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SOCIAL POLICY AS AN ELEMENT OF PUBLIC LAW IN POLAND AND SLOVAKIA. A COMPARATIVE ANALYSIS OF CONSTITUTIONAL, STATUTORY, AND INSTITUTIONAL SOLUTIONS

Abstract. The chapter provides a comparative analysis of social policy as an element of public law in Poland and Slovakia. It examines the constitutional foundations of social rights, the main legislative branches (social insurance, social assistance, family benefits, poverty alleviation, and social services), and the institutional architecture with its financing mechanisms. A central theme is the interaction between national legal orders and the European Union's framework for coordinating social security systems and safeguarding internal market freedoms. The study identifies a common trajectory toward a "reformed Central European welfare state," while highlighting divergent regulatory techniques: Poland places stronger emphasis on universal and family-oriented benefits, whereas Slovak law more clearly separates contributory social insurance from means-tested assistance (*hmotná núdza)* and formalizes the provision of social services through licensing and tariff regulation. The conclusion argues that both countries' legal frameworks combine constitutional guarantees with statutory discretion, reflecting the tension between solidarity and subsidiarity. Despite different emphases, both systems seek to balance efficiency, adequacy, and fairness under fiscal constraints and European integration. In this sense, Polish and Slovak social policy exemplify two variants of the same Central European search for a just and sustainable welfare state.

Key words: social policy; public law; social insurance; social assistance; family benefits; social services; Poland; Slovakia; European Union law; welfare state
JEL classification: K15, N44

Introduction

The study of public law is not only about the scope of the state's empire, but also about the structure of individual rights and the

obligations of public authorities. Social policy—contrary to its common understanding as "programs" and "transfers"—is a system of legal norms that constitute the legal position of citizens in relation to life risks (old age, illness, accident, unemployment, disability, poverty) and define the limits of the discretionary power of the administration. In this sense, it enters the canon of ius publicum through constitutional guarantees, statutory premises and procedures, administrative implementation mechanisms, and judicial review.

After 1989, both Poland and Slovakia underwent political transformation with a profound recodification of social law. This resulted in a hybrid model: social insurance financed by contributions (and administered by public payers), social assistance and benefits in case of need financed from taxes, an extensive package of local services with varying standards, and a clear—albeit differently emphasized—family policy. These phenomena must be understood not only through the prism of dogma, but also through constitutional axiology and European ius commune coordination (Uścińska, 2014; Barr, 2012).

Polish social constitutionalism is based on the clause that the state shall implement "the principles of social justice" (Article 2 of the Polish Constitution) and on the model of a "social market economy" (Article 20), which obliges the authorities to shape the economic order in such a way that it combines efficiency with inclusion. Social rights are explicitly formulated: "Citizens have the right to social security in the event of incapacity for work (...) and upon reaching retirement age" (Article 67(1)); "Everyone has the right to health care" (Article 68(1)); "Persons with disabilities shall be provided with (...) assistance by public authorities" (Article 69); "The state (...) shall take into account the welfare of the family" (Article 71). At the same time, the constitution adds: "the scope and forms of social security shall be determined by law" (Article 67(1) in fine), which shifts the burden of specification to the legislator and subjects it to a test of proportionality and non-retroactivity in relation to acquired rights (Szarfenberg, 2018).

In the Constitution of the Slovak Republic, the emphasis is slightly different: "Citizens have the right to adequate material security in old age and in the event of incapacity for work, as well as in the event of loss of a breadwinner" (Article 39(1)). The word primerané ("appropriate, adequate") introduces a material standard for the assessment of ordinary laws. Furthermore, Article 40 guarantees health protection, and Article 41 guarantees care for the family, motherhood, and children ( ). Quoting the original and translating:

“Občania majú právo na primerané hmotné zabezpečenie…” (Konštitúcia SR, art. 39 ods. 1) — “Citizens have the right to adequate material security…”.

European ius commune reinforces this construct. The EU Charter of Fundamental Rights states:

"The Union recognizes and respects the entitlement to social security and social services providing protection in cases such as maternity, illness, industrial accidents, dependency or old age, and in the case of loss of employment." (EU Charter of Fundamental Rights, Article 34(1)) — "The Union recognizes and respects the entitlement to social security and social services providing protection in cases such as maternity, illness, industrial accidents, dependency or old age, and in the case of loss of employment."

This European confirmation of entitlement does not eliminate national autonomy, but — in conjunction with Regulations 883/2004 and 987/2009 — establishes a coordinating safety net: aggregation of periods, determination of applicable legislation, exportability of benefits, and prohibition of discrimination against mobile citizens (Uścińska, 2014).

The axiology of the region is also shaped by the tradition of subsidiarity and solidarity present in the social teaching of the Church. In Pius XI's Quadragesimo anno, we read:

"...ut quod singulae personae, familiae aut minores societates per se efficere possunt... non ad societatem maiorem et altiorem transferatur." (Pius XI, 1931/2005: §79) — "...so that what individuals, families, or

smaller communities can do on their own should not be transferred to a larger and higher community."

This principle corresponds to the decentralization of services in both systems: in Poland through the tasks of municipalities and counties, and in Slovakia through an extensive system of licensing and tariffing of social services (Zákon č. 448/2008 Z. z.), which will be discussed in more detail in this article. In turn, Leo XIII's "Rerum novarum" legitimizes the protection of the weaker as a duty of public authorities:

"Praecipua civitatum cura esse debet, ut incolumitas opificum et tenuiores opibus... tueantur." (Leo XIII, 1891/1957: §37) — "It should be a particular concern of states that the safety of workers and the poor... be protected."

Finally, John Paul II's Laborem exercens emphasizes the primacy of human work:

"Homo est persona, id est natura suae vitae et actionis dominus..." (John Paul II, 1981/2006: §6) — "Man is a person, that is, by nature the master of his life and actions..."

These themes do not replace positive law, but they help to explain why dignity, social justice, and subsidiarity permeate the constitutional provisions of Poland and Slovakia so strongly (Auleytner, 2012: 45–52).

The comparison concerns four related layers. First, the constitutional basis of social rights — in Poland as subjective rights with statutory content, in Slovakia as the right to primerané hmotné zabezpečenie (adequate material security), the adequacy of which is assessed at the level of statutes. Secondly, the main branches of legislation: in Poland, these are the 1998 systemic acts on social insurance and on pensions and disability benefits from the Social Insurance Fund (FUS) and the 2004 act on healthcare benefits; the 2004 act on social assistance and the 2003 act on family benefits; the 2004 Act on employment promotion; in Slovakia, respectively, Zákon č. 461/2003 Z. z. o sociálnom poistení, Zákon č. 417/2013 Z. z. o pomoci v hmotnej núdzi and Zákon č. 448/2008 Z. z. o sociálnych službách. Thirdly, institutional architecture (ZUS/NFZ versus Sociálna poisťovňa and multi-payer health insurance companies;

OPS/PCPR versus licensed service providers). Fourthly, European coordination, which "stitches" both systems into a common space of mobile citizens' rights (Uścińska, 2014).

In the background, there are three tensions typical of contemporary social policy (Barr, 2012; Pierson, 2001): contribution equivalence vs. tax solidarity, subjective rights vs. administrative recognition, cash transfers vs. services. In Poland, there is a stronger development of family transfers (regulated separately from social assistance), while in Slovakia there is a clearer distinction between insurance and hmotná núdza (material need) and the formalization of services through accreditation and tariff setting (Zákon č. 448/2008 Z. z.).

The comparative framework draws on Gøsta Esping-Andersen: liberal, conservative-corporate, and social democratic regimes differentiate the level of decommodification and patterns of stratification (Esping-Andersen, 1990: 21–29). For Central and Eastern Europe, this approach requires adjustments—Clasen points to the specific nature of post-socialism, labor market transformations, and the sequence of reforms (Clasen, 2002: 300–309). Barr proposes that the discussion be grounded in the economics of principles: insurance (contribution, risk) vs. provision/assistance (tax, need), and that incentives be treated with caution (2012: 3–24). Pierson describes the transition from expansionary policies to a "new welfare state policy" in which disputes are about priorities rather than the very principle of the system's existence (Pierson, 2001: 3–17).

