IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES IN SLOVAKIA

ALTERNATIVE REPORT OF NON-GOVERNMENTAL AND DISABILITY PERSONS ORGANISATIONS

JULY, 2015
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INTRODUCTION

The Alternative Report is submitted by organisations representing the interests of persons with disabilities in the Slovak Republic. It provides information on the implementation of the United Nations Convention on the Rights of Persons with Disabilities (hereinafter “the CRPD”) from perspective of persons with disabilities and their organisations.

For the Slovak Republic, the CRPD entered into force on the day of June 25, 2010 in accordance with Article 45(2). Pursuant to the decision of the National Council of the Slovak Republic, the Convention is the international treaty which takes precedence over the law in accordance with Article 7(5) of the Constitution of the Slovak Republic. The Slovak Republic made the reservation to the provision of Article 27(1)(a) of the Convention on the Rights of Persons with Disabilities in accordance with its Article 46, which reads as follows: “The Slovak Republic shall apply the provisions of article 27(1)(a) on condition that the implementation of the prohibition of discrimination on the basis of disability in setting conditions of recruitment, hiring and employment shall not apply in the case of recruitment for service as a member of the armed forces, armed security forces, armed corps, the National Security Office, the Slovak Information Service and the Fire and Rescue Corps.”

This alternative report has been prepared in accordance with the recommendations of the United Nations Committee on the Rights of Persons with Disabilities. It is a result of collective effort of Slovak Disability Council’s member organisations and other domestic and international organisations, especially the Mental Disability Advocacy Center. Our deepest gratitude belongs to all those who took active part in discussions and drafting process.

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1 Slovak Disability Council was established in 2003. It has 19 members and DPOs representing all types of disability. The mission of Slovak Disability Council is to ensure that persons with disabilities have full access to all human rights through their active involvement in policy development and implementation in the Slovak Republic and in Europe. It participates in development and implementation of legislation, it is active in the Government Council for Human Rights, National Minorities and Gender Equality and especially its Committee for Persons with Disabilities, and other advisory bodies and working groups. Its activities are based on principles of the UN CRPD. Slovak Disability Council is a member of the European disability forum.

2 The Mental Disability Advocacy Center (MDAC) is an international human rights organization which uses the law to secure equality, inclusion and justice for people with mental disabilities worldwide. MDAC’s vision is a world of equality where emotional, mental and learning differences are valued equally; where the inherent autonomy and dignity of each person is fully respected; and where human rights are realised for all persons without discrimination of any form. MDAC has special consultative status with the United Nations Economic and Social Council, and participatory status at the Council of Europe.
EXECUTIVE SUMMARY

This alternative report contains the views of Slovak and international organisations representing persons with disabilities. It presents description of current situation in the Slovak Republic and explains in which areas the law and practice violate respective Article of the CRPD. Our report also formulates crucial recommendations, including:

Amend the Anti-discrimination Act to include definition of reasonable accommodation in accordance with Articles 2 and 5 of the CRPD, ensuring that reasonable accommodation applies to all areas of life of persons with disabilities.

Support and improve accessibility and ensure that principle of universal design is fully respected. Introduce appropriate control mechanisms and address the lack of authorised experts to assess accessibility. Ensure that all obligations are fully respected by both public and private entities.

Amend the Civil Code and abolish deprivation and restriction of legal capacity and introduce new instruments based on supportive decision-making. Abolish all automatic consequences of deprivation and restriction of legal capacity.

Ensure the continuation and extension of deinstitutionalisation and enhancement of community based services.

Amend the legislation aiming to increase the quantity of aids and services, and to simplify the conditions for granting allowances and discounts.

Ensure inclusive education for all children on all levels of education and transform segregated special educational system.

Ensure availability and accessibility of early intervention services.

Support the right to work more extensively. Take measures to enable employment of persons with disabilities on the open labour market, promote the formation of job opportunities and financially contribute to the creation and sustainability of jobs.

Ensure appropriate standards of living and social protection.

Create and facilitate the development of processes to enable organisations representing persons with disabilities to actively engage in the in the CRPD monitoring. Support advocacy and self-advocacy movements of people with disabilities. Mainstreaming disability issues should be enhanced to ensure that people with disabilities are included in all programmes and policies throughout all the relevant sectors.
SELECTED ARTICLES OF THE CRPD

Article 5 CRPD – equality and non-discrimination

1. Prohibition of discrimination is regulated by Act No. 365/2004 Coll. on Equal Treatment (the "Anti-discrimination Act"), which explicitly includes disability as a recognised ground of discrimination (section 2 paragraph 1). Despite this recognition, the legislation remains problematic insofar as it fails to define or implement the notion of reasonable accommodation, which is also not explicitly recognised in Slovak legislation. While section 7 of the Act requiring employers to adopt measures that enable persons with disabilities to access, exercise and advance within employment may resemble such accommodation, however it relates only to employment and thus is highly limited. With regard to Article 5 CRPD, it is necessary that the law explicitly defines the concept of reasonable accommodation and that the law provides its applicability in all areas of life of persons with disabilities. The third problem is missing regulation of multiple discrimination. The Slovak law does not recognise this concept, even though the recognition of multiple discrimination and its definition in law is especially important for most vulnerable groups of persons with disabilities, like women, children and elderly people or Roma or migrants.

Proposed recommendations:

- amend Section 2a of the Act No. 365/2004 Coll. the Anti-discrimination Act to include definition of reasonable discrimination in accordance with Articles 2 and 5 CRPD, and to ensure that reasonable accommodation applies to all areas of life of persons with disabilities;
- amend Section 2a of the Act No. 365/2004 Coll. the Anti-discrimination Act to include definition of multiple discrimination.

Article 9 CRPD – accessibility

a) Accessibility of Buildings and Areas

2. The principle of barrier-free use of buildings and areas is explicitly mentioned in the Act No. 50/1976 Coll. on Land-Use Planning and Building Order (the Building Act) and in the Decree No. 532/2002 Coll. Both of these detail the general technical requirements for the construction of and usage of buildings by persons with reduced mobility and orientation. Issue of accessibility is divided in this section of the report with respect to legislation still in force (para. 3-6) and the proposed legislation (para. 7).

3. The first problem relates to the fact that the requirements for the barrier-free access defined by the existing Decree, relate only to “the buildings used by persons with reduced mobility and orientation”. The problem arises during the interpretation of the relevant provisions of the Decree. If the investor decides that the construction for housing or employment is not in-
tended to be used by persons with reduced mobility and orientation, the building does not have to be barrier-free. Such interpretation is, in our view, unacceptable.

4. Another issue relates to the fact that the Decree does not explicitly mention that the barrier-free access applies to all the functional parts of the building. Consequently, the barrier-free access to the building is therefore often wrongly interpreted as a barrier-free character of the entire building. It is emphasised that the parts of the building intended for the public use have to be designed in accordance with parameters enabling access to wheelchair users as defined in the appendix to the Decree. However, the appendix also contains accessibility parameters related to persons with physical, visual and hearing impairments, which are often neglected. The Decree does not contain provisions for persons with intellectual and learning disabilities.

5. The Decree also stipulates the need to label constructions with the International Symbol of Access. However, there are no clear rules or authorised persons to decide on the appropriateness of such symbols. Consequently, the usage of the symbols is often misleading as they are placed on buildings/areas which do not meet the accessibility criteria.

6. It is very worrying that the Decree does not contain any sanctions for non-compliance with the principles of accessibility. There is also no formal mechanism to monitor compliance. Moreover, it appears that the building authorities, which play a critical role in the process of permitting and granting final commissioning approval for constructions, are not sufficiently equipped and do not have the capacity or competence to promote barrier-free accessibility. Therefore, the non-compliance with the principles of accessibility often occurs not only in the reconstructed buildings, but also in new buildings, such as medical facilities, schools, public administration buildings etc. Citizens with reduced mobility, especially wheelchair users, often cannot enter public buildings in order to arrange their benefits and social services; buildings are not equipped with accessible toilets, elevators or accessible parking places.

