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Disability policy reforms in the light of sustainability of the social security system in the Czech Republic, Poland and Hungary

Abstract

With populations ageing across the EU social security systems are becoming financially unsustainable, as a shrinking labour force may no longer be able to provide for a growing number of older people. The paper focuses on the results of the book "Sustainability of the Social Security System – Demographic Challenges and Answers in Central Europe", which project was inspired by very important economic and social issues. One of the conclusions was, most good practices have been related to the employment and rehabilitation of people with disabilities. This paper therefore summarizes the key fundings of disability policy reforms in the Czech Republic, Poland and Hungary. Reforms of disability benefits have been linked to active labour market policies, but there have been no major breakthroughs in employment.

Keywords: sustainability, disability policy reform, disability pension, employment

1. Introduction - Broad context of the topic

Population ageing 2 is the major structural trend which advanced and many emerging market economies will have to deal with in the decades ahead. It has important

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- 2 | According to the White Paper, "With regard to the challenge of ageing populations, the Stockholm European Council in 2001 set out a strategy based on three pillars: i) reducing public debt, ii) increasing productivity and employment, especially for older workers, and iii) reforming social security systems. This three-pillar strategy to address the challenge of ageing populations has recently been complemented in the context of the overarching Europe 2020 strategy, and the 2010

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implications for both the economy and public finances. Research so far has focused, by and large, on the impact of population ageing on government expenditure, in particular via higher public pensions and health care spending.³ Longer term demographic projections show that the EU is about to get a whole lot grayer in the next few decades. In fact, the absolute size of EU's population is forecasted to shrink in the long-run and even more important its age-structure will drastically change within only a few decades. In total, the population would fall by 5% from 447 million in 2019 to 424 million in on behalf of around this time. By contrast, the size of the working age population is projected to fall even faster – from 265 million in 2019 to just 217 million by 2070 – owing partly due that ongoing impact from changes in fertility and life expectancy as well as migration flows.⁴ The old-age dependency ratio is expected to increase with less than two working-age persons for every person aged 65 and more by 2070.⁵

In the long term, this translates into EU populations ageing and social security systems running out of money as a smaller labour force will need to support an increasing number of elderly people.⁶ Out of 12 COFOG (Classification of the Functions of Government)⁷ divisions, it was still social protection that accounted

Green Paper on pensions has launched a debate on a comprehensive approach to achieving adequate, sustainable and safe retirement incomes." European Commission 2012. http://www.europarl.europa.eu/meetdocs/2009_2014/documents/com/com_com(2012)0055_/com_com(2012)0055_hu.pdf (2014.07.08.)

3 | Crowe et al. 2022, See also:

The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060)

The 2015 Ageing Report: Underlying Assumptions and Projection Methodologies

 $The 2012\,Ageing\,Report: Economic and budgetary projections for the 27\,EU\,Member\,States (2010-2060)\,The 2012\,Ageing\,Report: Underlying\,Assumptions and Projection\,Methodologies$

The 2009 Ageing Report : Economic and budgetary projections for the EU-27 Member States (2008-2060)

The 2009 Ageing Report: Underlying Assumptions and Projection Methodologies for the EU-27 Member States (2007-2060)

- 4 | European Commission 2021, 3. The demographics of the global human population is drastically different now than 100 years ago. Worldwide, the fraction of individuals >60 years increased from 9.2% in 1990 to 11.7% in 2013 and is projected to reach 21.1% (>2 billion) by 2050. In light of this trend, the mechanisms of human ageing are being urgently debated and investigated in research institutions around the world. See more: Sander et al. 2015, 185-187. https://doi.org/10.1093/ageing/afu189
- 5 | Ibid. p. 4. There are different ways of defining older people, while public perception as to what constitutes being old can differ widely. Statistics on ageing generally categorise older people as being above a certain age threshold. Indeed, the United Nations (UN) noted in World Population Ageing 2019 that older people are commonly defined as those aged 60 or 65 years or more, while the World Health Organisation (WHO) states that older people in developed world economies are commonly defined as those aged 65 years or more. The WHO also uses an alternative definition, whereby an older person is defined as someone who has passed the median life expectancy at birth. See: Corselli-Nordblad & Strandell (eds) 2020, 9.
- 6 | Corselli-Nordblad & Strandell (eds) 2020, 9
- $\label{lem:condition} $7 \mid $ ttps://www.insee.fr/en/metadonnees/definition/c1064\#:$ ~: text=The \%20C0FOG\%20(Classification\%20Of\%20the, which\%20the\%20funds\%20are\%20used. [15.07.2023.]$

for most expenditure in all EU and EFTA States reporting on their finances Reconstructed general government by functions – annual data.8