It is precisely in this field—between decommodification, incentives, and priorities—that the Polish-Slovak comparison takes place: Poland is moving towards universal family transfers alongside social assistance; Slovakia—towards material conditionality and standardization of services.

Methodologically, I combine a dogmatic analysis of normative texts (constitutions, laws, regulations) with a functional comparison, asking how both jurisdictions address the same functions (security in old age, incapacity for work, unemployment, poverty; access to health care; long-

term care), and with axiological analysis (fairness, adequacy, subsidiarity). I locate quotations from legal acts with articles; quotations from doctrinal documents—with paragraphs in printed editions;

The following sections of the article will elaborate on the consequences of the aforementioned foundations: how Polish law establishes the parallelism of the family benefits and social assistance systems and what effects this has on the targeting of support and income predictability; how Slovak law sharpens the distinction between sociálne poistenie and hmotná núdza and what effects this has on incentives and equal access; how both jurisdictions implement social services (Poland—through the tasks of local government units and their own social assistance centers; Slovakia—through accreditation and tariff setting); and finally, how EU law standardizes the rules of the game across borders (Uścińska, 2014; Barr, 2012; Pierson, 2001; Esping-Andersen, 1990; Clasen, 2002).

The aim will be not only a dogmatic reconstruction, but also a normative assessment in terms of effectiveness, adequacy, and fairness: whether the premises are clear, the financing transparent, the means of appeal accessible, and the standard of services guaranteed without excessive bureaucracy.

Constitutional foundations of public social law in Poland and Slovakia: axiology, structure of norms, and justiciability

The constitutions of Poland and Slovakia are the center of gravity of the entire public order of social law. They provide the language of values in which ordinary laws are later written and in which rights and obligations are adjudicated in matters as diverse as disability pensions, access to health benefits, and "last resort" assistance in cases of need. A reading of the provisions themselves reveals different axiological emphases. In Poland, the tone is set by the concepts of "social justice" and "social market economy," which constitute the context for the interpretation of social rights and the obligations of the authorities

(Garlicki and Zubik, 2016: vol. I, 133–147). In Slovakia, the terms “primerané hmotné zabezpečenie” and extensive family protection encode the material standard of adequacy of benefits and a clear focus of social policy on the family (Drgonec, 2019: 517–529).

Article 2 of the Polish Constitution states that the Republic of Poland is "a democratic state ruled by law, implementing the principles of social justice." This clause, which is both a general clause and a programmatic norm, is the "keystone" for the interpretation of many specific provisions, including Articles 67–71 (Safjan and Bosek, 2016: vol. I, 107–112). A little further on, Article 20 refers to a "social market economy," which, importantly, is "based on free economic activity, private ownership, and solidarity, dialogue, and cooperation between social partners." These two clauses work in harmony: freedom and ownership are guaranteed, but their exercise takes place within a framework of solidarity and social dialogue. Against this background, Article 67(1) specifies the core of the right: "Citizens have the right to social security in the event of incapacity to work due to illness or disability and after reaching retirement age," while Article 68(1) adds: "Everyone has the right to health protection." Finally, Articles 69 and 71 establish specific obligations of the authorities towards persons with disabilities and families, motherhood, and parenthood. There is no ambiguity here: the legislator cannot "nullify" these rights through inaction—on the contrary, it is obliged to give them concrete form (Garlicki and Zubik, 2016: vol. II, 32–49).

The Constitution of the Slovak Republic emphasizes material adequacy and the family. Article 39(1) states: "Citizens have the right to adequate material security in old age and in the event of incapacity for work, as well as in the event of loss of a breadwinner." The concept of primerané — “appropriate, adequate” — introduces a standard into the constitutional order that serves as a kind of “decency threshold” for ordinary laws. Furthermore, Article 40 guarantees the right to health care, and Article 41 guarantees care for the family, motherhood, and children: "The family is protected by law. Marriage is a unique union between a man and a woman..." Translated: "The family is protected by law.

Marriage is a unique union between a man and a woman..." This declaration alone indicates that social policy in Slovak axiology has a strong family-centered vector (Drgonec, 2019: 530–545).

On a comparative level, the difference between "social justice" and "material adequacy" is subtle but significant in practice. In the Polish legal system, the justice clause—enriched by constitutional jurisprudence and doctrine—is sometimes used as a directive for equal treatment and proportionality of restrictions on benefits (Safjan and Bosek, 2016: vol. I, 122–129). In the Slovak system, “adequacy” is sometimes treated as an indicator of the minimum statutory content, which cannot be arbitrarily reduced by the legislator (Drgonec, 2019: 521–525). In both cases, however, we are dealing with constitutional rights whose “scope and forms” — as stated in Article 67(1) in fine of the Polish Constitution — “are specified by statute.” Thus, the constitution sets out the obligation and the standard, and the legislator has to do the construction work. The effect of this work is subject to control—in Poland, primarily constitutional control and the control of social security and administrative courts, and in Slovakia, constitutional and administrative control, respectively.

At this point, it is worth mentioning the European coordination framework, which acts as a safety net for people moving within the Union. The EU Charter of Fundamental Rights (Article 34) states: "The Union recognizes and respects the entitlement to social security and social services providing protection in cases such as maternity, illness, industrial accidents, dependency or old age, and in the case of loss of employment." — in translation: "The Union recognizes and respects the entitlement to social security and social services providing protection in cases such as maternity, illness, industrial accidents, dependency or old age, and in the case of loss of employment." Importantly, the Charter immediately adds a reference to “national law and practices,” recognizing that the Union does not create a uniform system of benefits, but coordinates their interrelationships (Uścińska, 2014: 19–37). This is the purpose of Regulations 883/2004 and 987/2009: the aggregation of periods, the

determination of the applicable legislation, and the exportability of certain benefits are instruments that ensure that a Polish or Slovak citizen does not "fall out" of protection when changing their country of employment (Uścińska, 2014: 73–101).

In the Central European tradition, this value system is also interpreted in the light of the longer genealogy of the idea, as indicated by the social teaching of the Church. In Rerum novarum (1891), Leo XIII reminded us that the state has a duty to protect the poor: "Praecipua civitatum cura esse debet, ut incolumitas opificum et tenuiores opibus... tueantur" — "It should be the special concern of states to protect the safety of workers and the poor..." (Leo XIII, 1891/1957: §37). Pius XI in Quadragesimo anno (1931) formulated the principle of subsidiarity, according to which what "singulae personae, familiae aut minores societates per se efficere possunt" — "individuals, families or smaller communities can do on their own" (Pius XI, 1931/2005: §79). And John Paul II in Laborem exercens (1981) emphasized the subjectivity of the working person: "Homo est persona, id est natura suae vitae et actionis dominus..." — “Man is a person, that is, by nature the master of his life and actions…” (John Paul II, 1981/2006: §6). These statements are not sources of positive law, but they explain why constitutional catalogs of social rights and their statutory specifications are linked—on both sides of the Tatra Mountains—with an emphasis on dignity, solidarity, and subsidiarity (Auleytner, 2012: 45–52).

However, if the constitution guarantees it and the law specifies it, then the key issue becomes justiciability: to what extent and when can an individual compel public authorities to grant a benefit, and when does it remain within the sphere of "reasonably shaped discretion"? In the Polish social security system (pensions, disability benefits, accident benefits, sickness benefits), these are, by their nature, subjective rights: once the conditions are met, the authority (Social Insurance Institution, ZUS) is obliged to make a positive decision ; if it refuses, it is subject to review by the social security court (Safjan and Bosek, 2016: vol. II, 401–419). Social assistance is different: some benefits (e.g., targeted allowances)

require an assessment of the person's needs and situation — this is "administrative recognition" included in a set of criteria, the violation of which (gross arbitrariness, violation of proportionality) may be reviewed by administrative courts (Szarfenberg, 2018: 221–238). In Slovakia, a similar dualism exists between sociálne poistenie (contributory rights) and hmotná núdza (benefits dependent on income and activity), with the latter segment being characterized by clear conditionality (e.g., incentive allowances) and intensive formalization of services (accreditation, tariff setting) on the basis of Zákon č. 448/2008 Z. z. (Drgonec, 2019: 746–759).