7. The new Building Act is now in the final stages of implementation. The draft of the new law no longer uses concept of “buildings used by persons with reduced mobility and orientation” but instead uses “barrier-free use of buildings and areas” because persons with disabilities have to have the access to all buildings used by the public. A more precise specification of buildings for the public use, constructions for housing and employment, and criteria for the barrier-free use of buildings and areas should be determined in the Ministerial decree which will be drafted after the adoption of the Act. The fact that the Act is not based on the principle of universal design and does not contain sufficient control mechanisms is largely problematic. While an affidavit of compliance with the regulations is introduced as a compulsory part of the construction documents, it does not address the lack of assessment of accessibility by licensed experts.
b) Accessibility in Transport

8. In addition to the national legislation, the accessibility of transport is governed by EU regulations on passenger rights in air, rail, bus and coach transport, and maritime and inland waterway transport. Requirements for the accessibility of transport constructions are stipulated in the aforementioned Decree No. 532/2002 Coll. The application of this Decree poses a problem even in case of the transport engineering, such as insufficient access to platforms and accessibility of information systems, training of operating personnel, etc. Despite several successes, the improvements of accessibility of the means of public transport such as rails/trams/buses are sow and random, mainly due to the incomprehensive legislation.

9. The introduction of vehicles that conform with the accessibility requirements for people with disabilities (including low-floor public transport vehicles, internal and external voice signalling for people with visual impairments, visual signalling for people with hearing disabilities), is largely dependent on the financial prospects of the country, the will of governing bodies and the support of the European structural and investment funds. Legislation prohibiting the launch of vehicles not satisfying the accessibility requirements is not in place.

c) Accessibility of Information

10. The provision of Internet and information systems in general and specifically to persons with disabilities is regulated by Act No. 275/2006 Coll. on Public Administration Information Systems and the Decree 55/2014 Coll. on Standards for Public Administration Information Systems, issued by the Ministry of Finance, which implements the Web Content Accessibility Guidelines (WCAG) 2.0. The major flaw of this legislation is that it only applies to the public administration and its institutions. Thus, it does not apply to universities, private and church schools, private companies, private institutions financed from public funds, and to bodies supplying services and goods to public institutions. In fact, the accessibility of Internet and mobile applications is not regulated at all. The accessibility of electronic banking is still a critical and unresolved problem. The accessibility is almost exclusively provided by private banks, despite the fact that cashless payments between the citizen and the public administration are increasingly required. The issue is not only the scope of the decree but also its slow implementation, which causes problems. In addition to the accessibility from the point of view of the blind, partially sighted, deaf, and physically disabled persons, it is also necessary to pay attention to the accessibility for persons with intellectual and learning disabilities.

11. However we consider as a significant development that the implementation of this Decree is a disqualifying criterion for all projects, regardless of the status of the implementers and beneficiaries, within the priority axis of the Information Society of the Operational Programme Integrated Infrastructure for the period of 2014-2020. Nevertheless, based on experience from the
2007-2013 programming period, we are afraid that the resulting products of projects will not satisfactorily meet the accessibility criteria, even despite the above mentioned ex-ante conditionality.

d) Accessibility in Public Procurement

12. The Act No. 25/2006 Coll. on Public Procurement enables inclusion of accessibility of constructions, information and communication systems, services and goods among the public procurement criteria. However, these are not mandatory and in practice, they are not required at all.

e) Individual Assistance in the Area of Accessibility

13. Provision of assistance and additional individual aid aiming to facilitate access to buildings, access to transport, information, services, and goods is legislatively regulated by the Act No. 447/2008 Coll. on Financial Contributions to Compensate Severe Disability. This Act enables to provide allowances for personal assistance, necessary construction works making apartments and family houses occupied by a person with severe disability accessible, to simplify individual transport and to purchase the aids. Among other things, the Act No. 448/2008 Coll. on Social Services enables providers of guide and reader services and of interpretation into the sign language to acquire an allowance to perform these social services. However, subsidies for these purposes are not obligatory. The basic problem is the amount of the allowance and its limitations depending on the amount of the income of the disabled person. The amount of the allowance for personal assistance is not motivating to carry out this work, which makes it considerably difficult to obtain assistants, in particular in case of large-scale needs. The dependence on the income of the person with disability is also negatively manifested even in case of a higher income, when the price of an aid considerably exceeds the income. There have been discussions, even on the side of the State, lasting for several years, about the need to radically amend both acts. Although there are relevant working groups, amendments have not been in sight yet.

**Proposed recommendations:**

- adopt a strategy of systematic provision of the access to buildings, areas and transport designed for public;
- introduce an institute of authorised expert in the field of barrier-free use of buildings and areas. Determine categories of constructions where the opinion of authorised expert will be a compulsory part of construction documents;
- establish system of training programs in the field of barrier-free use of buildings, areas and transport for students, employees of building offices, project architects, operators of public facilities, personnel of carriers and stations;
• legislatively stipulate voice information systems for visually impaired people and visual information systems for hearing impaired people as mandatory equipment of vehicles of public bus and train transport;
• legislatively stipulate the ban on putting into operation the public transport vehicles non-complying with the requirements of accessibility for persons with reduced mobility and orientation;
• consistently implement and monitor the application of the rules on accessibility in e-government and other e-services in the public and private sectors, including information kiosks, ATMs, ticket vending machines, electronic waiting lists visually inviting clients according to the order number, and the like;
• amend the Public Procurement Act so that the procurement conditions include criteria of accessibility in the construction, transport and ICT sectors.

Article 12 CRPD – equal recognition before the law

14. Guardianship and legal capacity are regulated in Act No. 40/1964 Coll. the Civil Code, and Act No. 99/1963 Coll. the Civil Procedure Code. Section 10 of the Civil Code enables the court to deprive or restrict an individual’s legal capacity on the basis of mental disability. The Slovak law operates solely within the framework of substitute decision-making, and there no provisions based on notions of supportive decision-making.

15. A person deprived of legal capacity cannot validly exercise any legal act and is automatically stripped of various fundamental rights and freedoms, such as the right to enter into marriage or the right to vote or stand for elections (see below). Alternatively, if a person’s legal capacity has been restricted, the court delineates those legal actions that he or she cannot validly perform. In both cases, legal actions of a person deprived or restricted of legal capacity are performed by his or her guardian who is understood as a legal representative and substitute decision-maker. Both provisions are contrary to Article 12 CRPD.

16. In June 2015, the Parliament adopted a new law on non-contentious civil proceedings that should enter into force in July 2016. The law inter alia introduces new procedural rules regulating legal capacity proceedings. Notably, the court will no longer be able to deprive individuals of legal capacity and will be limited instead to the restriction of legal capacity. Though this is a positive development, it is regrettable that these changes in procedural law were not accompanied by corresponding changes in the Civil Code and substantive law. The regime of deprivation still remains intact, and no alternatives to the current modes of substitute decision making have been enacted. It is therefore advisable to strike-out Section 10 of the Civil Code, thereby abolishing both the deprivation and restriction of legal capacity. Further, it is necessary to introduce legal instruments of protection of persons with disabilities based on of supportive decision-making.
17. The existence of automatic consequences linked to the deprivation or restriction of legal capacity is also problematic. These consequences include *inter alia* the right to enter into marriage and the right to vote and stand for elections. According to Section 12 paragraph 1 of Family Act No. 36/2005 Coll., a person deprived of legal capacity cannot enter into marriage. According to Section 12 paragraph 2 of the Family Act, a person with restricted legal capacity can enter into marriage only with approval of the court. With regard to voting rights, Section 4 letter c) of the Act No. 180/2014 Coll. on the Conditions of the Right to Vote, deprivation of legal capacity provides for the impediment to the right to vote, and according to Section 6 letter c) of this act, restriction of legal capacity precludes the right to be elected. We strongly believe that these provisions are in violation of Article 12 of the CRPD in conjunction with Articles 23 and 29 of the CRPD and must therefore be abolished.

**Proposed recommendations:**

- amend Section 10 of the Act No. 40/1964 Coll., the Civil Code and abolish the possibility to deprive or restrict someone’s legal capacity
- introduce new instruments for the legal protection and support of persons with disability based on supportive decision-making
- abolish automatic consequences of deprivation or restriction of legal capacity.