This paper has been based on and inspired by the conclusions of the book "Sustainability of the Social Security System - Demographic Challenges and Answers in Central Europe".edited by the author. This project was driven by the above mentioned very important economic and social issues.9 Taking into considerations the above mentioned phenomena the country reports dedicated a separate part to the sustainability of the pension and/or health care system. The comparative chapter also highlighted the key findings which reflect Central-European solutions to the urging problems. One of the conclusions was, most good practices have been related to the employment and rehabilitation of people with disabilities in Serbia¹⁰, Croatia¹¹ and Hungary¹². As Fultz also points out, the high unemployment experienced in most countries during the early 1990s led large numbers of persons with minor disabilities to seek pensions. Further, the transformation brought an increase in mental disabilities and in the number of younger pensioners. ¹³ In the near future, people with disabilities will increasingly form the core part in contributing to labor resources.¹⁴ The first reform steps taken in the Czech Republic (1995) and Poland (1997) during 1996–2000 resulted in decline. in the Czech Republic, by 20 percent and in Poland, by nearly a third, however the reforms have not improved the return of disabled pensioners to work.¹⁵

The paper summarizes the major results of the reform of disability policy in the Czech Republic, Poland, and Hungary. Generally speaking, the problems of the schemes of disability pensions received less attention. The reform legislation was narrower in scope. These systems relied on medical model that had no correlation with the actual ability of a claimant to work. High unemployment in the early 1990s led many people with minor disabilities to seek out pensions and fall into benefits trap.16

The disability reforms introduced since the 1990s are the result of changes that have taken place both inside and outside the disability policy field. Sabatier

^{8 |} https://ec.europa.eu/eurostat/statistics explained/index.php?title=Government_expenditure_on_social_protection#Expenditure_on_.27social_protection.27 [15.07.2023.] In 2021, the total expenditure on social protection benefits in the EU amounted to €4 196 billion, which was equivalent to 28.7 % of gross domestic product (GDP). See also: https://ec.europa.eu/eurostat/statistics $explained/index.php? title = Social_protection_statistics_-_social_benefits \#Expenditure_on_social_title = Social_protection_statistics_-_social_benefits \#Expenditure_on_social_title = Social_protection_statistics_-_social_benefits \#Expenditure_on_social_title = Social_benefits \#Expenditure_on_social_social_title = Social_benefits \#Expenditure_on_social_title = Social_$ protection_benefits_by_function [02.10.2024.]

^{9 |} There are just a few analysis regarding Central Europe like Mussida & Sciulli 2016, Scharle & Váradi

^{10 |} Bojić 2023, 155-178.

^{11 |} Vinković 2023. 71-92.

^{12 |} Tóth & Mélypataki 2023, 111-134.

^{13 |} Fultz 2002, 12.

^{14 |} Krekó & Scharle 2019, 178.

^{15 |} Fultz 2002, 25. 27.

^{16 |} Fultz 2002.13.

and Offe¹⁷ distinguish four groups of causes: 1) external changes in social, economic conditions, technology and other policy areas; 2) flawed constructions of disability policy; 3) changing actor and interest structures; and 4) changes and developments in research and public opinion.¹⁸

According to *Kaufmann* ¹⁹, there exist five major external challenges; of these social and economic challenges probably have a direct influence on the change in guardianship system. For one thing, the social challenge entails a meaning that demographic change is increasing the demand for care and nursing services. The cultural challenge means fulfilling the ideals of formal equality and equal opportunities. By calling into question the social rights that allow everyone to participate in the defining privileges of a functionally differentiated society regardless of income and wealth, it undermines state inclusiveness and narrows, through this, moral respect for others as persons with essentially equal rights and duties. ²⁰

Misallocation and misdistribution of disability policy, for example, overly broad spending on disability-specific social benefits or any incapacity and disability benefits, or insufficient basic services for certain groups of people with disabilities, are the internal factors that Maschke cited to be considered in reform. It follows from internal reasons, too, that Maschke's analytical work deals with the share of the welfare state's care system, viz. the level of benefits and services provided, the contribution to productivity, the balance between them, and so to speak, the examination of *sustainable disability policy*, if there is such a thing..²¹The reforms carried out by the reform movement thus shall contribute to the sustainability of the social security system. In the following, we will examine these steps in the Visegrad countries except for Slovakia.

^{17 |} Sabatier 1993, 116-148., Offe 1995, 31-41.

^{18 |} Maschke 2008, 18.