In both systems, therefore, the question of the "minimum content" of social law arises. In Polish doctrine, it is sometimes reconstructed by referring to the principles of social justice (Article 2) and dignity (Article 30), in conjunction with Articles 67 and 68: the legislator may not shape the conditions and manner of implementation of benefits in such a way as to deprive them of their essence, whether through arbitrary segmentation of eligible groups or by establishing unrealistic formal requirements (Garlicki and Zubik, 2016: vol. I, 140–147). In Slovakia, a similar function is performed by “adequacy” in Article 39: the legislator may differentiate between structures and thresholds, but “primerané” is a material point of reference, the gross violation of which may trigger constitutional review (Drgonec, 2019: 521–529).

From this perspective, the principle of subsidiarity is not a decoration, but a methodological guide for the organization of social services. The above-quoted sentence from Quadragesimo anno (“…non ad societatem maiorem et altiorem transferatur”) translates in practice—in Poland—into a model of own tasks of municipalities and counties (Social Welfare Act), and—in Slovakia—into a network of licensed service providers under public law. In both cases, the aim is for the lowest possible level of organization to provide the service closest to the person concerned, while maintaining standards and supervision (Auleytner, 2012: 221–248; Drgonec, 2019: 752–759).

When this axiological and constitutional outline is translated into practice, we obtain three directives for legislators and law enforcement authorities. First: transparency and predictability — the conditions for acquiring rights should be clearly stated in the law, rather than in case law decisions. Secondly: proportionality and equality—differentiation (e.g., thresholds, rates, activation conditions) must be rationally justified by the objectives and must not affect the "core" of the law (Safjan and Bosek, 2016: vol. I, 122–129). Thirdly: transparency of control — where the legislator has provided for recognition (social assistance, material need), there must be effective control that eliminates arbitrariness and excessive formalism (Szarfenberg, 2018: 229–238; Drgonec, 2019: 756–759). These three directives are also “European requirements,” because only their fulfillment allows for the full use of coordination 883/2004/987/2009 — without them, even the best-designed rules for the aggregation of periods and exportability will not work in practice (Uścińska, 2014: 101–139).

In conclusion, it can be said that the constitutions of Poland and Slovakia not only "declare" social rights, but also inscribe them in a specific axiology — Polish, emphasizing "social justice" and "social market economy," and Slovak, emphasizing "material adequacy" and family protection. These different emphases do not diverge in practice — on the contrary, they are beginning to converge thanks to a common European horizon and a shared heritage of solidarity and subsidiarity. This intertwining gives rise to legislative solutions, which we will discuss in the next chapter: the structure of social security and health insurance, differences in the design of "last resort" assistance and family benefits, and the organization of social services.

Social security and health insurance in Poland and Slovakia: legal structures, institutions, financing, control

The analysis of social and health insurance is at the core of the comparison, as it is here that we can most clearly see how constitutional

axiology translates into legislative technique and institutional practice. In both systems, the basis is a contributory model, in which entitlements are, in principle, subjective rights acquired after fulfilling statutory conditions, and the administration acts as a "payer-public insurer" endowed with authority but subject to strict judicial control. At the same time, healthcare is financed and contracted under a separate public health insurance regime: in Poland with a single public payer, in Slovakia with a multi-payer poist'ovní sector operating under public law. These differences in structure are not marginal: they affect the way contributions are determined, the modes of control, and how the basket of benefits and the relationship between economics and entitlement to benefits are defined (Barr, 2012; Uścińska, 2014).

The Polish system was recodified by systemic laws of 1998, which still determine the structure of pension, disability, sickness, and accident insurance. The Act of October 13, 1998, on the social insurance system creates a common platform for insurance titles, determining the obligation to insure, the basis for calculating contributions, records and collection, with the Social Insurance Institution playing a central role as the competent authority (Journal of Laws 1998, No. 137, item 887, as amended). The structure of pension and disability benefits is complemented by the Act of December 17, 1998, on pensions and disability benefits from the Social Insurance Fund, which, after the reform — bases the basic pension on a defined contribution formula and the principle of account indexation, while maintaining the disability pension as a disability risk benefit (Journal of Laws 1998, No. 162, item 1118, as amended). This legislative technique contains a logic corresponding to Article 67(1) of the Constitution: "Citizens shall have the right to social security...; the scope and forms thereof shall be specified by statute." The rationale behind this clause is well reflected in practice: once the conditions of substantive law (length of service, age, incapacity for work, accident rate) are met, the authority must issue a positive decision—this is not a matter of discretion, but of legal obligation (Garlicki and Zubik, 2016: vol. II, 401–419).

Two dogmatic features are worth noting. First, the strictly public nature of the relationship: ZUS keeps records, determines the basis for assessment, and issues administrative decisions; judicial review is conducted in social security cases, where the court makes a full determination of the facts and subsumption (Safjan and Bosek, 2016: vol. II, 412–419). Secondly, coordination with EU law is "built into" practice: in the case of cross-border insurance biographies, ZUS applies the rules for aggregating periods and determining the applicable legislation resulting from Regulations 883/2004 and 987/2009, which prevents gaps in protection (Uścińska, 2014: 73–139).

Social security dogma in Poland remains intertwined with the labor market. The Act on Employment Promotion (Journal of Laws 2004, No. 99, item 1001, as amended) defines the conditions for unemployment benefits as a combination of insurance and welfare benefits, as well as an instrument of activation, the fulfillment of which is sometimes relevant in relations with the insurance system (Auleytner, 2012: 173–195). In this way, public law logically "stitches" different segments of social protection into a single, functional whole.

In the area of health, the mechanics are different, although the constitutional axiology — "Everyone has the right to health protection" (Article 68(1)) — is equally unambiguous. The Act of August 27, 2004, on healthcare services financed from public funds establishes universal health insurance, in which the National Health Fund is the payer. Structurally, it is a model of a single public payer contracting services with a network of public and non-public service providers within the framework of a guaranteed basket (Journal of Laws 2004, No. 210, item 2135, as amended). From the point of view of public law, decisions in individual cases (e.g., refusal of funding, limitation of services) are subject to judicial review—not as "privileges," but as the exercise of the constitutional right to health protection within the limits of the law (Safjan and Bosek, 2016: vol. II, 930–946).

It should be noted that health and pensions are not separate worlds: both regimes operate with contributions and a public payer, but differ in

the logic of titles and the nature of the right. A pension is a subjective right resulting from an insurance history; a health benefit is the right to a specific service within the guaranteed basket. This reveals the tension between economics and law: limited resources force the creation of lists and tariffs, which shifts the burden of disputes to the question of "whether a benefit is covered by the guarantee and how to value it" (Barr, 2012: 121–154).

Constitutional quote (PL): "Everyone has the right to health care" (Constitution of the Republic of Poland, Article 68(1)) — this is not a programmatic wish, but an organizational directive for the legislature and administration to build mechanisms for real access (Safjan and Bosek, 2016: vol. II, 930–934).

The Slovak social security system is set out in Zákon č. 461/2003 Z. z. o sociálnom poistení. This law creates a coherent regime for pension, disability, sickness, accident, and unemployment insurance, with Sociálna poisťovňa, a public-law insurer with the power to determine and pay benefits, as the central institution. In light of Article 39(1) of the Constitution (“Občania majú právo na primerané hmotné zabezpečenie…”), the logic is the same as in Poland: once the conditions of the law are met, the benefit is a right, not a grant, and refusal is subject to legal review (Drgonec, 2019: 746–753).

In the Slovak structure, it is worth noting the significant separation of the "last resort" segment from the hmotná núdza regime (Zákon č. 417/2013 Z. z.), which reinforces the purity of the contributory nature of sociálne poistenie. Thus, disputes over activation and conditionality do not "spill over" into insurance—they remain in the area of conditional assistance, where the intensity of administrative recognition and the set of control measures are different (see below, in the chapter on assistance and services).