**Article 13 CRPD - access to justice**

18. Access to justice overlaps and intersects with a number of other issues and problems in Slovakia. First, according to procedural rules, especially Article 19 of the Act no. 99/1963 Coll. the Civil Procedure Code and Article 15 of the Act no. 71/1967 Coll. the Administrative Procedure Act, deprivation of legal capacity automatically leads to a loss of procedural capacity and thus also a loss of independent standing before courts and administrative authorities. The same logic applies to the restriction of legal capacity. This situation is not in conformity with Article 13 in conjunction with Article 12 of the CRPD.

19. Secondly, we are particularly concerned about specific practice of the state’s Social Insurance Company, which is the administrative body that considers requests for disability pensions. When dealing with persons with mental disabilities, this authority requires that a decision on incapacitation be submitted in order to initiate the application process. Another problem is accessibility of legal aid for persons with disabilities. Even though free legal aid is available through Legal Aid Centres, access depends on a person’s income. The income limit is however very low (316.94 EUR) and number of persons with disabilities even with low income do not meet this criteria. Moreover, Legal Aid Centres fall short in terms of physical accessibility and lack of personnel. Finally, there is a lack of education and training for judicial and oth-
er personnel in the justice system on the rights enshrined in the Convention.

**Proposed recommendations:**

- amend procedural rules to ensure that deprivation and restriction of legal capacity do not constitute an impediment to access to justice;
- ensure that state authorities do not make the initiation of any proceedings conditional on the deprivation or restriction of legal capacity;
- ensure accessibility of free legal aid to all persons with disabilities;
- ensure continuing education and training of judicial and other personnel in the justice system as well as employees of administrative authorities on the rights enshrined in the Convention.

**Article 14 CRPD – liberty and security of the person**

20. The deprivation of liberty on the basis of disability is enabled by Act No. 576/2004 Coll. on Healthcare enables, Act No. 99/1963 Coll. the Civil Procedure Code, the adopted new legislation on non-contentious civil proceedings that will enter into force in July 2016, as well as the Act No. 300/2005 Coll. the Criminal Code. We emphasise two notable examples of deprivation of liberty in civil proceedings. **First**, the involuntary hospitalisation under Section 6 paragraph 9 letter d) of the Healthcare Act allows for the involuntary hospitalisation of a person on the ground of his or her mental illness or mere symptoms of mental illness, if he or she poses a danger to himself or herself or to the others, or if there is a risk of serious deterioration of his or her medical condition. **Second**, Section 187 paragraph 3 of the Civil Procedure Code allows for the involuntary hospitalisation of a person in legal capacity proceedings on the basis of a recommendation of an expert. Within the criminal context, most problematic is the regime of protective treatment outlined in Section 73 of the Criminal Code. The court can impose protective treatment on an offender who commits an offence otherwise raising criminal liability in the state of insanity, if his or her presence at liberty is deemed to be dangerous. The court can also impose protective treatment on a person who commits a criminal offence in a state of diminished responsibility, where his or her presence at liberty is deemed to be dangerous.

**Proposed recommendation:**

- amend Section 6 paragraph 9 of the Act No. 576/2004 Coll. on Healthcare and Section 73 of the Act No. 300/2005 Coll. the Criminal code, to comply with Article 14 CRPD, so that the sole existence of disability never constitutes a ground of deprivation of personal liberty. Please consult the statement of the UN Committee the Rights of Person with Disabilities (see CRPD/C/12/2, annex IV).
Article 19 CRPD – living independently and being included in the community

a) Institutionalisation of persons with disabilities

21. In Slovakia, social care services for persons with disabilities are predominantly providing in institutions and community care is rare. In December 2013, there were: 300 institutions for elderly people with 12 237 persons in their care; 381 social care homes with 18 196 adults with disabilities; and 70 specialised institutions with 1 886 adults. In regards to children, there were 44 social care homes with 1 205 children. In total, there were 33 524 persons living in institutions, which is 0.62% of the whole population of Slovakia. These persons are often forced to live in large artificial and segregated institutions, e.g. castles or monasteries, without the possibility of choosing where and with whom they wish to live, which contravenes Article 19 of the CRPD. Further, in December 2013, there were 66 children homes with 4379 children, out of which 478 were children with disabilities. Most of these children are facing lifelong isolation, including permanent institutionalisation and deprivation of legal capacity.

22. This situation is enhanced by Slovak system of social services, which is based on the principle of contracts. Services are provided to clients who sign a contract for social services, which is a standard legal action under the Civil Code. Most of residents residing in these institutions have been deprived of their legal capacity, thus prohibiting them from concluding legal contracts. Therefore it is their guardian who has signed the contracts and persons under guardianship are automatically excluded from decisions about their institutionalisation. Although guardians are meant to protect the interests of the incapacitated adult and act on their behalf, in practice guardians rarely meet with and consult with the adult concerned. Further, decisions to detain an adult in an institution are for the most part done against the adult's will and without any recourse to judicial review of their placement. It is also not unusual that institutions themselves or employees of these institutions are guardians, and thus have entered into contracts with themselves. This practice is in violation of Article 19 of the CRPD in conjunction with Article 12.

23. In November 2011, Slovakia adopted Strategy on Deinstitutionalisation\(^3\) and National Action Plan on Transformation of Residential Social Services\(^4\) and in December 2014 National priorities of development of social services in 2015 - 2020. Even though these are very positive steps, practical realisation has been highly problematic. In fact, except in a few cases, there has been no real advancement. There are several problems. First, transformation and deinstitutionalisation concern only 10 institutions out of almost 800. Second, there are missing strategies at the level of local municipalities, which


would recognise DEI as a systemic aim, hence the DEI process is quite limited. Third, even this limited transformation in scope has massive delays.

24. Despite these problems, transformation, deinstitutionalisation and development of community-based services has been slowly continuing and gradually expanding into all regions. To support this process, the Government also allocated 214,912 750 EUR in Regional Operation Fund for the period of 2014 - 2020. However, regional authorities and municipalities have been allowed to prepare local strategies that do not adequately reflect the obligation to transform and deinstitutionalise social care services in line with Article 19 of the CRPD.

b) Assistance to persons with disabilities

25. The primary measure for encouraging the autonomy and independence of persons with disability in Slovakia is financial contributions for personal assistance under the Act no. 447/2008 Coll. on Financial Contributions to Compensate Severe Disability. The aim of this personal assistance is only to support the person with disability in his or her daily activities but also to support his or her social inclusion, independence and decision making in all areas of life, including family matters, employment, education, culture, sport, political and civil life. However there are several issues.

26. First, there is the issue of accessibility of personal assistance. In cases where individuals require support for hygiene purposes or more hours of personal assistance during the day, the remuneration is very low. Currently, the remuneration is 2.76 EUR/hour and it prevents potential assistants to offer and provide this service. Second, financial contributions for personal assistance are paid in full only in a case where the income of a person with severe disability and other persons whose income is assessed together with his or her income is lower than 792.36 EUR. Otherwise the contributions are reduced, depending on the income. This mechanism of income assessment and subsequent reduction can also be a disincentive to searching for a job for those with severe disability. In the consequence, income from employment already slightly above the minimum wage causes that person with disability fails in testing, and his or her contribution is cut down and he or she is obliged to pay part of costs of personal assistance. In some cases even whole costs. Third, there is an issue of accessibility for persons older than 65. Financial contribution is provided to elderly people only in cases where he or she has received this contribution before turning 65. If a person with severe disability happens to be disabled after he or she turns 65, there is thus no entitlement to receive financial contribution. This situation constitutes discrimination against elderly people with disabilities.

27. Another alternative to institutional care is home care service under the Social Services Act no. 448/2008 Coll. Under this law, local municipalities are

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obliged to ensure availability and accessibility of home care. However, only 900 local municipalities out of 2900 have been able to offer this social service, either independently or through an external entity.

