a family member who requires long-term care organised this on their own, which keeps a sizeable part of the population outside the labour market. Only the persons diagnosed with severe disabilities (estimated at 20% of those in need of long-term care) receive financial support. Since July 2019, the nursing benefit to care for a family member increased to match the net minimum wage. However, respite services for Slovakia’s 53,000 informal carers (78% of whom are women) of persons with severe disabilities are practically non-existent, with impacts on their families e.g. as regards the labour market participation, as well as society. Slovakia lacks a systematic early support for children in poverty and children with a disability. Only 8.2% out of estimated 14,000 children with a disability (0-7 years old) have access to early support services.

**Education:** Low inclusiveness of education remains a big challenge. The proportion of pupils with special educational needs is among the highest in Europe, at almost 20% of primary school pupils. Some 5.9% of these pupils are educated in special classes or special schools. In several districts in Eastern Slovakia, the proportion of primary school pupils in special schools for children with mental disabilities exceeds 10%.



## **Slovenia**

**Poverty and social exclusion:** In 2018, social benefits played a significant role in alleviating poverty by reducing the poverty rate by 43.16% and the depth of poverty rate by 67%. Sickness and disability benefits had the largest effect on both the poverty rate, reducing it by 28%.

**Social protection:** An amendment to the Pension and Disability Insurance Act (ZPIZ-2G) adopted in November 2019 will improve the adequacy of pensions and increase disability insurance benefits.

**Care:** There has been no progress in long-term care. The Ministry of Health announced that they would make a proposal to address this early 2020. The share of out-of-pocket financing of long-term care costs has been steadily growing over the last decade and has reached almost 27% of these costs in 2017. In September 2019, the Slovenian Court of Auditors found that the state had failed to provide a viable, financially sustainable solution for long-term care during the last 10 years and to guarantee equal treatment for all.

**Mental health:** Funds are supporting the shift from inpatient to outpatient treatment of mental health conditions.



## **Spain**

**Employment:** The employment rate of persons with disabilities remains low. In 2017, the employment rate of persons with disabilities decreased to 40.1%, and the gap with that of persons without disabilities widened to 27.5 percentage points (3.3 percentage points above the EU average), despite the fact that nearly half the total amount of hiring incentives is targeted at persons with disabilities. In November 2019, the wage subsidy in special employment centres for people with disabilities was raised to 55% of the minimum wage (up from 50%).

**Education and training:** Spain still has the highest rate of early leavers from education and training in the EU. These rates are especially high for students with disabilities. €80 million were allocated annually in 2018 and 2019 to a territorial cooperation programme designed to reduce and prevent failure at school and dropping out, by supporting schools and students in vulnerable socio-economic situations.

**Social protection:** roughly one in two children at risk of poverty or social exclusion receives benefits. Standard families above that threshold do not receive regular child benefits, except for children with disabilities.



## **Sweden**

**Poverty and social exclusion:** Persons with disabilities are more likely to be at risk of poverty or social exclusion. This risk in Sweden is higher than the EU average (30.1%; EU average 29.3%), and the gap between persons with and without disabilities is very wide compared with the EU average (14.7 percentage points in Sweden compared to an EU average 10.3 percentage points).

**Employment:** While the employment level of persons with disabilities is 52.6% (2017), which is above the EU average of 50.6%, the employment gap between persons with and without disabilities is wider than the EU average (30.9 percentage points vs EU average of 24.2 percentage points). Their unemployment level, 20.3%, is also higher than among people without disabilities (4.7%, 20-64 years).

**Housing:** While Sweden does not have social housing as such, in special cases the social services may be obliged to provide housing as social assistance (emergency and more long-term housing solutions). Families with children and young people aged 18-29 with a low income, pensioners and people receiving activity assistance (Activity compensation is a compensation for those who are young and will probably not be able to work full time for at least one year due to illness, injury or disability) or sickness assistance can apply for housing benefit.

**Care:** The share of the population receiving long-term care is relatively high by EU standards, whereas the underlying level of need is among the lowest in the EU.

# Related documents

* [EDF Guidelines on engaging in the European Semester Process](http://www.edf-feph.org/sites/default/files/workshop_report_on_the_european_semester_0.docx%22%20%5Cl%20%22overlay-context%3Ddisability-strategy-europe-2020)
* [A brief introduction to the European Semester](http://www.edf-feph.org/newsroom/news/did-eu-know-european-semester)
* [The 2020 Country Reports for all Member States in full](https://ec.europa.eu/info/publications/2020-european-semester-country-reports_en)

# Contact persons at the EDF secretariat

Should you have any questions, or any problems in accessing the documentation, please contact Haydn Hammersley EDF Social Policies officer. (Tel: +32 (0) 2 329 00 58, Email: haydn.hammersley@edf-feph.org).