In health, Slovakia has adopted a pluralistic structure: universal health insurance is provided by a group of public-private poist’ovní operating under public law, with a statutorily defined guaranteed basket and strict tariff regulation. From the point of view of public law, this is still an

entitlement regime: the insured person is entitled to guaranteed benefits, and disputes concern the qualification of benefits and financial settlements. Slovak literature points out that the multi-payer model strengthens organizational competitiveness but requires careful supervision to prevent risk selection and portfolio "segregation" (, 2019: 759–767). Compared to Poland, this means that regulatory decisions (licenses, tariffs) are more important, while the principle that the right to health care is constitutional (Article 40 of the Constitution of the Slovak Republic) and must be effectively implemented through a system of contracts and a basket of services remains equally important.

Constitutional quote (SK): "Každý má právo na ochranu zdravia." (Konštitúcia SR, Art. 40) — "Everyone has the right to health protection." Together with Art. 39(1), this creates a binding framework for social and health insurance.

In both Poland and Slovakia, social insurance is financed by contributions from employees, employers, and self-employed persons, with the state financing health insurance contributions for certain categories of persons (e.g., some inactive persons, parents on leave) or "subsidizing" the stability of the funds. In Poland, the defined contribution pension pillar strengthens the equivalence between career history and benefit levels, but, as Barr (2012) points out, it requires efficient indexation and "tightening" of demographic parameters. In Slovakia, a similar equivalence operates in sociálne poistenie, and discussions on redistribution are shifting to the segment of hmotná núdza and sociálne služby, where the sources of financing are generally taxes and co-payments (Zákon č. 448/2008 Z. z.). This division of roles is dogmatic in nature: it promotes the purity of the legality test in insurance (have the conditions been met?) and the proportionality test in assistance and services (has recognition been abused?).

In both jurisdictions, the dividing line between insurance and assistance also determines two logics of control. In social insurance (PL: ZUS; SK: Sociálna poisťovňa), the refusal or incorrect determination of a benefit is subject to full judicial review; the dispute concerns the facts

(length of service, incapacity for work, accident) and the subsumption of the norm. In health, complaints often concern the qualification of a benefit for the basket, i.e., the "right to a service" with a specific profile. Meanwhile, in social assistance (PL) and hmotná núdza (SK), the question of the limits of discretion takes precedence: did the authority act within the statutory purpose, did it violate the principles of equality and proportionality (Szarfenberg, 2018: 221–238; Drgonec, 2019: 756–759). This distinction is crucial for the entire article, as it allows for an adequate comparison of the "hardness" of insurance entitlements with the "softness" of assistance instruments — without mixing control standards.

In practice, Polish and Slovak insurance institutions apply Regulations 883/2004 and 987/2009 on a daily basis. The rules on aggregation and determining the applicable legislation (lex loci laboris and exceptions) have very specific consequences: pensions calculated on the basis of employment history in both countries; sickness benefits for posted workers; maternity and family benefits in cross-border families. The EU Charter of Fundamental Rights (Article 34) enshrines these mechanisms in fundamental rights, although, as Uścińska (2014: 19–37) rightly points out, the details always remain in national law. Coordination is not unification, but rather a “translator” between systems: Poland and Slovakia may differ in structure, but citizens do not lose protection due to mobility.

Quote (EU): "The Union recognizes and respects the entitlement to social security and social services..." (EU Charter of Fundamental Rights, Article 34(1)-(2)) — "The Union recognises and respects the entitlement to social security and social services...". In practice, this is a framework reminder that the non-discrimination and coordination test will apply to national solutions.

From a public law perspective, both systems show convergence in terms of the contributory nature of insurance and the entitlement-based nature of benefits once the conditions are met. However, they differ in the structure of healthcare (one payer in Poland, many payers in Slovakia) and in the architecture of the relationship between insurance and

assistance: Poland maintains an extensive, parallel system of family benefits, while Slovakia separates sociálne poistenie more strongly from hmotná núdza and builds a high level of formalization of services. For normative assessment, this means that in Poland there are more disputes concerning standardization and targeting (does the family benefit go where it should?), while in Slovakia there are more disputes concerning the proportionality of conditionality and the quality of services in a multi-payer health system. In both systems, however, the constitutional guarantee and EU coordination serve as a common anchor.

"Last resort" and social services: Polish social assistance and Slovak hmotná núdza and sociálne služby

When comparing the social security systems of Poland and Slovakia, it is the “last resort” segment and the sphere of social services that best reveal the tensions between solidarity and conditionality, between universalism and selectivity, and finally, between subjective rights and administrative discretion. While social insurance in both countries retains the contributory logic of equivalence, social assistance and hmotná núdza are subject to a different legal regime: income selectivity, the intensive role of life situation diagnosis, activation instruments and social contracts, as well as service procedures (needs assessment, quality standards, licensing, tariff setting). In this area, the values of "social justice" and "material adequacy" expressed in the constitutions are most strongly at work, and at the same time, dogmatic vigilance is most needed so that administrative recognition does not undermine the guarantees resulting from Article 30 of the Polish Constitution (dignity) and Article 12 of the Slovak Constitution (equality).

A different idiom is already apparent in the language of the laws. The Polish Social Assistance Act defines this segment in a programmatic and institutional way: "Social assistance is an institution of state social policy" whose "purpose is to enable individuals and families to overcome difficult

life situations" — both through cash benefits and "social work, care services, and other forms of support" (Act of March 12, 2004 on social assistance, Journal of Laws 2004, No. 64, item 593, as amended). In Slovakia, the core of this sphere is formulated in Zákon č. 417/2013 Z. z. o pomoci v hmotnej núdzi, in which the starting point is more "state-oriented": "hmotná núdza je stav" (material need is a state) of a shortage of funds to meet basic living needs, triggering selective cash benefits supplemented by incentive allowances — "ochota a aktivita" (willingness and activity) are not an ornament here, but a structural condition for part of the support (Zákon č. 417/2013 Z. z.). In the background is the Slovak service law, Zákon č. 448/2008 Z. z. o sociálnych službách, which introduces a catalog of services, needs assessment procedures, quality standards, accreditation, and tariffing of benefits — solutions that are more extensive and formal than the Polish model of municipal and county tasks.

In Polish social assistance, the key elements are a triad: cash benefits, non-cash benefits, and services. Cash benefits — permanent, periodic, and targeted allowances — are based on income thresholds and criteria specified in the Act; non-cash benefits and services — from social work to crisis intervention and care/disability-related services — depend on the assessment of the situation and the preparation of a support plan. In legal doctrine, this means a mixture of subjective rights (where the provision states: “entitlement after meeting the criteria”) and administrative discretion (where the authority “may ly grant” benefits, determining the scope and form based on an individual assessment). This mixture is well described by Auleytner: “social assistance is an institution and a process” — a system of norms and organization, but also a practice of social work that cannot be reduced to the passive distribution of transfers (Auleytner, 2012: 221–248). Szarfenberg adds that where recognition is involved, a dense network of criteria of legality, equal standards, and accessible appeal paths must serve as a safeguard (Szarfenberg, 2018: 221–238).

In Slovakia's hmotná núdza, unambiguous conditionality is striking from the outset. The law provides for a basic benefit, but its amount and

supplements depend on the fulfillment of activity conditions—participation in the labor market, children's education, and other forms of self-help. This corresponds to the intuition described in the literature on the "new welfare state policy" (Pierson, 2001): redistribution is coupled with incentives to avoid the traps of passivity. In a dogmatic sense, this means shifting the “core of discretion” to the assessment of activity and needs, while maintaining the hard status of subjective rights in sociálne poistenie. This stratification maintains the purity of both logics: contributory and selective. As a result, judicial review in cases of material need focuses on the limits of recognition: whether the authority has applied the statutory criteria, whether the decision is proportionate to the objective, and whether it violates the principle of equality (Drgonec, 2019: 746–759).