^{19 |} Kaufmann 1997.

^{20 |} The demographic challenge refers to the fact that the number of people living with chronic diseases increases rapidly with age. The economic challenge, because the continuous increase in productivity, the low growth rate of gross domestic product, the low growth rate of the working age population and the stagnation of the annual working time make it difficult to integrate people with disabilities into the labour market. In addressing this challenge, labelling comes up again. Among the phenomena that can be summarised under the label 'new disability challenge' are the various accounts of the costs of disability that could be saved by new techniques (legal capacity, human rights, right to life). These debates could reverse positive developments in the acceptance of people with disabilities if disability is increasingly seen as an inevitable and therefore self-evident part of human existence. Maschke 2008, 23-24.

^{21 |} Maschke 2008, 23-24.

2. Czech Republic

The research shows that 1.152 million persons with disabilities live in the Czech Republic, which is 13% of persons over 15 living in private households. In other European countries, this percentage ranges between 5 and 25%. ²²

As Biskup and Kotrusová highlight, the core elements of the disability reform were new reform legislation: namely, the Pension Insurance Act and the State Social Support Act, both enacted in 1995. Both pieces of legislation unified certain existing types of benefits and redefined entitlement criteria. The year 1996, the first to feel the effects of the new legislation, witnessed a reduction in the number of new pensions granted along with changes in the share of full and partial disability pensions introduced a new method of calculation for benefit levels. Another consequence of new legislation and, correspondingly, new criteria for evaluation is the fact that, during the period 1996–2000, the total number of full disability pensions had decreased by almost nine percent.²³

One of the most important milestones in the protection against discrimination and ensuring equal treatment was reached when Act No. 198/2009 Coll., on Equal Treatment and Legal Means of Protection against Discrimination and on Amendment to Certain Acts (the Anti-Discrimination Act), came into effect as of 1 September 2009.²⁴

Starek states that, according to Blažková, the following three aspects stimulate companies in the country hire people with disability: discount on taxes, social responsibility and legal obligation. On the other hand, the statutory duty to hire a person with disability raises many questions; negative motivation may lead employers to avoid employing persons with disability. Contrarily, according to research in 2020 carried out by the Czech Chamber of Commerce, the tax discount is the best reinforcer.²⁵

Stefko pointed out that benefits for disabled people were reformed at the end of 2011. Originally, these benefits were regulated by a very old and not well-functioning legislation which originated from communist times. During 2011 the new act on benefits was proposed and adopted. 26 In view of the social integration of disabled persons,

 $^{22 \}mid Czech \ Statistical \ Office \ 2019. \ National \ Plan \ for \ the \ Promotion \ of \ Equal \ Opportunities \ for \ Persons \ with \ Disabilities \ 2021-2025 \ 2020, \ 23.$

^{23 |} Biskup & Kotrusová, 2002, 61-62, 69.

²⁴ | National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025 2020, 8.

^{25 |} Starek 2022, 290.

^{26 | &}quot;The problem however, was that it entered into force not even two months after it was adopted. This meant that many offices did not have enough time to prepare themselves properly for such a change (including some technical changes – for example new software which has to be used in order to provide the benefits to the clients). Right from its beginning, the act was therefore strongly criticized. Some organizations representing people with disabilities also complained that some benefits were reduced through the new system, and that especially for severely handicapped people, who are

primary attention is paid to their employments and to all measures promoting such employment, especially their working rehabilitation. Every employer who employs over twenty-five employees has a duty to employ disabled persons. The obligatory quota²⁷ is 4% of handicapped employees of the total number of employees.²⁸ Besides the direct employment of handicapped persons, employers may also fulfill this requirement by purchasing products or services from special institutions which employ more than 50% handicapped persons, by assigning certain production programs to these organizations or purchasing their products of sheltered workshops operated by citizen cooperatives, owned by the state, a church or a religious assembly, or by placing orders with these subjects, or purchasing products or services from self-employed persons with a physical handicap.²⁹ Another possibility, in order to comply with this obligation to employ disabled persons, is paying, for each person with a physical disability that should be employed, 2.5 times the average monthly wage within the national economy to the state budget. In case he does not do so, however, through one of these three forms, an obligation imposed on the employer would be sanctioned by a fine.30 The current trend of laws is quite categorical that a disabled person shall be made to stay in a family environment that as a rule, provides better possibilities for his or her social integration. Social care services for individuals with dependency are being governed by Act No. 108/2006 Coll., on social services. 31

In this respect, the analysis of the national plan reveals that, although the process of integrating persons with disabilities is now gradually taking place in society, there are still a number of open and unresolved issues with direct influence on the life of these group of people. This unfavourable situation represents persons with disabilities, according to low indicators of employment in the open labour market.³² Barriers must be further removed from public buildings and transport structures built before the Building Act which requires barrier-free building. There

not able to work, it is even more difficult to pay for all the services and special treatment which they urgently need." Stefko 2023, 59.

