

THE SYSTEM OF DISABILITY ASSESSMENT AND SOCIO-VOCATIONAL REHABILITATION IN POLAND BASED ON THE EXAMPLE OF THE LUBLIN VOIVODESHIP: AN ANALYSIS OF CHALLENGES AND DIRECTIONS FOR DEVELOPMENT

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ABSTRACT

Introduction: The Polish support system for persons with disabilities is fragmented across six distinct assessment regimes, which generates administrative barriers and hinders effective socio-vocational rehabilitation. The Lublin Voivodeship, a region with one of the highest disability rates in the country (≈14% of the population), serves as a valuable case study illustrating the accumulation of problems typical for the entire state.

Aim: The aim of this review was to conduct an interdisciplinary analysis of the system of disability assessment and rehabilitation mechanisms in Poland, with consideration of their implementation in the Lublin Voivodeship, to identify key challenges, and to formulate directions for development consistent with the UN Convention on the Rights of Persons with Disabilities.

Material and methods: A qualitative review was conducted, encompassing scientific literature, legal acts, governmental and local government strategies, reports from the Supreme Audit Office (NIK), the Commissioner for Human Rights (RPO), Statistics Poland (GUS), and data from the State Fund for Rehabilitation of Disabled Persons (PFRON) and the Social Insurance Institution (ZUS) for the years 2019-2024. The analysis was supplemented with regional BAEL (Labour Force Survey) indicators. A critical comparative method was applied, confronting the medical model of assessment with the functional paradigm of the International Classification of Functioning, Disability and Health (ICF).

Results: The study found that: (1) the fragmentation of the assessment system forces multiple procedures and prolongs waiting times for decisions; (2) the dominance of the medical approach limits the personalization of support; (3) the effectiveness of rehabilitation is low – the employment rate for persons with disabilities in the Lublin Voivodeship is 27-28% compared to 75% for the general population; (4) the allocation of PFRON funds is concentrated on care and therapeutic forms at the expense of vocational activation (≈6% of funds).

Conclusions: The key directions for reform are: the integration of assessment systems into a unified structure, the full implementation of the ICF functional assessment, the introduction of a 'case-management' model in rehabilitation, and increased funding directed towards supported employment. The implementation of these recommendations requires coordinated action by governmental, local government, and non-governmental organizations, and in peripheral regions – the strengthening of mobile and digital forms of service delivery for beneficiaries.

Keywords: disability assessment system, socio-vocational rehabilitation, Lublin Voivodeship, disability, vocational activation, social policy.

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INTRODUCTION

Poland's support system for persons with disabilities constitutes a complex institutional and legal structure, shaped over decades in response to changing social and economic needs. According to data from the Central Statistical Office (GUS), at the end of 2023, over 4 million people in Poland held a valid disability determination certificate or a certificate of incapacity for work [1]. They represent a significant social group, which justifies the need for an analysis of the effectiveness of the disability determination and rehabilitation system. In 2012, Poland ratified the UN Convention on the Rights of Persons with Disabilities (CRPD), which obligated the state to gradually shift from a medical model to a social model focused on eliminating barriers and ensuring full participation in social life [2]. In response to these obligations, a comprehensive Strategy for Persons with Disabilities 2021–2030 was adopted [3]. Despite progress in public policy, academic literature and official reports highlight persistent systemic problems-including a fragmented determination system, insufficient coordination of rehabilitation activities, and the low professional activity of this group [4,5,6]. This article provides a review of the current disability determination and rehabilitation system in Poland, including a case study of the Lubelskie Voivodeship. The Lublin region is of particular interest due to having one of the highest disability rates in the country-every seventh resident is a person with a disability (14.3% of the population, compared to the national average of 12.3%) [7].

CHARACTERISTICS OF THE DISABILITY DETERMINATION SYSTEM IN POLAND

The disability determination system in Poland is fragmented and multi-track. In practice, there are six separate pathways: four pension-based systems (administered by the Social Insurance Institution (ZUS), the Agricultural Social Insurance Fund (KRUS), and medical commissions under the Ministry of the Interior and Administration (MSWiA) and the Ministry of National Defence (MON)), a fifth non-pension-based system (for determining the degree of disability), and a sixth covering determinations of the need for special education. This division results in non-uniform criteria and duplication of procedures, which creates an administrative burden for citizens [4].

The legal foundations are derived from two key acts: the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities [8] and the Act of 17 December 1998 on Pensions and Disability Pensions from the Social Insurance Fund [9]. The separation of these regulations has led to the term "person with a disability" being defined differently depending on the context. The Rehabilitation Act adopts a definition based on the impairment of bodily function, whereas the pension-based system focuses on an economic assessment of the capacity for gainful employment [8,9].

Determination for non-pension-related purposes is a two-tier process conducted by local government units-District (or Municipal) Disability Determination Boards and Voivodeship (appellate) Boards. In contrast, pension-related determination is centralized within the state administration-ZUS certifying doctors issue

determinations of incapacity for work (for those insured under the general employee system), analogous KRUS commissions do so for farmers, and corresponding MSWiA and MON medical commissions handle cases for uniformed services and veterans [8,9].

It is noteworthy that ZUS/KRUS pension-based determinations do not formally confer the status of a "person with a disability" within the meaning of the Rehabilitation Act; however, under Article 5 of that Act, they are considered equivalent to the corresponding degree of disability. In practice, some individuals holding a ZUS determination do not apply for this "conversion" at a District Board if they do not need to access non-pension-related benefits. According to GUS data, of the approximately 4 million people with a certified disability in 2023, nearly 23% held only a ZUS determination, 58% held only a District Board determination, and about 19% held both types [8]. This data confirms the dualism of the system-a significant group must obtain dual certifications, which raises questions about the justification for maintaining separate procedures.