**Proposed recommendations:**

- ensure the continuation and extension of deinstitutionalisation and the process of transformation to fulfil the right of all persons with disabilities to live independently;
- ensure effective spending of allocated resources by regional authorities which are founders of social care institutions;
- amend the Act no. 447/2008 Coll. on Financial Contributions to Compensate Severe Disability and change the rules governing financial contributions to personal assistance with an aim to ensure accessibility for all persons with disabilities, including elderly people on equal basis;
- ensure availability of home care services under the Social Services Act no. 448/2008 Coll. in all local municipalities.

**Article 20 CRPD – personal mobility**

28. Act No. 447/2008 Coll. on Financial Contributions to Compensate Severe Disability includes measures to promote personal mobility, such as the allowance to purchase a passenger motor vehicle and to adjust it, the allowance for operation of a motor vehicle, the transport allowance and the allowance to purchase another mechanical or electric wheelchair. Act No. 448/2008 Coll. on Social Services shall stipulate rules and conditions for the provision of the transport service. On the basis of health insurance it is possible to obtain, free of charge or at a discount, mobility aids, such as canes and crutches, white canes, and wheelchairs. The contribution to purchase a motor vehicle is subject to fulfilment of conditions such as commuting to work, to school, or to get social services, which logically excludes number of persons with disabilities dependent on individual transport.

29. Another problem is the amount of co-payments for more complex aids such as electric or mechanical wheelchairs, often, paid on the basis of public health insurance. In addition to the excessive co-payments, the system of payments is also problematic. Wheelchairs in standard configuration are usually reimbursed fully or with a minimal co-payment. The costs of individual adjustments required due to very severe disabilities (electric positioning of backrest, seat tilt, footrest, or special backrests for major spinal deformities, etc.) are not paid from public health insurance and therefore these groups of people do not have access to high-quality aids. Another obstacle in the provision of high quality aids is the arbitrary criteria; its application means that it isn’t possible to provide an electric wheelchair with an adjustable bed at the same time. It therefore means that an insured person must choose whether he or she will move comfortably or will rather spend his or her night without assistance of another person.
30. Persons with disabilities in small villages face even more obstacles; they have to rely on individual means of transport as the transport services or the financial allowance on transport is usually only available in larger cities or for residents of social care facilities.

31. On the basis of Act No. 447/2008 Coll., any person with severe disabilities relying on individual means of transport and a blind or practically blind person can obtain a parking card. According to Act No. 488/2013 Coll. on Motorway Sticker, the holder of the parking card is exempt from motorway tolls. The exemption is limited to a single vehicle with a specific license number, which causes problems if there is a need to use another motor vehicle. The problem can be solved with the launch of an electronic motorway sticker, allowing the exemption to be immediately applicable to a vehicle with a different license number. The launch of the electronic motorway sticker is, delayed and the launch date is not known.

32. The State-run passenger railway transport operator and partially private railway operators have maintained uniform travel expense discounts for the disabled to date. However, the provision of discounts in cases of long-distance bus transport, commuter transport and urban public transport is not uniform and depends on the region, town and carrier. Some bus operators and operators of urban public transport are eliminating free travel of persons assisting people with disabilities who are dependent on this help in accordance with Act No. 447/2008.

**Proposed recommendations:**

- amend the Act No. 447/2008 Coll. and the Act No. 448/2008 and regulations on health and social insurance with an aim of increasing the affordability of aids and services, and to simplify the conditions for granting allowances and discounts;
- extend the provision of transport services to small villages;
- maintain special fare in domestic rail transport for persons with disabilities and adopt a uniform discount policy for all means of public transport and maintain a free travel for those assisting people with disabilities

**Article 21 CRPD – freedom of expression and opinion and access to information**

33. The Act No. 211/2000 Coll. on Free Access to Information empowers blind and partially sighted persons and deaf and hard of hearing persons to ask public institutions for provision of information in accessible formats. Communicating with one another and communicating with hearing persons via a sign language interpreter is guaranteed for the deaf in Act No. 149/1995 Coll. on Sign Language of Deaf and Act 448/2008 Coll. on Social Services. Despite the existing legislation, services are underdeveloped, there is a lack of sign language interpreters and the offer for their education is insufficient.
34. At the same time, the service of simultaneous transcription and mediation of information to deaf persons is not available in cases requiring high accuracy and speed of translation, such as court hearings, conferences and lectures.

35. Furthermore, information concerning the price, responsibilities and consents on packings, in documents related to purchased goods, offers of goods and services, contractual obligations are very often printed in a very small size or in an inappropriate font. This greatly restricts, or even makes it impossible to adequately inform people with disabilities and it should be addressed by the law.

**Proposed recommendations:**

- establish a service of simultaneous transcription of spoken language for the deaf persons and other persons with hearing difficulties, especially to ensure they are fully informed when attending a court session, in contact with authorities, at conferences and lectures;
- determine by law rules for the minimum size and font for packages of goods and in their documentation, in offers of services and goods, and in all documents establishing any contractual relationships. It is specifically required to ensure accessibility of information on prices, commitments, consents and obligations arising from the contractual relationship not to be printed in a smaller font or different type of font than offers, advantages, and benefits arising from the contractual relationship.

**Article 23 CRPD - respect for home and the family**

36. The Article 23 of the CRPD requires the Slovak Republic to take effective and appropriate measures to eliminate discrimination in all matters relating to marriage. Furthermore, Article 23(a) of the CRPD stipulates the right of all persons with disabilities who are of marriageable age to marry and to have a family. In Slovakia, this particular right has been violated with respect to persons deprived of legal capacity and with restricted legal capacity. Under Section 12 paragraph 1 of the Family Act No. 36/2005 Coll. persons deprived of legal capacity automatically lose their right to enter into marriage. Under Article 12 paragraph 2 of the Family Act, persons with restricted legal capacity can enter into marriage only with the consent of the guardianship court. Furthermore, under Article 12 paragraph 3 of the Family Act, a marriage is forbidden to those persons with mental disability whose disability can potentially lead to restriction of their legal capacity. We believe that this particular provision of the Family Act violates Article 23 of the CRPD in conjunction with Article 12 of the CRPD and should be repealed.

**Proposed recommendations:**

- repeal Section 12 of the Family Act No. 36/2005 Coll.
Article 24 CRPD – education


38. Education of children with special educational needs takes place primarily in “special” segregated schools. The most recent statistics from September 2014 show that 22 300 children with special educational needs were educated in special basic schools or special classes. This number includes children with autism, mental disability, sensory disability, communication problems, physical disability, behavioural disorders and talented children. These statistics also show that 20 639 children with mental disabilities were educated in segregated settings. Only 3 537 children were integrated into mainstream basic schools. However in reality this number is much lower, as most of the integrated children are children from Prešov region (999) and Košice region (890), which have the largest populations of Roma people in the country. These numbers thus indicate that Roma children are incorrectly diagnosed as children with mental disabilities and in statistics reported as “integrated” into mainstream schools. In contrast, the Bratislava region, which actually has a comparable population size, the number of children with mental disability integrated into mainstream schools was as low as 26 (sic!). These statistics also show that the number of children with mental disabilities integrated into mainstream schools is critically low. Regarding other groups, children with physical and sensory disabilities encounter problems with physical barriers, insufficient study materials in accessible formats (see further in parts concerning Art. 9, 21 and 30 CRPD), and insufficient training and pedagogical support for teachers and children in mainstream schools.

39. Although the Education Act allows children with special educational needs to attend mainstream basic schools, it neither recognises any explicit right to

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6 Out of this number, as much as 14 127 children with mental disabilities were educated in special state schools and 6 512 children with mental disabilities visited special classes within mainstream basic schools.

7 All statistics are available at Institute of Information and Prognosis of Education (Ústav informácií a prognóz školstva): http://www.uips.sk/prehlady-skol/prehlahd-specialnych-zs-a-specialnych-tried-pri-zs

8 In Prešov region, there live 814,527 people, in Košice region 794,756 people, in Bratislava region 628,686 people.

9 For example, barrier-free toilets are often missing in educational facilities, which is one of the first limiting criteria for children with physical disability in their choice of school or field of study.
inclusive education nor views the integration of children with disabilities as a priority. Moreover, despite the Education Act allowing for integration (not inclusion) of children with disabilities, there are several provisions hindering the effective access of children with disabilities to mainstream education. For example, the school director or the counselling facility can decide that integration is “not in the interest of the child”\textsuperscript{10}, or that the integration of the child with special educational needs could “restrict the rights of other students” in the class\textsuperscript{11}. These provisions should be removed from the legislation.