Social services are the part of social policy where differences in legislative technique are most visible. Poland, based on the Social Assistance Act, designates services as the own tasks of municipalities and counties with mixed financing (state budget + local government budgets) and with broad organizational freedom at the bottom. In practice, this provides flexibility (the ability to adapt to local demographic and infrastructural conditions), but also the risk of territorial differentiation ("your zip code should not determine the type of care you receive," as comparative literature warns, cf. Barr, 2012: 121–154). Slovakia, on the contrary: Zákon č. 448/2008 Z. z. introduces detailed procedures for needs assessment, accreditation of providers, minimum quality standards, and service pricing. This approach is easier to audit and compare, but it requires efficient supervision and may generate higher transaction costs for public administration and service providers. The value plan echoes the principle of subsidiarity as understood by Pius XI: "ut quod singulae personae, familiae aut minores societates per se efficere possunt... non ad societatem maiorem et altiorem transferatur" — "so that what individuals, families, or smaller communities can do on their own should not be transferred to a larger and higher community" (Pius XI, 1931/2005: §79). In the Polish model, sub-

sidiarity is implemented by entrusting tasks to local governments; in the Slovak model, it is implemented by contracting and licensing entities close to the recipient, but within a highly standardized public regime.

Long-term care and support for people with disabilities is a particular area of comparison. In Poland, the mix of instruments includes allowances and benefits (e.g., permanent benefits), subsidies in the quasi-tax system, and care services organized by municipalities, with an important role played by PCPRs, disability certification, and funds from the State Fund for Rehabilitation of Persons with Disabilities. On the one hand, this allows for differentiation of support; on the other hand, it is sometimes criticized for the dispersion of legal bases and dependence on local practices (Szarfenberg, 2018: 239–268). In Slovakia, the solutions in Zákon č. 448/2008 Z. z. place greater emphasis on the service-oriented nature of support: first, an assessment of needs and the level of dependence, then a decision on the type and intensity of the service, and finally, its valuation and co-financing. Structurally, this promotes standardization, and in terms of control, it allows the legality of decisions to be examined according to criteria of quality and adequacy. In both jurisdictions, dignity and equality remain the constitutional anchor: Articles 30 and 32 of the Polish Constitution and Article 12 of the Slovak Constitution, in light of which thresholds and procedures cannot be designed in such a way that in practice they deprive dependent persons of real access to support.

In the family segment, the paths diverge more clearly at the level of legal technique. Poland maintains a separate, extensive system of family benefits (Act of November 28, 2003) alongside social assistance. From the point of view of public law, this solution strengthens the predictability of family income and introduces universal elements into the selective system (Auleytner, 2012: 173–195). Slovakia, on the other hand, combines family support with the tax and contribution system and the hmotná núdza segment, and places family support services within the sociálne služby regime. The effect is greater uniformity in the methods of assessing and accounting for support, but — naturally — less "parallelism" in the struc-

ture. At the level of EU coordination, these differences do not diverge: Regulations 883/2004 and 987/2009 provide for conflict rules and the aggregation of periods, and the EU Charter of Fundamental Rights states: "The Union recognizes and respects the entitlement to social security and social services..." — "The Union recognises and respects the entitlement to social security and social services..." (Article 34). For cross-border families, this means, above all, the need to determine the priority of the applicable legislation and to avoid "double financing" — a legal problem whose practical solution requires precise cooperation between national institutions (Uścińska, 2014: 101–139).

In this chapter, it is impossible to ignore the issue of social contracts and activation instruments. The Polish Social Welfare Act provides for a "social contract" as a tool for cooperation between the Social Welfare Center and the person/family, which is intended to help them overcome their difficult situation, coordinate activities, and integrate into local resources. Although it is a soft tool, failure to comply with it may affect the assessment of the right to discretionary benefits. In Slovakia's hmotná núdza (material need), the idea of a contract is more closely linked to incentive allowances — "motivačný príspevok" is linked to the activity and education of children, thus directly materializing the assumption that redistribution and activation are two sides of the same coin (Zákon č. 417/2013 Z. z.). On constitutional grounds, therefore, the question of proportionality arises: to what extent can activation conditions affect the minimum subsistence level, which is a derivative of human dignity (Article 30 of the Constitution of the Republic of Poland; cf. also Articles 1 and 12 of the Constitution of the Slovak Republic). The answer in the literature is cautious: incentives are necessary, but they cannot reduce support below the "minimum content" of social law (Barr, 2012: 3–24; Szarfenberg, 2018: 229–238).

Finally, in administrative terms, models of supervision of services and assistance also differ. Poland combines legality and expediency in ministerial supervision of OPS/PCPR, while judicial review of social decisions

is divided between administrative courts (discretionary and procedural benefits) and social security courts (where subjective rights are at stake). Slovakia, due to licensing and tariffing, emphasizes the inspection and regulatory dimension of supervision over service providers. However, in both systems, the burden of proving the legality and proportionality of decisions restricting access to benefits remains the same.

From the perspective of the entire comparative article, there are three partial conclusions. First, both countries—in line with the European trend described by Pierson—combine cash support with services rather than replacing one with the other (Pierson, 2001). Second, Poland has added an extensive, separate system of family benefits to the "last resort," which strengthens the income predictability of families but poses a challenge to the standardization of services and precision of targeting. Third, Slovakia has sharpened the contrast between sociálne poistenie and hmotná núdza and formatted environmental support in a "service-oriented" manner, which promotes quality and comparability but requires a constant test of proportionality against activation conditionality. In both systems, the constitutional and EU frameworks — "social justice," "primerané hmotné zabezpečenie," "entitlement to social services" — serve as a yardstick against which we measure laws and practices.

Financing and institutional architecture of social policy in Poland and Slovakia: sources, flows, supervision

Feminist art has been a powerful medium to critique and expose the structural barriers women face in professional spaces,

In social policy, money and institutions are "what nerves and blood vessels are to the body": without stable funding streams and an efficient executive architecture, even the best-constructed subjective rights and the most lofty constitutional clauses cannot be translated into real protection. In this chapter, I reconstruct how Poland and Slovakia solve three closely related problems: first, sources of funding (contributions, taxes, co-

payments, budget subsidies); second, the organization of payers and executors (central and local institutions, public "insurers" and service providers); thirdly, supervision and control (legality, purposefulness, quality). These three areas should be read in the light of constitutional and European axiology, but also in the spirit of welfare state economics: "a good system is not one that spends the most, but one that spends predictably, purposefully, and in accordance with declared rights" (Barr, 2012: 3–24, 121–154).

The constitutions of countries already set out the general framework for public finances, which filters down into social policy. In the Polish Constitution, the principle of a democratic state ruled by law "implementing the principles of social justice" (Article 2) and a social market economy (Article 20) is complemented by the rigour of financial management "on the basis of the law" (cf. the structure of Article 216 et seq. of the Constitution of the Republic of Poland: Garlicki and Zubik, 2016: vol. I, 133–147). In the Constitution of the Slovak Republic, a similar role is played by the chapter on economic and financial relations, which, although different in wording, also subordinates the use of public funds to the principle of legality and purposefulness (Drgonec, 2019: 517–529). At the EU level, the Charter of Fundamental Rights refers to “entitlement to social security and social services” — “The Union recognizes and respects the entitlement to social security and social services…” (EU Charter of Fundamental Rights, Article 34) — which does not create a uniform EU social budget, but provides a guideline for assessing national solutions, especially where non-discrimination and coordination are concerned (Uścińska, 2014: 19–37, 73–139).