27 | Čábelková underlines that, even though quotas may do their job if enforced, there are also some arguments against quotas. First of all, the quotas are not always implemented fully. For example, in Austria, only 30% of companies followed the quota for disabled people in 2002. In some countries it is allowed to trade quota places. Thus, in the Czech Republic, if a company purchases products from the companies that employ over 50% of disabled people, it can reduce the minimal number of disabled people necessary to employ. This practice gives the company a legal opportunity not to follow the quota. Furthermore, with a view to meeting the quota with a minimum cost and in the shortest possible time, the firms may opt for internal employment rather than external and may target those disabled who are closest to the labor market, thus leaving the others unattended. Whereas, on the other hand, those disabled persons who manage to get the employment, may open the ways to others. Čábelková 2015, 299. 28 | See also Starek 2022, 289.

- 29 | See also European Commission, Employment, Social Affairs & Inclusion Your social security rights in Czech Republic, European Union, 2013
- 30 | Stefko, 59-60.
- 31 | Stefko, 60.
- 32 | See also the Concluding observations, on the initial report of the Czech Republic, 2015, CRPD/C/CZE/CO/1: p. 7.

is also an urgent need to monitor the application of valid regulations concerning the barrier-free nature of structures. Finding a transparent, just and effective way of funding social services is another urgent task. Decades now, coordinating rehabilitation has been tackled in terms of legislative treatment; this is the initial step to establishing conditions that will guarantee the continuity of individual components of rehabilitation, ensuring rehabilitation care is comprehensive.³³

The conclusion given by Starek was that next to the present system in the Czech Republic, support for employment has to be developed further. It is possible to underline that the primary mechanisms that support employing people with health handicaps include a question of their will to be employed; employers' attitude to employment of people with health handicaps; informational and counselling system for employers; cooperation of several services - that is, employer, charity, the Office of Labour; duty of employer with more than 25 employees to hire someone with health handicap in the share of 4 % from the total number of employees; financial stimulus for employers in the open or supported job market; acknowledgement of disability; disabled pension; attitude of society against a disabled person.³⁴

3. Poland

The system for evaluating disability and the available supports for people with disabilities in day-to-day life and in the labour market are regulated in Poland by the Act on Vocational and Social Rehabilitation and on the Employment of Disabled Persons of 27 August 1997³⁵ (Journal of Laws of 2019, item 1172, as amended).³⁶ Unfortunately, it has been changed more than 60 times since its introduction.³⁷

33 | National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025 2020, p. 9. For more information see: https://vlada.gov.cz/en/ppov/vvzpo/uvod-vvzpo-en-312/[29.09.2024.]

- 34 | Starek 2022, 300.
- 35 | About the Polish history see Wóycicka et al. 2002, 147-226.
- 36 | Important pieces of legislation concerning the situation of persons with disabilities are: Act on Healthcare Services Financed from Public Funds (Journal of Laws 2004 No. 210 item 2135), Act on Retirement and Disability Pensions from the Social Insurance Fund (Journal of Laws 018, item 1270), Act on Family Benefits (Journal of Laws 2003, No. 228, item 2255), Act on Social Welfare of 12 March 2004 (Journal of Laws of 2018, item 1508, 1693, 2192, 2245, 2354 and 2529) concerns available financial support, including support for people with disabilities. These possibilities are closely linked to the legal status of the given person. The law applies to migrants who have permanent residence rights in Poland obtained on any basis, as well as to persons residing in Poland on the basis of certain types of temporary residence permits and citizens of Ukraine subject to temporary protection in Poland. Support for people with disabilities in Poland https://forummigracyjne.org/wp-content/uploads/2022/12/3223.pdf [29.09.2024.]

37 | Struck-Peregończy 2015, 110. In Poland, the disability pension, now renamed the inability-to-work pension to stress its linkage with functional capacity, was available only to those with a demonstrated functional loss 1997. The Polish reforms also shifted responsibility for eligibility determinations from medical boards to individual doctors, centralized their supervision, and established new requirements for their education and training. Fultz 2002, 23.