40. According to some experts, Slovakia does not have a sufficient legislative and political framework for inclusive education and there are number of problems in practice when attempting to integrate children.\textsuperscript{12} These experts suggest that the integration of children with special educational needs is highly problematic because it is happening in the absence of an allocation of sufficient material, financial and personal resources. Most striking is the complete lack of physical accessibility in state schools and inadequate support for teachers.\textsuperscript{13} As of 2014, the Ministry of Education started offering financial support to cover requests for teaching assistants. However, this support depends on the request of the school and therefore on the decision of the particular school to integrate a child with disability.

41. The experts further point out that the state imposed on schools a duty to secure an adequate educational environment during the integration of children with disabilities, but failed to articulate that duty through concrete obligations. The schools can therefore evade their duty to create an adequate education environment, often by referring to inadequate sources. The burden lies with the school, which can either refuse to integrate a child with disabilities or accept such a child without having the resources to secure an adequate learning environment\textsuperscript{14}.

42. In terms of policies, the 2014 National Plan for Developing Living Conditions for Persons with Disabilities includes the obligation of the Ministry of Education to ensure higher accessibility of individualised support for children with disabilities, in particular through the employment of teaching assistants, school psychologists and special pedagogues\textsuperscript{15}. But as the National Plan has no specific timeframe and contains only so called “continual obligations,” there is a well-founded concern that it will not be

\textsuperscript{10} Art. 29(10) of the Act No. 245/2008 Coll. Education Act
\textsuperscript{11} Art. 29(11) of the Act No. 245/2008 Coll. Education Act. Currently the Parliament adopted amendment of the Education Act and abolished this provision, however instead the law presuppose establishment of segregated classes within mainstream schools. The amendment has not come into force yet.
\textsuperscript{15} Obligation no. 4.7.3.
properly implemented. At the same time, we emphasise that the National Plan is only partial and fails to solve the complex issue of the transformation of segregated education. For this purpose, it is necessary to create a complex national policy of transformation of the special education system and its gradual desegregation – containing concrete objectives, responsibilities and deadlines – in order to secure inclusive education for all children, pupils and students at all levels of education.

43. Regarding university education, after long-term negotiations, the Ministry of Education adopted resolution No. 458/2012 on minimal requirements of students with specific needs, which regulates the amount of financial contributions made to universities on the basis of disability-based needs. Although there are several pilot projects to improve the physical access for students with disabilities to universities, physical barriers still pose a serious problem. The continued absence of financial resources to remove barriers at universities and related low level of accessibility are most visible in Bratislava region. Another problem is a lack of access to information systems at universities. One of the reasons for this is that these information systems are not directly covered by resolution No. 55/2014 on standards of information systems in public administration. Another reason is insufficient implementation of Act No. 131/2002 Coll. on Universities, which in Section 100 paragraph 1 includes an obligation of universities to secure a generally accessible academic environment, as well as the resolution No. 458/2012 on minimal requirements of students with specific needs, which guarantees the right of students with sight disabilities to access information and university information systems in a barrier-free manner.

**Proposed recommendations:**

- amend Act No. 245/2008 Coll. on Upbringing and Education (Education Act) in order to explicitly regulate the principle of inclusive education, to safeguard the right of every child and student to inclusive education, and to secure arrangement of reasonable accommodation, such as by a catalogue of supportive measures;
- adopt national policy on transformation and desegregation of special education system. The policy should define concrete tasks, responsible subjects and timetable with the aim to ensure the right to inclusive education to all children, pupils and students with disabilities on all levels of education in accordance with Article 24 CRPD;
- secure sufficient material, financial and personal resources as well expert support in order to enable basic and secondary schools to ensure inclusive education in practice for all children, pupils and students with disabilities;
- adopt a timetable to ensure physical accessibility of schools and school facilities;
- introduce legislative and financial conditions in order to ensure accessibility of university information systems for students with disabilities, to remove physical barriers at universities and to implement measures to ensure access to tertiary education.
Article 25 CRPD - health

44. First issue, which we would like to draw the Committee’s attention to, is a system of early diagnosis and intervention, which has been missing in Slovakia for decades. First steps toward introduction of the system of early diagnosis and intervention were taken in 2014. The 2014 National Plan for Developing Living Conditions for Persons with Disabilities includes the obligation for the Ministry of Health to establish until the end of 2015 supporting facilities for children below 3 years of age in three children’s hospitals in Bratislava, Banská Bystrica and Košice. In January 2014 the amendment to Act No. 448/2008 Coll. on Social Services entered into force. It introduced under Article 33 specific social service of early intervention for children with disabilities below 7 years of age.\textsuperscript{16} Despite these positive legislative developments, implementation has been problematic. In 2015, the first pilot project of early intervention was initiated, involving only three regional centres, and financed by foreign resources. The main concern is not only insufficient resources, but also the sustainability and availability of this service in all regions and for all children with disabilities.

45. Secondly, with respect to informed consent, we are concerned especially about legal regulation in relation to persons deprived of legal capacity or with restricted legal capacity. According to Section 6 paragraph 1 letter b) of the Healthcare Act no. 576/2004 Coll. a person deprived of or with restricted legal capacity is automatically \textit{ex lege}, considered being incapable of giving an informed consent. The consent is required from the guardian and whereas the person under guardianship should be only informed appropriately. The person’s disapproval is in this case irrelevant. Under Article 6 paragraph 10 of the Healthcare Act, the opinion of a person concerned is merely “recorded” in the medical file. This substitute decision-making applies in all aspects of health care, including hospitalisation, and thus also relates to deprivation of liberty.

46. Finally, there is a permanent shortage of adequately accommodating healthcare facilities for the hospitalisation of persons with severe physical disability as well as persistent problems with outpatient treatment and medical examinations. Most hospital environments are not equipped to admit patients using wheelchairs or those reliant on permanent assistance of other persons, in terms of physical environment, technical facilities and staff. Barrier-free access is often missing. The hospital beds are often too high, without a possibility of positioning, and only exceptionally include anti-bedsore mattresses. Further, tools for dignified manipulation with a patient are missing, even during examination. Ordinary hospital departments are also understaffed.

Proposed recommendations:

\textsuperscript{16} The amendment was provided by the Act No. 485/2013 Coll.
• secure available and accessible network of healthcare and social services of early intervention;
• amend Section 6 of Act no. 576/2004 Coll. on Healthcare in order to safeguard the right of every person to informed consent, including the right to decline healthcare;
• adopt measures enabling the smooth hospitalisation of patients with even most serious physical disabilities, also in departments not specialised in the underlying diagnosis, and set a specific timeframe for equipping healthcare facilities with necessary tools.

Article 26 CRPD – habilitation and rehabilitation

47. Social rehabilitation is regulated by Act No. 448/2008 Coll. on Social Services. It is considered a professional activity which a provider of social services can also carry out independently. The established system for funding social services in general and the funding scheme for social rehabilitation and specialised counselling as professional activities in particular are fundamental problems. The financing of social services by towns, municipalities and self-governing regions from the share of redistributed taxes and from the revenue of their own taxes was anticipated as an original intention. It has, however, proved to be impractical in the long term, as evidenced by the continuous need for additional funding of selected social services from the State budget. This problem is also closely related to the division of social service providers into public (established by municipalities and self-governing regions) and private (mostly established by civil associations and non-profit organisations). Despite their equal status in legislation, self-governing entities prefer their own social service providers. This creates an unequal status of public and private providers in practice. Moreover, funding is provided to residential social services and care service, which is reflected in underfunding of outpatient and field social services, including the financing of professional activities supplied individually by private providers. Furthermore, self-governing regions prefer to fund specialised counselling, instead of social rehabilitation. Even though it does allow discovering client’s needs and solve their problems concerning relationships and attitudes, it does not create sufficient space for rehabilitation training as a final phase of a comprehensive social service.