Traditionally, the Polish determination system is based on the medical model, focusing on the diagnosis of health impairment. The UN Convention, however, calls for the adoption of a social model and functional assessment based on the International Classification of Functioning, Disability and Health (ICF), which considers environmental barriers and support needs [2]. This postulate, raised by, among others, the Commissioner for Human Rights (RPO), involves moving away from a deficit-based approach towards one that recognizes the individual's agency and assesses their potential [4].

SOCIO-VOCATIONAL REHABILITATION: INSTITUTIONS AND MECHANISMS

The key institution financing and initiating rehabilitation is the State Fund for Rehabilitation of Persons with Disabilities (PFRON), which accumulates funds and distributes them for various forms of support [8]. These funds are allocated to local governments (at the district and voivodeship levels), which carry out rehabilitation tasks. At the district level, a crucial role is played by District Family Support Centres (PCPR), which organize direct support, such as co-financing for rehabilitation stays, the removal of architectural barriers, and running Occupational Therapy Workshops (WTZ) [8,10]. The voivodeship self-government, in turn, coordinates Vocational Activity Establishments (ZAZ)-entities that employ persons with a significant or moderate degree of disability who are not ready for competitive employment. ZAZ, with 90% of their costs subsidized by PFRON, serve as a bridge, offering therapeutic work and rehabilitation; however, their effectiveness in preparing individuals for open market employment is limited [10,11]. The effectiveness of active measures implemented by District Labour Offices (PUP) is also low-as a review by the Supreme Audit Office (NIK) showed, they did not ensure a sustainable return to the labour market [6].

CASE STUDY: THE SUPPORT SYSTEM IN THE LUBELSKIE VOIVODESHIP

The Lubelskie Voivodeship reflects the nationwide problems. The determination system struggles with a shortage of medical personnel, which translates into long waiting times for commission hearings [5,12]. The Boards in the region, like those across the country, face the challenge of a growing number of applications [7]. The institutional structure (the Voivodeship Disability Determination Board (WZON) and District Disability Determination Boards (PZON)) is consistent with the national model; however, in a region with extensive rural areas, transportation barriers and territorial accessibility remain significant problems [7].

Data on the reasons for issuing disability determination certificates in Lublin indicate that between 2006 and 2021, the main cause was musculoskeletal diseases (approx. 30% of certificates) [13]. In second place were cardiovascular and respiratory diseases (approx. 20%) [14], and in third place were neurological diseases (approx. 13%) [15]. Digestive system diseases were the basis for 3.7% of certificates and ranked eighth [16]. The recipients of benefits were most often unemployed individuals with secondary or vocational education, with men predominating in groups with circulatory and digestive diseases, and women in groups with neurological and musculoskeletal disorders [13,14,15,16].

An analysis of PFRON expenditures in the Lubelskie Voivodeship from 2008-2017 shows that the allocation of funds is concentrated on care and rehabilitation tasks at the expense of vocational activation. Approximately 47% of funds were allocated to tasks related to the functioning of ZAZ, while only a small percentage was directed towards typical labour market instruments (e.g., training) [6,11]. Despite the existence of formally extensive mechanisms, their effectiveness in increasing the employment rate is low, as confirmed by NIK audits and statistical data [6,7]. The employment rate for persons with disabilities in the region hovers around 27-28%, a figure significantly lower than for the general population (approx. 75%) [1].

KEY CHALLENGES AND REFORM DIRECTIONS

The analysis allows for the identification of several key challenges that require corrective action:

Fragmentation and Incoherence of the Determination System: The multiplicity of regimes leads to institutional chaos and unequal access to support. It is necessary to create a single, integrated determination system, a postulate of the RPO and civil society organizations [3,4,5].

Dominance of the Medical Model: The current system focuses on dysfunction rather than individual needs. The challenge is to reorient the determination process towards a functional model (ICF) and an assessment of a person's potential, which would allow for adequate support planning [2,4].

Procedural and Staffing Capacity: The system suffers from backlogs and delays, resulting, among other things, from a shortage of certifying personnel. This problem will worsen in the face of planned reforms, requiring the development of a strategy to recruit and train specialists [5,12].

Insufficient Coordination of Rehabilitation: There is a lack of coherence between medical, vocational, and social rehabilitation. Existing institutions operate largely independently. The challenge is to create a cooperation network, for instance, by appointing local rehabilitation coordinators (case managers) who would help.

Low Effectiveness of Vocational Activation: Labour market policy should be reformulated, including through the development of supported employment, the removal of benefit traps, and intensive cooperation with employers to adapt workplaces [6,8,10].

CONCLUSIONS

The system of disability determination and rehabilitation in Poland requires profound changes, but it also possesses foundations upon which they can be built. The case study of the Lubelskie Voivodeship confirms that systemic problems are reflected at the regional level.

The key directions for development should be: (1) the integration of determination systems into a unified structure (a "single-window" system); (2) the full implementation of ICF-based functional assessment to enable personalized support; (3) the introduction of a "case-management" model in rehabilitation to ensure coordination and continuity of actions; (4) the elimination of systemic barriers, including benefit traps that discourage employment; and (5) increased funding targeted at effective forms of activation, such as supported employment.

The implementation of these recommendations requires coordinated action by state administration, local governments, and non-governmental organizations, and in peripheral regions such as the Lublin region-additional reinforcement of mobile and digital service delivery for beneficiaries. Only in this way will the ambitious goal of full social and vocational integration of persons with disabilities become closer to reality.

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