According to Wóycicka, Ruzik and Zalewska some of the important features of the disability reform included: the first reform in 1995 was the entrustment of the Polish Social Insurance Authority – ZUS with the competence to provide rehabilitation in order to avoid that a person who is sick or temporarily unable to work passes into permanent or long-term disability groups, the new indexing mechanism implied the fall in average benefits relative to wages. The 1997 legislation made 'inability to work' a new category of eligibility, as opposed to the previous one called 'disability', for the ZUS social insurance benefits. Professional supervision was utilized to raise the level of professionalism and skill of the medical professionals. Alongside free training –or retraining– by labour offices, for people referred to them by ZUS, ZUS introduced a new kind of pension named 'training pension'³⁸ Spending on disability pensions fell from 4.2 percent of GDP in 1996 to 3.8 percent in 2000 after the reforms.³⁹

In 1997⁴⁰, through Sejm of Rzeczpospolita Polska passed the Charter of Rights for People with Disabilities, a declaration of values that delineated the areas within which the state should take actions to realize the rights of the disabled for "independent, active life that is free from any traces of discrimination."⁴¹

According to Article 69 of the Polish Constitution "public authorities shall provide, in accordance with statute, aid to disabled persons⁴² to ensure their subsistence, adaptation to work and social communication". This provision is not a source of a subjective right that disabled people are entitled to⁴³.

The Republic of Poland is a Central European country, estimated to have about 38.5 million people. It can be estimated that, depending on the approach towards the definition of disability, it ranges between 12.2 and 21.5% of Polish residents. 44 During the last years, the growth of the labour activity rate of the disabled was one of the top issues of public concern. Quite expectedly, the labour market situation of the impaired is much worse compared to that of able-bodied people. During 2011-2018, the labour activity rate of disabled grew from 26.3 up to 28.3%, but was much lower compared to that of able-bodied people. One can also draw a similar inference from the rate of employment analysis. The difference in the rate of employment between able-bodied subpopulations and that of the disabled subpopulation stands within 47-51 percentage points. 45

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38 | Wóycicka et al. 2002, 165-171.
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Fultz 2002. 24.

^{39 |} Wóycicka et al. 2002, 171.

 $^{40\ |\} Poland,$ with the highest ratios of pensioners and expenditures adopted a set cost-controlling measures. The most significant of these was the shift in indexation for pensions from wages to prices both old and disability

^{41 |} Radlińska et al. 2014, 27. . Struck-Peregończy 2015, 107.

^{42 |} On the definition of disabled see Czyrka & Borowiecki (2014)

^{43 |} Decision of the Constitutional Tribunal of 6 September 2000, Ts 69/00, OTK 2000/7/277. Barański 2023, 97.

^{44 |} Struck-Peregończy 2015, 105.

^{45 |} Jabłońska-Porzuczek 2019, 145.

As of 31 December 2021, 337.0 thousand disabled persons were working for 198.4 thousand entities, which employed more than 10 persons⁴⁶, they were employed mainly in administrative and support service activities (30.3%), including detective and security activities (18.7%) and service activities related to maintenance of buildings and green areas development (8.4%). Every fourth disabled person worked in manufacturing (23.5%), especially in the food processing (3.9%). 10.4% of disabled persons worked in health care and social assistance, predominantly in health care (8.2%).⁴⁷ In December 2021, there were 2.3 million people in Poland receiving old age and other pension benefits and/or covered by insurance from the Social Security Institution, who were certified with the level of disability (issued by medical assessment commission) or certified with the level of inability to work (issued by the Social Security Institution)⁴⁸.

Definitions of degrees of disability⁴⁹ and inability to work are founded in the medical model of disability, concerning disablement with an inability and not barriers to employment or else, that disabled people may experience. Concepts such as 'incapable of work' create a general belief amongst employers that disabled people cannot work at all. Also, some individuals with disabilities have developed a belief themselves that they are prevented from working.⁵⁰

The Polish Federation of Supported Employment (PFZW) unites organizations that have, since 2001, enabled supported employment for people with disabilities on the free labour market in Poland. It integrates stakeholders participating in supported employment projects and underlines competencies and inputs of people with disabilities to economy and society. PFZW acts in accordance with the highest international standards. Their results are more than 13,000 people with disabilities have benefited from supported employment services in the last 20 years, more than 40% of service users take up employment on the open labour market, almost 1,000 employers have been supported thanks to our career consultancy services. ⁵¹ Sheltered employment segregates disabled people from the society and,

^{46 |} Persons with a disability certificate based on Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Disabled Persons (Journal of Laws 2021 items 573, 1981 and 2022 items 558, 1700).