48. We believe that within the provision and funding of social services Slovakia has failed to find an effective mechanism to ensure that self-governing authorities are fulfilling their obligations under the Act on Social Services. Moreover, it has resigned from any control activity towards these authorities. In addition to the funding scheme of social services by municipal authorities, there is a supplementary non-obligatory system of subsidies from the State budget managed by the Ministry of Labour. Considering the absolute scale of distributed funds, this subsidy system is not crucial. Despite that there is a serious problem: a subsidy from this scheme can be granted only to support the development of social services, not to maintain them.
49. The medical rehabilitation care is provided to citizens on the basis of public health insurance in the place of their residence. However, it often happens that the financial limit which health insurance companies are willing to release for medical rehabilitation is depleted and the patient has to accept the delay of the rehabilitation care to a later date than his or her aftercare would require. There is also another problem, namely that these rehabilitation facilities are not equipped sufficiently to handle the manipulation with severely disabled persons, such as putting the disabled person on the rehabilitation table, and do not have special rehabilitation aids and tools which these individuals could use and which would contribute to the improvement of their condition. Staff quite often does not have sufficient experience and knowledge on how to provide the necessary rehabilitation to people with severe physical disabilities.

50. The National Rehabilitation Centre is a top-class rehabilitation facility. It is aimed at comprehensive prevention, diagnosis and qualified rehabilitative treatment of musculoskeletal system. It is a specialised hospital with nationwide coverage for the treatment of patients after spinal injuries with spinal cord harms, multiple trauma, amputations, major surgeries on the musculoskeletal system. However, in recent years it has also been focusing on the treatment after vascular accidents. In spite of the fact that there are the best specialists for the treatment of the musculoskeletal system in this facility, there is no space for patients with chronic impairments of the musculoskeletal system in the rehabilitation centre and its capacity is not sufficient for patients’ needs. Many are denied the treatment and the waiting times are very long. The stay in this facility is often ended before a more significant improvement is achieved, or before stabilisation of the health condition, even though local rehab facilities are usually not sufficiently capable and equipped to continue in the already started rehabilitation process. This leads to violation of the right of persons with disabilities to be provided medical and rehabilitation care in accordance with the latest knowledge. As a result, people with disabilities do not reach the highest possible attainable level of health improvement, mobility and self-sufficiency.

**Proposed recommendations:**

- adopt a new framework for the funding of social services, including the funding of comprehensive habilitation and rehabilitation programs;
- legally and factually equalise public and private providers of social services;
- in case of insufficient funding of social services by self-governing bodies to provide funds from the State budget to maintain all, not only selected residential social services;
- extend the subsidy system of the Ministry of Labour to support the maintenance of existing social services as well;
- establish an effective control mechanism to overlook the performance of the duties of self-government bodies resulting from the Act on Social Services, especially the fulfilment of obligations towards non-public providers of social services;
• seek opportunities for capacity expansion of the National Rehabilitation Centre.

Article 27 CRPD – work and employment

51. The support for the employment of citizens with disabilities is governed by Act No. 5/2004 Coll. on Employment Services. Within the active labour market measures, the law regulates the provision of several non-repayable financial contributions for employers as well as for citizens with disabilities who have decided to carry out self-employment, which are designed to support the creation and maintenance of jobs in sheltered workshops and sheltered workplaces. The main instruments of the support include:
   i) A contribution for the employer to establish a sheltered workshop or a sheltered workplace;
   ii) A contribution for the person with disabilities for self-employment;
   iii) An allowance to cover the operating costs of a sheltered workshop or a sheltered workplace;
   iv) An allowance to perform activities of a job assistant.

52. The basic shortcoming of this piece of legislation is the fact that, with the exception of the allowance on a job assistant, the provision of the remaining contributions and allowances is subject to the establishment of a sheltered workshop or a sheltered workplace. This is in conflict with the Commission Regulation (EU) No. 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty (Block Exemption Regulation) according to which only the provision of the allowance for the employer to cover the costs of the construction, installation or modernisation of production units of the respective company is conditioned by the establishment of a sheltered workshop or a sheltered workplace only. The Act No. 5/2004 on Employment Services, however, conditions the support for individual employment of a person with disabilities in the open labour market by establishing a sheltered workplace. Such employment is then not declared as the employment in the open labour market. Frequent conditioning of the provision of the support by limiting the performance of work to an exactly spatially defined location, which fundamentally limits the possibilities of being successful in the open labour market, is often another consequence.

53. The Employment Services Act was extensively amended, taking effect 1 May 2013, including the part governing active labour market measures to promote employment of citizens with disabilities. The contribution to the employer for establishing a sheltered workshop or a sheltered workplace and the contribution for a person with disability for self-employment changed from obligatory (subject to fulfilment of obligatory conditions) to optional and their maximum possible amount was reduced by 50 to 65% of the original maximum amount depending on the region in which they are provided. If the support concerns an employee - a citizen with disabilities with reduced capacity to work by more than 70%, amount of the contribu-
tion is actually lower than the annual amount of the contribution to cover the operating costs of a sheltered workshop or sheltered workplace, which is an obligatory allowance. This fact, together with exaggerated demands on processing a project required for the granting of these contributions has led to a drastic drop in interest in the contributions and to the termination of sheltered workshops (by transforming them into a social service facility). This is documented in the following table where we present the number of occupied jobs for which contributions were provided:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of contributions granted to found a protected workshop / workplace</th>
<th>To employer</th>
<th>To citizen with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1,631</td>
<td>599</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>2,025</td>
<td>523</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>2,026</td>
<td>536</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>1,710</td>
<td>296</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>278</td>
<td>91</td>
<td></td>
</tr>
</tbody>
</table>

54. The reduction in the number of newly created jobs for persons with disabilities was also reflected in an increase in the number of jobseekers with disabilities kept in the records of labour offices:

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of jobseekers with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 31, 2010</td>
<td>11,218</td>
</tr>
<tr>
<td>December 31, 2011</td>
<td>12,755</td>
</tr>
<tr>
<td>December 31, 2012</td>
<td>10,487</td>
</tr>
<tr>
<td>December 31, 2013</td>
<td>12,223</td>
</tr>
<tr>
<td>December 31, 2014</td>
<td>13,078</td>
</tr>
</tbody>
</table>

55. Although the State authorities state that the motivation for changes was to increase the accuracy in channelling the contributions for active labour market policy and to prevent the abuse of the allowances and contributions, we surmise that the main motive of the changes was to save funds that had been used to promote the employment of people with disabilities. This has resulted in a rapid decline in interest in creating new jobs for people with disabilities. The allowance for the operation of a sheltered workshop or a
sheltered workplace is used in a larger extent. This is documented in the following table:\(^{17}\):

<table>
<thead>
<tr>
<th>Year</th>
<th>Agreed amount of funds in thousands of EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td>2010</td>
<td>13,794</td>
</tr>
<tr>
<td>2011</td>
<td>17,464</td>
</tr>
<tr>
<td>2012</td>
<td>17,657</td>
</tr>
<tr>
<td>2013</td>
<td>14,218</td>
</tr>
<tr>
<td>2014</td>
<td>1,143</td>
</tr>
</tbody>
</table>

56. The promotion of employment can also include the obligation of the employers to employ people with disabilities through the so-called quota system. If the employer employs at least 20 employees, he is obliged to employ persons with disabilities in a number that represents 3.2% of the total number of his workers. If he does not fulfil this condition, he may replace this obligation by contracting (purchase of goods or service) an employer that operates a sheltered workshop, or to a self-employed person with disabilities, or by paying a sanction. In 2014, up to 4 ministries preferred to pay a fine to the opportunity of employing persons with disabilities or contracting.

57. The financial support provided by the employer to promote employment of staff with disabilities is considered State aid in accordance with the EU law. Labour offices prefer to provide aid under the de minimis aid scheme based on which the aid is limited with the amount of EUR 200,000 over three fiscal years and they are very reluctant to provide aid under the block exemption regulation. This greatly complicates the administration and significantly disadvantages employers with a high number of employees with disabilities.