On the social security side, both countries apply the contribution-based principle, in which financing is linked to insurance status and career history. In Poland, the backbone is formed by the systemic acts of 1998, which separate the "technical" layer (records, collection, calculation bases, payer responsibility) from the benefit layer (pensions, disability benefits, sickness benefits, accident benefits), and the central operator is the

Social Insurance Institution (Journal of Laws 1998, No. 137, item 887, as amended; Journal of Laws 1998, No. 162, item 1118, as amended). The financial logic here is clear: the contribution is not a tax, but the price for social insurance of a public law nature (Barr, 2012: 63–86), and the state acts as a guarantor of the fund's stability and finances the "contribution" or transfers for certain categories (e.g., those caring for children or economically inactive persons — these structures are enshrined in specific laws). In Slovakia, an identical contribution system is established by Zákon č. 461/2003 Z. z. o sociálnom poistení, and the role of payer is performed by Sociálna poisťovňa — a public insurer competent to determine and pay benefits. In both systems, the "hardness" of financing the insured segment is reinforced by the "hardness" of acquired rights: a pension or disability pension is not a handout, but a benefit acquired by virtue of a binding norm, and therefore the expenditure is mandatory (Garlicki and Zubik, 2016: vol. II, 401–419; Drgonec, 2019: 746–753).

In health insurance, structural differences are more significant. Poland, in accordance with the Act of August 27, 2004, centralizes the payer function in the National Health Fund. The financing stream is therefore two-stage: first, health insurance contributions are collected by the public payer, then the service is contracted in the basket of guaranteed benefits. The single payer model strengthens bargaining power and allows tariffs to be shaped in a systematic way, but it requires rigorous technology assessment procedures and quality control safeguards so that the subjective right of "everyone to health protection" (Article 68(1) of the Polish Constitution) is not reduced to a purely statistical rationalization (Safjan and Bosek, 2016: vol. II, 930–946). Slovakia uses a multi-payer model of poist'ovní operating under a public regime. Funding streams are multi-channel, and regulation must counteract risk selection and portfolio "segregation" so as not to violate the equal rights of the insured (Drgonec, 2019: 759–767). Both countries share a common goal: a public commitment to finance guaranteed benefits within the statutory basket. To quote

the Slovak principle directly: “Každý má právo na ochranu zdravia.” — “Everyone has the right to health protection.” (Konštitúcia SR, Art. 40).

In the “last resort” and social services segment, general taxes dominate, and in Slovakia, co-payments also play a role. The Polish Social Welfare Act makes municipalities and counties the providers of services (own and commissioned tasks), with mixed financing: state budget subsidies and own funds of local government units. The advantage is flexibility: services can be tailored to local needs; the disadvantage is the risk of territorial differentiation and more difficult enforcement of a uniform standard (Auleytner, 2012: 221–248). Slovak Zákon č. 448/2008 Z. z. o sociálnych službách takes a more "technical" approach to the financing of services: needs assessment procedure → decision on the type and intensity of the service → pricing and co-financing (contribution from the state, local government and, within certain limits, the recipient). This approach is inherently auditable (it is easier to compare costs and effects), but it requires a trusted licensing and inspection system to prevent quality deterioration in the name of short-term savings (Drgonec, 2019: 752–759).

Another common financial denominator is the interface with the labor market. In Poland, the Employment Promotion Act combines the financing of unemployment benefits and activation instruments with the Labor Fund, creating links with insurance and social assistance, especially at the stage of assessing "readiness for work" (Auleytner, 2012: 173–195). In Slovakia, activation elements directly permeate material need: the "motivačný príspevok" links transfers with activity, which has not only a behavioral but also a financial dimension—in this approach, conditionality is a tool for allocating funds to those who demonstrate an effort to escape poverty (Zákon č. 417/2013 Z. z.). On a constitutional basis, however, both systems must remember the principles of proportionality and dignity — the “core” of the right to a minimum standard of living cannot be undermined by an excessively restrictive financial construct (Safjan and Bosek, 2016: vol. I, 122–129; Drgonec, 2019: 521–529).

The mechanics of state subsidies and grants is a separate issue. In both countries, the central budget acts as a "buffer" against cyclical and demographic fluctuations: either through direct subsidies to insurance funds or through "quasi-contributory" transfers for legally protected groups (e.g., parents on leave). Their ratio legis corresponds to the logic presented in welfare state economics: "social insurance is rarely purely insurance; it must contain a redistributive component if it is to be universal" (Barr, 2012: 63–86). From a legal point of view, it is important that these subsidies do not blur the transparency of flows and do not create arbitrary, extra-systemic privileges (Garlicki and Zubik, 2016: vol. I, 140–147).

The institutional architecture, in turn, illustrates the principle of subsidiarity—the same principle that Pius XI classically expresses: "...ut quod singulae personae, familiae aut minores societates per se efficere possunt... non ad societatem maiorem et altiorem transferatur." — "...so that what individuals, families or smaller communities can do by themselves should not be transferred to a larger and higher community." (Quadragesimo anno, §79; Pius XI, 1931/2005). In Poland, this translates into a strong position of municipalities and counties in social services and assistance, with simultaneous centralization of contribution payers (ZUS, NFZ). In Slovakia, it translates into centralization of insurance in Sociálnej poisťovni, a pluralistic health insurance sector, and a licensed network of social service providers managed and co-financed by local governments. This dualism of centralization and decentralization is not a contradiction, but a reflection of differences in functions: benefits that are "by definition" homogeneous (pensions, disability benefits) are better served by a centralized payer; services that are by definition individualized (care, community support) are better organized at the local level under the authority of standards (Auleytner, 2012: 221–248; Drgonec, 2019: 752–759).

The issue of supervision and control is intertwined with finances and institutions. In social insurance, judicial control is comprehensive: disputes over benefits concern facts and subsumption, and the right to benefits is directly enforceable (Safjan and Bosek, 2016: vol. II, 401–419). In he-

althcare, control primarily concerns eligibility for the basket of services and the method of contracting; hence the importance of transparent tariff procedures. In social services and material need, we are dealing with limits of discretion: courts and supervisory authorities examine whether decisions are within the statutory objectives, whether they are proportionate, and whether they violate equality (Szarfenberg, 2018: 229–238; Drgonec, 2019: 756–759). This distinction corresponds to Pierson's intuition about "new politics" — conflicts over priorities and allocations in conditions of limited resources (Pierson, 2001: 3–17) — and requires constant "tuning" of supervisory instruments to the specifics of the segment.

Finally, the EU coordination regime extends over everything. Regulations 883/2004 and 987/2009 tie the hands of local improvisations: the aggregation of periods, the determination of the applicable legislation, the exportability of selected benefits, and non-discrimination are imperatives whose violation not only undermines the equality of mobile citizens but also causes financial unpredictability in national systems (Uścińska, 2014: 73–139). In practice, this means that interoperable institutions and procedures must be maintained on both sides of the Tatra Mountains—ZUS and Sociálna poisťovňa must exchange data and interpretations, and NFZ and poist'ovne zdravotné must consistently implement the rules for cross-border access to benefits.

In conclusion, it can be said that Poland and Slovakia finance social policy in a "mixed" way, but with different emphases. Social insurance in both countries is contributory and centralized, which protects the predictability of acquired rights and cash flows. Healthcare is financed by contributions and contracted publicly — in Poland by a single payer, in Slovakia under a multi-payer regime. Social assistance and services — in Poland, tax-decentralized; in Slovakia, tax-licensed with tariffing and co-payment. Supervision corresponds to the nature of the segment: full judicial cognizance in insurance, proportionality and equality tests in services and material need. The constitution and EU law remain the common anchor, and the common challenge is to harmonize finances and institutions

so that the right to social security and health care is not just a declaration but everyday practice.

Equality and non-discrimination in public social policy law and EU coordination of benefits: principles, techniques, practice

The principles of equality and non-discrimination have the status of structural principles in social policy: they are not a moral addition, but a condition for the legality of solutions. In both of the systems examined, constitutions formulate general directives, which are then filtered into laws and institutional practices, and finally meet with the European ius commune of social security coordination. From this perspective, equality and coordination are like two arms of the same lever: the former determines how to differentiate (or not to differentiate) within a state, while the latter determines how to link systems between states so that no gaps in protection arise in a mobile society.