^{47 |} Of disabled people of working age in 2021, in Poland, only 22.4% are in paid employment, and more than 40% of them are estimated to be employed in the open labour market32. In subsidised workplaces, 66% of them are thus in the sheltered labour market. There exist two types of sheltered workplaces in Poland: sheltered enterprises (zakłady pracy chronionej) and vocational activity enterprises (zakłady aktywności zawodowej). Struck-Peregończy 2015,114.

^{48 |} https://stat.gov.pl/en/topics/living-conditions/social-assistance/disabled-people-in-2021,7,3. html p. 2. See also The Ministry of Investment and Economic Development Governmental Programme Accessibility Plus 2018–2025, The Ministry of Investment and Economic Development Warsaw 2018, https://www.funduszeeuropejskie.gov.pl/media/72628/Dostepnosc_angielski.pdf [1.10.2024.]

^{49 |} See Jabłońska-Porzuczek 2019, 145.

^{50 |} Struck-Peregończy 2015, 107.

^{51 |} https://pfzw.pl/en/ and https://pfzw.pl/wp-content/uploads/2022/10/raport_ostateczny.pdf (Accessed: 09 September 2024.) see also: Struck-Peregończy 2015, 112.

therefore, as a result fosters negative attitudes in the society and creates a barrier for increased employment of persons with impairments. The number of sheltered workshops (in 2011 1797, in 2018 922) and disabled employees (in 2011 192,563, in 2018 113,766) decreased over the last decade.⁵²

It is prohibited for disabled people in Poland to work while simultaneously receiving any financial support in the form of disability pension. There are two major types of disability pension: an 'inability to work pension' and a 'social pension'. The former is a contributory benefit for persons who have worked for more than a certain period; the latter is a non-contributory, non-means-tested benefit for persons who have no work experience and became disabled in their youth. 53

The quota levy system, adopted by Poland, binds every employer employing 25 or more workers to ensure that at least 6% of their employees are disabled people. In the event of failure to meet the quota, the employer is obliged to pay into the State Fund for Rehabilitation of Disabled Persons -SFRDP. Those which fulfill the quota - or that are not obliged to do so, but who nevertheless employ disabled people – are entitled to a monthly subsidy from the SFRDP.54 For 72% of employers, the possibility of gaining the subsidies is the decisive factor in employing disabled workers. The consequence of all this, as far as many disabled people are concerned, is low-paid, low-skill, low-status employment. Because the level of the subsidies does not depend on the wages paid to the workers with disabilities, the employers are stimulated to create low-cost job positions.55 Between 2011 and 2018, data from the Financing and Reimbursement System of the State Fund for Rehabilitation of Disabled Persons shows a 2.7% growth in the number of subsidized jobs. This was to be accompanied by a 38% decrease in the number of disabled people employed in sheltered workshops and a 102% increase in the number of disabled people employed in the open labor market.⁵⁶ Despite these results disabled people are largely affected by professional inactivity. In 2011-2018, nearly 3/4 of the disabled population were economically inactive working-age persons.⁵⁷

4. Hungary

Within the Hungarian social care system, the most important task of the Hungarian pension system is to care for the elderly. At the same time, until 2012, disability and accidental disability pensions were also financed from this system. One of

- 52 | Jabłońska-Porzuczek 2019, 147.
- 53 | This system does not pay any attention to extra costs due to disability. See more: Struck-Peregończy 2015, 113-114. See also Čábelková 2015, 300.
- 54 | Struck-Peregończy 2019, 109.
- 55 | Struck-Peregończy 2015, 111.
- 56 | Jabłońska-Porzuczek 2019, 147-148.
- 57 | Jabłońska-Porzuczek 2019, 151.

the keys to sustainability in Hungary has been to limit access to early retirement schemes and other early exit options from the labour market, and to reintegrate workers with reduced working capacity into the labour market. A new reform was therefore justified from 1 January 2012. A complex approach to rehabilitation was already introduced in Hungary in 2008. The essence of complex rehabilitation is the appropriate coordination of areas. Previously, there were 3 areas, but now there are 5: medical, mental health, social, training and occupational rehabilitation. However, from 1 January 2012, a new reform has been introduced. ⁵⁸

According to the explanatory memorandum of the Act, it established a unified system of benefits for persons with a disability, the aim of which was to create the conditions for the employment-centred rehabilitation, social reintegration and employment of persons with a disability based on their remaining and developable skills. To this end, the Act contains two main areas of focus. On the one hand, it includes cash benefits to compensate for loss of income and, on the other, services to assist rehabilitation. This was necessary because the benefits system for people with disabilities has become fragmented over the past decades, with different types of benefits providing assistance to people with disabilities and different levels of rehabilitation, re-integration and incentives. The current benefit system has encouraged the long-term use of cash benefits rather than rehabilitation and work without benefits. ⁵⁹