58. Services for the disabled to facilitate finding a job or maintaining a job as well as for employers to facilitate obtaining employees from among people with disabilities are provided by supported employment agencies on the basis of the Employment Services Act. The unsolved financial support for their activities and often a lack of interest of labour offices to cooperate with them is the problem, however.

\(^{17}\) Statistical data presented in tables were provided by the Central Office for Labour, Social Affairs and Family.
Proposed recommendations:

- harmonise active labour market measures in the Employment Services Act designed to promote employment of persons with disabilities with Commission Regulation (EU) No. 651/2014 on block exemption. Extend the support to workers employed in the open labour market;
- encourage the use of State aid schemes based on the block exemption regulation in the provision of the financial assistance, instead of de minimis scheme; this concerns aid schemes at the same level;
- promote formation of job opportunities for people with disabilities with such financial contributions that will help create/maintain these jobs;
- modify the institute of alternative performance in the Employment Services Act so that contracting a sheltered workshop is a more advantageous option for the employer than paying a fine for failure to comply with the compulsory employment of people with disabilities;
- solve the funding of supported employment agencies.

Article 28 CRPD – appropriate standard of living and social protection

59. The financial security scheme for people with disabilities is ensured from the social insurance system, Act No. 461/2003 Coll. on Social Insurance, namely by acknowledging disability pension, if their rate of the decline in capacity to work exceeds 40%, on condition that they are insured by the Social Insurance Agency, and if other conditions stipulated by the law are fulfilled. It should be pointed out that disability pension insurance also applies to citizens who became disabled at the time when they were dependent children and did not have their pension insurance as they hadn’t performed their own gainful activity. The average amounts of the selected pensions as of May 31, 2015 are shown in the following table:

<table>
<thead>
<tr>
<th>Kind of pension</th>
<th>Average amount in EUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old age pension</td>
<td>408.41</td>
</tr>
<tr>
<td>Early old age pension</td>
<td>389.75</td>
</tr>
<tr>
<td>Disability pension above 70 %</td>
<td>353.23</td>
</tr>
<tr>
<td>Disability pension up to 70 %</td>
<td>198.19</td>
</tr>
</tbody>
</table>

60. However, it is more than doubtful whether the amounts of majority of granted disability pensions, including disability pensioners with the rate of the decline exceeding 70%, ensure appropriate standard of living for their beneficiaries. According to surveys of the Statistical Office of the Slovak Republic, the at-risk-of-poverty threshold\(^\text{18}\) reached the level of EUR 4,086 per year in 2014, which in case of a single person household represents about

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\(^{18}\) Calculated as 60% of the median of the national equivalent disposable income.
EUR 341 per month. If a person with disabilities relies only on income from the disability pension, this income is in many cases below the at-risk-of-poverty threshold.

61. In 2004, the Slovak Republic carried out a major reform of the pension system, which introduced a two-pillar system. Although it has been obvious from the beginning that the transfer of part of the selected premium to the system of old-age pension savings managed by private pension fund management companies will further deepen the deficit in the fund of pension insurance in the Social Insurance Agency, the State assured disability pension recipients that this change would have no effect on the amount of their pensions. This statement proved to be untrue. Ten years after the pension reform the State decided to reduce the deficit of the Social Insurance Agency by reducing expenditures on pensions already granted, which was achieved by reducing their annual indexation. The established, law-approved indexation mechanism of pensions already granted has been gradually changing since 2014. By 2014, pensions granted annually increased by percentage, determined as the sum of 50% of the annual growth of the average wage and 50% of the annual growth in consumer prices. Since 2014, the share of the annual growth of the average wage is reduced gradually until 2018 in the formula for calculating the percentage for the pension increase while the share of the annual growth in consumer prices is increased; and starting from 2018 in the indexation of pensions granted only the percentage of the annual growth in consumer prices for households of pensioners will be taken into account. Considering that, in the future the Slovak Republic is predicted to have a higher rate of the wage growth compared to growth in consumer prices, which is also confirmed by statistical data from the previous ten years, this change has already had and will have three basic consequences:

i) The difference in the standard of living between citizens with the income from a gainful activity and citizens with the income from pension benefits will increase. The difference in the standard of living becomes greater the longer a person has been dependent only on pension benefits.

ii) Since in the newly granted pensions only the annual growth of the average wage is taken into account, disability pensions granted in later years will always be higher than disability pensions granted earlier, although their amount will be determined from a relatively identical level of income and about the same number of years of pension insurance will be counted, because the indexation of pensions granted will be significantly lower than the annual growth of average wages. The amount of pensions already granted grows on a year-on-year basis with a lower coefficient than the amount of newly granted pensions. An inequality will occur between citizens who during employment achieved comparable income and gained a comparable number of years of pension insurance, and this only because one of them was granted, for example, disability pension sooner and another was granted the pension several years later.
iii) The at-risk-of-poverty threshold will increase faster than the growth in disability pensions granted, so many citizens who are dependent on them in the long term will find themselves with their income below the risk of poverty over time.

**Proposed recommendations:**

- adopt measures which will prevent recipients of disability pensions from dropping below the at-risk-of-poverty threshold with their income;
- narrow the gap between the indexation of pensions already granted and the growth of newly awarded pensions.

**Article 29 CRPD – participation in political and public life**

62. The exercise of the right to vote and to stand for elections is governed by Act no. 180/2014 Coll. on the Conditions of the Right to Vote. We understand that the law is very problematic because it provides under Section 4 letter c) an impediment to the right to vote based on deprivation of legal capacity. It means that any person deprived of legal capacity cannot vote. The same logic applies to the right to stand for elections. The Section 6 letter c) provides for an impediment to the right to stand for elections based on deprivation of legal capacity. These provisions are in clear violation of Article 29 of the CRPD in conjunction with Article 12 of the CRPD and it is necessary to abolish them.

63. Another problem is accessibility of voting rooms. Even though the Section 8 paragraph 1 of the Act provides for an obligation to choose such places that would be accessible to persons with disabilities, elections still take place in rooms with very restricted accessibility for persons with limited mobility. There is a possibility under Section 24 paragraph 7 of the Act to request to vote outside the voting room, but this does not solve the problem of physical inaccessibility to these places.

64. Moreover, Section 24 paragraph 6 of the Act provides for the right of a voter who cannot independently cast a ballot due to his or her disability or due to visual impairment or inability to write to bring another person behind the curtain capable of casting a ballot. This supportive measure, however, violates the secrecy of the vote. Therefore we believe that it is necessary to introduce the possibility of electronic voting which can ensure the accessibility of the voting process to all persons with disabilities, including those with visual impairments.

**Proposed recommendations:**

- abolish Section 4 letter c) and Section 6 letter c) of the Act no. 180/2014 Coll. on the Conditions of the Right to Vote;
- ensure physical accessibility of all voting rooms;
- enable electronic voting.
Article 30 CRPD – participation in cultural life, recreation, leisure activities and sport

65. Transcription and publication of documents in accessible formats for people with disabilities is supported by the Ministry of Culture, the Ministry of Education, Science, Research and Sport and the Ministry of Labour, Social Affairs and Family, through NGOs and using their own means – volunteers and family members of persons with disabilities. The main source of books and magazines in formats suitable for visually impaired persons (Braille, audio recordings, relief printing, electronic documents) is the Matej Hreben-dá Slovak Library for the Blind in Levoča established by the Ministry of Culture. The Publishing of journals in formats suitable for people with disabilities is partially supported through grants provided by the Ministries of culture and Labour. So far, the publication of documents in a readable text format is provided infrequently by non-governmental organisations.

66. The process of making works available in a format accessible to persons with disabilities is supported by Section 29 of the Copyright Act No. 618/2003 Coll. According to the opinion of the Ministry of Culture, this does not allow for the sale of copies of works even at the price of production costs of the copies and, thus, they are intended only for borrowing. This problem should be resolved by adopting the new Copyright Act, which is expected to come into effect on January 1st 2016.