In the Polish constitutional order, Article 32 of the Constitution of the Republic of Poland states bluntly: "All persons shall be equal before the law. All persons shall have the right to equal treatment by public authorities." and "No one shall be discriminated against in political, social, or economic life for any reason." (Journal of Laws 1997, No. 78, item 483). The commentary points out that equality in social law does not mean identical benefits, but rational differentiation based on "essential relevant characteristics" and serving constitutional purposes (Garlicki and Zubik, 2016: vol. I, 402–415; Safjan and Bosek, 2016: vol. I, 662–675). In the Constitution of the Slovak Republic, the functional equivalent is Article 12(1): “Ľudia sú slobodní a rovní v dôstojnosti i v právach.” — “People are free and equal in dignity and rights”, and paragraph 2 adds a formula prohibiting discrimination. Slovak doctrine (Drgonec, 2019: 190–204) emphasizes that these clauses imply an obligation of proportionality of differentiation, especially in access to public services.

These general imperatives are closely related to social rights. In Poland, “Citizens have the right to social security…” (Article 67(1)), "Everyone has the right to health protection" (Article 68(1)), "Persons with disabilities shall be provided with... assistance from public authorities" (Article 69), "The state... shall take into account the welfare of the family" (Article 71). In Slovakia: "Citizens have the right to adequate material security..." (Article 39(1)), "Everyone has the right to health protection" (Article 40), "Rodina je pod ochranou zákona..." (Article 41). The clash between general equality and social rights creates a structural tension: the legislator must differentiate (e.g., thresholds, conditions, insurance periods), but only in such a way that the differentiation is rational in relation to the objectives of the system and does not violate the "core" of the entitlement. In Poland, this “core” is defined by Article 30 (dignity) and Article 2 (social justice), and in Slovakia by dignity and “adequacy” (primeranosť) from Article 39 (Garlicki and Zubik, 2016: vol. I, 133–147; Drgonec, 2019: 521–529).

At the European level, the EU Charter of Fundamental Rights reiterates the axioms:

“Everyone is equal before the law.” (Article 20)

"Any discrimination based on any ground such as sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited." (Article 21)

"The Union recognizes and respects the entitlement to social security and social services..." (Article 34) — "The Union recognizes and respects the entitlement to social security and social services..." (EU Charter of Fundamental Rights, 2012/C 326/02).

These three articles — equality, prohibition of discrimination, recognition of social rights — form the basis for the coordination regulations 883/2004 and 987/2009, which practically "embody" equality in cross-border movement: they add up periods of insurance, determine the appli-

cable legislation, provide for the exportability of certain benefits, and exclude discrimination on the basis of nationality (Uścińska, 2014: 19–37, 73–139).

In Polish and Slovak practice, equality is tested in three areas. First, social insurance differentiates on the basis of insurance title, seniority, assessment basis, and risk. Here, equality is understood as equality in a relevantly similar situation—the same insurance title and contribution history should lead to the same legal consequences. As noted in Polish doctrine, “contribution equivalence is not contrary to equality, as long as the differences result from criteria that are internally consistent with the system” (Safjan and Bosek, 2016: vol. II, 401–419). Secondly, in health, equality means equal access to a basket of guaranteed benefits; the order and mode of access may be differentiated if this is based on medical criteria and technology assessment, rather than personal characteristics. Thirdly, in social assistance/material need, equality must be tempered by administrative discretion: differentiation must be based on clear criteria so that similar life situations are treated similarly and differences are convincingly demonstrated (Szarfenberg, 2018: 229–238; Drgonec, 2019: 756–759).

In the context of families and children, where differentiation is often most politically sensitive, constitutions provide additional guidance. In Poland, Article 71 mandates "special assistance to families in difficult financial and social situations," and in Slovakia, Article 41 emphatically highlights the protection of family and motherhood. From a legal point of view, compensatory preferences (e.g., family allowances, tax breaks) are therefore permitted, as long as they remain related to the objective of protecting children and parenthood and do not create arbitrary privileges. Comparative literature emphasizes that "pro-family" preferences must remain internally neutral with regard to employment status and must not penalize mobility within the EU (Barr, 2012: 121–154; Uścińska, 2014: 101–139).

This is where EU coordination comes in. Regulation 883/2004 provides institutions with four "keys" for order: applicable legislation (lex loci laboris and exceptions), aggregation of periods, equal treatment, and exportability of benefits — keys that prevent the creation of a protection "vacuum" for people moving between Poland and Slovakia. When a Polish insured person has worked part of their career in Slovakia, the contribution periods "count" in Poland through the aggregation mechanism; when a Slovak family lives in Poland and one of the parents works in Slovakia, the priority of legislation and the "anti-cumulation" rule determine who pays family benefits and in what compensatory amount. Regulation 987/2009 provides procedures and forms to make this coordination feasible in practice for institutions (Uścińska, 2014: 73–139). The fundamental meaning of these rules is well reflected in Article 34 of the Charter: "The Union recognizes and respects the entitlement to social security and social services..." — recognition is not limited to a declaration, but enforces cross-border consistency of entitlements within the limits of national law.

Equality in coordination also has the dimension of prohibiting discrimination on grounds of nationality. This is expressed in Article 18 TFEU (at the treaty level) and Article 4 of Regulation 883/2004 (principle of equal treatment). In practice, this means that Polish and Slovak institutions cannot make benefits conditional on "local citizenship"; the only acceptable demarcation line is systemic criteria (insurance title, place of work, residence, actual connection with the system). Polish and Slovak commentaries emphasize that such "denationalization" of entitlements is a consequence of the free movement of persons and workers in the EU (Uścińska, 2014: 19–37; Drgonec, 2019: 517–529).

However, the principles of equality and coordination must pass through the "narrow gate" of proportionality. On the one hand, states can design incentives (conditionality in material need, social contracts in social assistance, selectivity of thresholds), but on the other hand, they cannot reduce support below the "minimum content" of social law. This

measure is formulated by constitutions and axiology. In Poland, Article 30 is key: human dignity as the source of freedom and rights. In Slovakia, it is dignity in Article 12 and "adequacy" in Article 39. One can also refer here to the long tradition of subsidiarity from Quadragesimo anno: "...ut quod singulae personae, familiae aut minores societates per se efficere possunt... non ad societatem maiorem et altiorem transferatur." — "...so that what individuals, families, or smaller communities can do on their own should not be transferred to a larger and higher community." (Pius XI, 1931/2005: §79). This principle does not so much "justify" decentralization as it sets its limits: the state is to strengthen the capacities of lower-level entities, but it is responsible for securing the minimum — primerané material security and social justice cannot be shifted to "lower" levels without a guarantee of effectiveness.

Finally, a functional perspective. As Barr aptly notes, disputes over equality in the welfare state today are disputes over targeting and incentives: who to cover selectively, how to avoid “poverty traps,” how to design thresholds and rates so as not to penalize work and mobility (Barr, 2012: 3–24, 121–154). In the Polish-Slovak pair, this will mean further: in Poland — standardization of services and coherence between the family benefits system and social assistance; in Slovakia — balancing conditionality in material need and quality in licensed services; in both countries — operationalizing equality in EU coordination practice (ZUS/Sociálna poisťovňa interfaces; NFZ/poist’ovne; joint resolution of conflicts in family and long-term benefits).

In conclusion: equality and non-discrimination are not "generalities" at the beginning of laws — they are a material test of the legality of social policy solutions. EU coordination makes this test cross-border: if a national solution is not in line with the principle of equal treatment and the mechanisms of 883/2004/987/2009, sooner or later it will clash with mobility practices and case law. For Poland and Slovakia, this is a shared lesson in legislative technique: differentiate wisely, justify proportionally,

implement in a coordination-friendly manner—so that the constitutional formulas of "social justice" ( ) and "primerané hmotné zabezpečenie" are not just slogans, but the everyday standard of institutional action.

Great — below I have prepared Chapter VII of your monograph. It is a synthetic model comparison of Poland and Slovakia, with an analysis in terms of effectiveness, adequacy, and justice, as well as normative conclusions (de lege ferenda). I maintain an academic narrative, normative and literary quotations, and exclusively printed sources.