In 2011, almost 22% of the working-age population (15-64 years) reported having a long-term health problem or illness (almost one and a half million people) and more than 50% felt that they were limited in their opportunities and skills in the labour market, according to the Central Statistics Office (KSH).⁶⁰ Women accounted for a higher proportion of most health problems and the report shows that these percentages increase with age.⁶¹

58 | Legislation related to the new system of occupational rehabilitation: Act CXCI of 2011 on the Benefits of Persons with Disabled Work Ability and on the Amendment of Certain Acts (Mmtv.), Act CXCIV of 2011 on the Economic Stability of Hungary, Decision on the Establishment of the Rehabilitation Authority, Government Decree 327/2011 (XII. 29.) on the Procedural Rules for the Benefits of Persons with Disabled Work Ability, Government Decree 1502/2011 (XII. 29.) 7/2012 (II. 14.) NEFMI Decree on the detailed rules for the complex qualification, NEFMI Decree No. 7/2012 (II. 14) on the detailed rules for the complex qualification, NEFMI Decree No. 8/2012 (II. 21) on occupational rehabilitation experts, and Government Decree No. 327/2012 (XI. 16) on the accreditation of employers of workers with reduced working capacity and on budgetary support for the employment of workers with reduced working capacity.

59 | Explanatory memorandum to the Mmtv. Available athttps://uj.jogtar.hu/#doc/db/1/id/A1100191. TV/ts/20240701 [23.09.2024.]

60 | The labour market situation of the Hungarian population with disabilities is not good by international standards. The Labour Force Survey, which covers all EU countries, last included a question on working capacity in 2011. According to this survey, Hungary was at the bottom of the European league: its relative employment rate (30%) was just over half the EU average (56%), with only Bulgaria having a lower rate than Hungary. Krekó & Scharle, 2020, 182.

61 | Persons with Disabled Work Capacity on the Labour Market, 2011

The main principle of the law is to change the medical approach permanently and effectively, and to prioritise rehabilitation in order to help people with disabilities to work more effectively, to engage in gainful activities that enable them to support themselves and their families. This can contribute to ending dependency on public care and ensuring equal opportunities, creating opportunities for people with disabilities to work in value-added jobs, to be self-sufficient and to improve their standard of living.62

The rehabilitation employment and the surrounding support services have been the transformation focus until recently. In the reform, active solutions refer to the employment rules where the rehabilitation services are joined with the employment policy instruments. The theme deals with the effective employment of people with disabilities where persons with disabilities are found within society. The most important among these are, of course, the employment policy instruments relevant to outplacement, of which the corresponding rules under the Employment Act have since been abolished. On the other hand, there does seem to be a trend toward urging employers to contribute to successful integration. What, then, are the most significant legislative steps toward promoting labor market integration? Article 28 of NFM Decree 14/2012, 6.3.2012 outlines the governing rules for support with regard to workers with disabilities and stipulates that in respect of the employment of workers with disabilities, support may be granted as an allowance for wages.63

Pursuant to Article 23 of Act CXCI of 2011 on the Benefits of Persons with Disabled Work Ability and Amendments to Certain Acts (Mmtv.): Employers are obliged to pay a rehabilitation contribution in order to promote occupational rehabilitation of people with work ability that are disabled, provided the number of employees is more than 25 and the number of people with work ability that is disabled employed by them amounts to less than 5 percent of the number of employees. In case the employer hires a person with reduced ability for work, he is entitled to the benefits in accordance with the regulations of the Act CXCI of 2011.

However, the restructuring has not brought about any significant change in employment figures. The number of people with a disability in 2017 was 122 638, gradually increasing until 2020, when the number of people in employment was 126 106. Later KSH data are no longer available. The number of unemployed persons was 20 578 in 2017, decreasing to 13 690 in 2020. The number of employed persons with a disability has stagnated compared to the number of employed persons

^{62 |} The importance of rehabilitation is also reflected in the law by the fact that, in a break with previous practice, instead of determining the percentage of health impairment, eligibility for benefits is based on a complex assessment based on the degree of health retained and the individual's chances of rehabilitation and employment and their direction. To this end, the law also treats the concept of health in a complex way, taking into account the physical, mental and social circumstances of the individual.