67. Available and accessible documents represent only a very small part of documents available to the public without disabilities. Especially critical is lack of books and documents needed for education of children with disabilities. Despite an increase in production supported by the Ministry of Education, it is mostly only transcription of selected textbooks used mainly in special schools, and not transcription of textbooks according to individual needs of students at different schools. An important measure to increase the availability of documents is the Marrakesh Treaty, which establishes a set of rules allowing their free international exchange and cost-free cross-border use. The Slovak Republic has not signed the Marrakesh Treaty yet, which we consider a shortcoming; the signature and ratification are urgently needed.

68. Accessibility of TV broadcasting is dealt with by Act No. 308/2000 Coll. on Broadcasting and Retransmission, which stipulates an obligation on broadcasters to ensure a minimum range of broadcasted channels accompanied by hidden or open subtitles and translated into the sign language or in the sign language of the deaf and accompanied by audio description for the blind. However, it does not clearly formulate an obligation on providers, especially cable operators, to transmit the specified multimodal services and it does not define subtitles for the deaf. There is currently an amendment being discussed which provides for a clear definition of subtitles for the deaf, imposes an obligation on cable providers to also distribute these multimodal services and imposes a duty on distributors of original Slovak audiovisual works, and works in Slovak to equip them with subtitles for the deaf and audio description for the blind. Adoption of this amendment by the Parlia-
69. Physical accessibility of facilities designed for cultural performances or services, such as theatres, museums, cinemas, libraries, historical monuments and important places of national cultural heritage, is addressed by measures mentioned above under Article 9 – accessibility. However even in these cases, the implementation of rules is insufficient and permissible construction exemptions for historic monuments are widely used without any justification.

70. The gradual improvement of accessibility of museums, galleries and exhibitions has been continuing thanks to the retraining of workers, organising specialised conferences and organising exhibitions and expositions, or their parts specially adapted to the needs of persons with disabilities. When organising exhibitions and expositions in galleries and museums, it is necessary to prioritise availability of permanent characteristic exhibits and guided tours for the given exposition as opposed to sporadically organising temporary specialised exhibitions.

71. The support for the development of creative and artistic potential of people with disabilities, despite the subsidy support from the Ministry of Culture, is insufficient and the structure of the financial support system does not sufficiently take into consideration specific needs of people with disabilities, in particular the increased demands of qualified personnel.

72. The task to create conditions ensuring access for persons with disabilities to services in the area of recreational, tourism, leisure and sporting activities should be carried out within the implementation of the Tourism Development Strategy until 2020 and within the National System of Quality of Tourism Services. The strategy also incorporates the task to enable broader participation of persons with disabilities in tourism through a construction and technical solution, which relies on the recently introduced new Building Act mentioned above under Article 9 – accessibility. However, still absent is a uniform standard defining the criteria of accessibility of tourism facilities from the point of view of persons with disabilities. It is also very difficult to ensure participation of persons with disabilities in sporting events. In general, there is an absence of sporting facilities with barrier-free access and space for spectators and athletes, much like there is a lack of barrier-free changing rooms for athletes with sanitary facilities and access to playing fields.

**Proposed recommendations:**

- significantly expand capacity and financial support for transcription of documents into accessible formats, including student’s textbooks and other documents;
• build a fund of audiovisual works accompanied with an audio description, subtitles for the deaf, translation into the sign language or in the sign language;
• systematically expand and promote the process of accessibility of cultural facilities and services, expositions in museums, galleries and exhibitions;
• increase support for the development of creative and artistic potential of persons with disabilities in culture and in their cultural activities;
• adopt a standard for uniform evaluation of the accessibility level of tourist facilities from the point of view of people with disabilities.

Article 31 CRPD – statistics and data collection

73. Data collection concerning people with disabilities and their families is primarily within the competence of various agencies of the Ministry of Labour, Social Affairs and Family, the Ministry of Health and the Ministry of Education. These institutions are mainly the Central Office of Labour, Social Affairs and Family, the Social Insurance Agency, health insurance companies, healthcare providers and educational institutions. Despite a number of agencies collecting different data, accessibility, coordination, and comparison of collected data from a disability perspective is the main issue. It is impossible to evaluate statistical data processed by the Statistical Office of the Slovak Republic from the perspective of people with disabilities. Data on the number of employed and unemployed persons from the perspective of the disabled people, for example, collected by the Statistical Office are not comparable with the jobseeker registry of the Central Office of Labour, Social Affairs and Family due to different methodologies used. Statistical data in the areas of the accessibility of the physical environment or equal treatment are not observed in practice. Data disaggregated from the perspective of the type and the severity of disability are almost totally missing. There are no reliable statistical data on the demographic structure from a disability perspective. This data should be available after the Citizen Health eBook is launched, however its launch is delayed and the final date is unknown. The available data is fragmentary and dispersed within different resorts. The lack of relevant information and data makes not only the expert discussion on issues of persons with disabilities very complicated but also affects negatively, the participation of persons with disabilities in the implementation of the CRPD.

74. Regarding research in the area of disability, it is mainly the Institute for Labour and Family Research, the Research Institute for Child Psychology and Patopsychology, selected institutes of the Slovak Academy of Sciences and universities. NGOs are active in collecting information and research as well, however, the long-term coordination and complexity of the research is missing, which is, inter alia, necessary to observe the development and decision making optimising in the case of measures aimed at the prevention and the overcoming of the consequences of disabilities.
Proposed recommendations:
• introduce system of complex collection of comparable statistical data about persons with disabilities and their life situations;
• accelerate introduction of the launch of the Electronic Health eBook system and gain reliable information on the population structure from the perspective of disabilities via the system mentioned.

Article 33 CRPD – national implementation and monitoring

75. The main focal point under Article 33(1) of the CRPD has been established at the Ministry of Labour, Social Affairs and Family on 15 March 2013 with two employees. Even though since June 2015 another employee has been assigned, we still consider the staffing of the focal point insufficient given the broad scope of the Convention and the number of tasks that need to be addressed.

76. The commissioner for persons with disabilities under the Act No. 176/2015 Coll. on the Commissioner for Children and the Commissioner for Persons with Disabilities should become the basis of an independent mechanism to promote, protect and monitor the implementation of the CRPD under Article 33(2) of the CRPD. The Act should enter into force on 1st September 2015. The Commissioner for persons with disabilities shall be elected by the Parliament and should be an independent entity with his or her own office and powers similar to the ombudsperson.

77. There is however one unsolved persistent issue of concern, which is the absence of conditions for the participation and inclusion of the civil society, in particular persons with disabilities and their representative organisations, into the monitoring process, as required by Article 33(3) of the CRDP. The main reason for this is the lack of systemic financial support of representative organisations of persons with disabilities in their monitoring role and maintaining their minimum expert capacity. Therefore, disability organisations are capable of performing these activities only occasionally and in a significantly reduced extent dependent of course on the project funding and sponsorship available.

Proposed recommendations:
• strengthen the capacities of the main focal point;
• develop conditions for involvement of representative organisations of persons with disabilities in the monitoring of the CRPD and for the development of expert capacity for this activity.
LIST OF ORGANISATIONS

- Slovak Disability Council
- Mental Disability Advocacy Center
- Slovak Marfan Association
- Slovak Association of the Deaf
- Association of Organisations of People with Disabilities in Slovakia
- Slovak League Against Rheumatism
- Association Open the Doors; Open the Hearts
- Organisation of Muscular Dystrophy in the Slovak Republic
- Slovak Hemophilia Society
- Slovak Ostomy Association
- Slovak Psoriatic and Atopic Dermatitis Society
- Society for the Help of People with Autism
- Slovakian Association For the Hard Hearing
- Slovak Multiple Sclerosis Union
- Slovak Association of Persons with Physical Disabilities
- Slovak Association of Persons with Disabilities
- Slovak Blind and Partially Sighted Union
- Association of Diabetic Patients of Slovakia
- Association of Persons Suffering from Lifestyle Diseases in the Slovak Republic
- Association for Help to people with intellectual disabilities in the Slovak Republic
- Association of Parents and Friends of Deaf-blind Children
- Forum for Human Rights
- Czechoslovak Expert Association for Community Services