^{63 |} On incentives see Krekó & Scharle 2020, 183-184.

without a disability. Both the economic activity of persons with and without a disability is stagnating.⁶⁴ In 2019, almost a quarter (23 percent) of the working-age disabled population was in work, just under a third of the employment rate of the healthy population. Between 2011 and 2015, the latter relative rate barely changed as employment in the total population also rose rapidly. Between 2017 and 2019, however, both relative and absolute employment rates showed a slow increase.⁶⁵

Although KSH data on employment is not available, the central budget figures are telling in recent years. The 2024 allocation for supporting the employment of disabled workers is HUF 61 531.3 million.66 According to the Budget Law https:// magyarkozlony.hu/hivatalos-lapok/QBtX1KkIggzxfEb5vS0s63ab423ce9373/ dokumentumok/09e9d8765f6e8986ff869a305f492695e6e30aee/letoltes , the Ministry of Finance expects to receive around HUF 173,800 million in 2024 from the tax on rehabilitation contributions.⁶⁷ In other words, according to the planning based on the payment data of the past years, in 2024 the employers concerned are expected to decide to pay the contribution instead of employing more than 72 thousand employees with altered working ability (at the expense of the rehabilitation contribution) - while thousands of employees with altered working ability and disabilities are waiting for the right labour market opportunities. In its absence, employers are expected to pay HUF 174 billion in taxes to the treasury instead of the win-win (beneficial) situation of rehabilitation employment. The development of the employment of people with disabilities shows that in 2023 the Government planned to receive HUF 158 billion from the tax on rehabilitation contributions, based on the payment of contributions instead of the employment of around 75,000 people with disabilities. 68 In 2022, the Government planned to receive HUF 116,300 million from the tax on rehabilitation contributions, while the subsidy for the employment of people with disabilities was HUF 50,165.0 million. In other words, there is clearly an improvement in the number of people in employment, but still more employers should take advantage of the employment opportunities. ⁶⁹

The increased rehabilitation contribution has led to an increasing number of employers showing an interest in hiring people with disabilities in recent years, but their integration has often been and still is difficult. Generally speaking, people with a disability can do any job where their skills, knowledge and experience can be used, where their disability is taken into account and where they are not put at risk of accidents. Despite this, there has not been much integration into the labour market.

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64 | https://www.ksh.hu/docs/hun/xstadat/xstadat_evkozi/e_megvamk9_16_01j.html [02.10.2024.]
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^{65 |} see Krekó & Scharle 2020. 180.

^{66 |} Act LV of 2023 on the 2024 Central Budget of Hungary

^{67 |} Act LV of 2023 on the 2024 Central Budget of Hungary

^{68 |} https://ertekvagy.hu/hu/-/rehabilitacios-hozzajarulas_2024 [23.09.2024.]

^{69 |} Act XC of 2021 on the 2022 Central Budget of Hungary

^{70 |} See on this Dajnoki 2014, 117.

5. Concluding thoughts

Reviewing the literature on disability policy in English, it became clear that little information is available on the disability pension reforms and its effectiveness. Reforms of disability benefits have been linked to active labour market policies, but there have been no major breakthroughs in employment.

The first reform steps taken in the Czech Republic (1995) and Poland (1997) during 1996–2000 resulted in decline, in the Czech Republic, by 20 percent and in Poland, by nearly a third, however the reforms have not improved the return of disabled pensioners to work.

In the Czech Republik according to the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities an unfavourable situation persists in the field of employing persons with disabilities, particularly in terms of employment in the open labour market. Another urgent task is finding a transparent, just and effective manner of funding social services. The legislative treatment of coordinating rehabilitation has been tackled for decades now, and this is the initial step for establishing the conditions to ensure the continuity of individual components of rehabilitation and making sure rehabilitative care is comprehensive.

In the recent years in Poland, the increase in the activity rate of disabled people has been a major topic of public discussion. The labor market situation of people with impairments is much worse than that of able-bodied persons. Disabled people are largely affected by professional inactivity.

In Hungary a new reform has been justified since 1 January 2012. A complex approach to rehabilitation was already introduced in Hungary in 2008, much later than in the Czech Republic and Poland.

In all three countries the focus in the transformation has been on quota regulation and the surrounding support services. However, the restructuring has not brought about any significant change in employment figures.

The main principle of the new reforms shall be to change the medical approach permanently and effectively, and to prioritise rehabilitation in order to help people with disabilities to work more effectively, to engage in gainful activities that enable them to support themselves and their families. This can contribute to ending dependency on public care and ensuring equal opportunities, creating opportunities for people with disabilities to work in value-added jobs, to be self-sufficient, to improve their standard of living and to decrease the burden on the social security system. This might contribute to a sustainable disability policy.

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