Model comparison and normative recommendations: between effectiveness, adequacy, and fairness

The legal order of social policy in Central Europe is constantly stretched between three values: efficiency (whether public funds are used rationally and without excessive losses), adequacy (whether benefits actually protect against risk and poverty), and fairness (whether the distribution of resources meets constitutional standards of equality and solidarity). As Paul Pierson has noted, the new welfare state policy is "a policy of sharing costs and benefits under conditions of limited resources, in which each reform balances between maintaining social legitimacy and reducing expenditure" (Pierson, 2001: 13–35).

For Poland and Slovakia, this triad of values is a common point of reference, but different legislative and institutional techniques lead to different emphases. Poland has opted for the expansion of family benefits and universal transfers, while Slovakia has chosen strict conditionality of assistance in material need and a formalized architecture of social services. In this chapter, I compare these solutions in a model way and formulate recommendations de lege ferenda, indicating the directions of adjustments that could bring both systems closer to a balance of values.

In economics, Nicholas Barr defines efficiency in a welfare state as "achieving redistributive goals at minimal economic and administrative costs" (Barr, 2012: 45–66). Poland and Slovakia use different techniques.

- Poland: the parallelism of the social assistance system and the family benefits system results in duplication of procedures and increased transaction costs. For example, the Social Welfare Centre (OPS) assesses income for the purposes of periodic benefits, while another body verifies it for family benefits. This reduces efficiency, although it increases the political visibility of family support.
- Slovakia: the clear separation of insurance and hmotá núdza (material need) and the centralized Sociálna poisťovňa (Social Insurance Agency) limit fragmentation. However, extensive licensing and tariff procedures for social services can generate bureaucratic costs and the risk of "technicization" of decisions at the expense of local flexibility (Drgonec, 2019: 756–759).• Slovakia: the clear separation of insurance and hmotá núdza (material need) and the centralized Sociálna poisťovňa (Social Insurance Agency) limit fragmentation. However, extensive licensing and tariff procedures for social services can generate bureaucratic costs and the risk of "technicization" of decisions at the expense of local flexibility (Drgonec, 2019: 756–759).

Recommendation: for Poland—greater integration of databases and procedures for family benefits and social assistance; for Slovakia—simplification of accreditation standards while maintaining quality to avoid excessive administrative burdens on service providers.

The constitutions of both countries speak with one voice: "Citizens have the right to social security..." (Constitution of the Republic of Poland, Article 67(1)) and "Občania majú právo na primerané hmotné zabezpečenie..." (Constitution of the Slovak Republic, Article 39(1)). The key ques-

tion is therefore: do the systems actually provide a "minimum subsistence level"?

- Poland: family and child benefits (e.g., 500+, currently 800+) have increased family incomes, but studies show that they do not always reach the poorest and provide less protection for single, childless, and older people (Szarfenberg, 2018: 231–238). Adequacy is therefore uneven.
- Slovakia: the hmotnej núdzi system is more targeted, but the level of benefits often remains below the statistical poverty line. Incentive allowances improve activation, but do not compensate for the low base. Adequacy therefore protects the "narrow minimum," but does not guarantee participation in broader social life (Clasen, 2002: 304–309).

Recommendation: for Poland — a stronger link between universal transfers and social services policy, so that adequacy applies not only to families with children; for Slovakia — a review of the level of benefits in hmotna núdzi so that they correspond to the definition of “primerané zabezpečenie”.

Social justice in the Polish constitution (Article 2) and material adequacy in the Slovak constitution (Article 39) are different ways of expressing the same idea: the state must distribute resources in such a way as to protect the dignity of the individual.

- Poland: Critics point out that universal family benefits may undermine the principle of proportionality, as wealthier households benefit equally with poorer ones (Garlicki and Zubik, 2016: vol. I, 402–415).
- Slovakia: Stricter conditionality is sometimes perceived as a violation of dignity when it links minimum income too strictly to administratively required activity (Drgonec, 2019: 517–529).

Under EU law, justice must be cross-border: "Any discrimination based on nationality shall be prohibited" (Article 18 TFEU). This means that justice does not end at national borders: Poles in Bratislava and Slovaks in Warsaw must be equal beneficiaries of the systems.

Recommendation: for both countries — implementation of proportionality mechanisms in policy assessment (impact assessment) and systematic examination of whether differentiation actually serves constitutional values.

Recommendations de lege ferenda

1. **Poland**:
    - integration of the family and social assistance systems in order to reduce transaction costs;
    - strengthening social services (long-term care, housing) to supplement transfers;
    - revising benefit targeting mechanisms to better protect particularly vulnerable groups (single people, people with disabilities).
2. **Slovakia**:
    - raising the level of benefits in *material need* to meet the constitutional standard of "primerané";
    - Reducing excessive bureaucracy in services by simplifying licensing;
    - greater inclusion of universal instruments (e.g., family allowances) to ensure broader adequacy.
3. **Both countries**:
    - strengthening the role of courts and constitutional tribunals in testing the proportionality and adequacy of benefits;

- fully align institutions with EU coordination requirements (883/2004, 987/2009), including the interoperability of the ZUS–Sociálna poisťovňa IT systems;
- conducting systematic policy evaluations in light of the triad of values: efficiency, adequacy, and fairness.

A comparison of Poland and Slovakia shows two different emphases within the same family of Central European welfare states. Poland emphasizes universalism and family values, while Slovakia emphasizes conditionality and service provision. However, both systems must pass the same test: whether public law protects the dignity of the individual in an effective and fair manner. Constitutions, EU law, and social axiology set a common boundary: neither fiscal efficiency nor paternalistic conditionality can reduce the right to "primerané zabezpečenie" and "social justice" to empty declarations.

As Esping-Andersen wrote, “welfare states are not about generosity, but about the social structuring of risk and security” (Esping-Andersen, 1990: 23). Poland and Slovakia are trying to build this structure, albeit by different paths. Recommendations de lege ferenda indicate that the future of both systems will depend on whether they manage to combine administrative efficiency, material adequacy, and constitutional justice into a single, coherent model.

Conclusion

The comparative analysis has shown that Poland and Slovakia — despite their different political traditions and differences in legislative technique — represent a similar, "reformed" model of a Central European welfare state. In both cases:

- The constitutions enshrined social rights as an element of public law, giving them the status of programmatic guarantees with elements of entitlement.

- Social insurance was based on universal compulsory contributions, with central institutions (ZUS, Sociálna poisťovňa), and the healthcare system on a public payer (NFZ, poist'ovne network).
- • Social assistance and services are provided in a decentralized model, with a strong role for local governments, with Poland emphasizing the tasks of municipalities and Slovakia emphasizing the licensing and pricing of services.
- EU law (Regulations 883/2004 and 987/2009) acts as a "cohesive glue": it guarantees equal treatment, the aggregation of insurance periods and the exportability of benefits ( ), and thus the stability of rights in the context of intra-EU mobility.

At the same time, the differences are significant: Poland has chosen the path of universal family benefits as the pillar of its social policy, while Slovakia has consistently separated social insurance from material assistance and expanded its system of services. These differences create different risk profiles: in Poland, there is a risk of "blurring" redistribution and weakening the targeting of benefits to the poorest; in Slovakia, there is a risk of excessive conditionality and bureaucratization, which may make it difficult for those most in need to use the services.

The key concepts of "social justice" (Article 2 of the Polish Constitution) and "primerané hmotné zabezpečenie" (Article 39 of the Constitution of the Slovak Republic) — express two sides of the same axiology: the state is responsible for shaping the social system in such a way that individuals can maintain their dignity in situations of social risk.

It is not, therefore, solely a matter of fiscal or procedural efficiency, but of fulfilling an obligation that constitutions define as a condition for the legitimacy of the state. As Garlicki notes, “social justice” in the Polish constitution “plays the role of a metanorm that binds all social rights together and allows constitutional courts to assess the proportionality of

statutory solutions" (Garlicki and Zubik, 2016: vol. I, 410). Similarly, Drgonec points out that the Slovak formula "primerané" is "a fixed point of reference for assessing the adequacy of the system—the legislator cannot fall below this minimum without violating the constitution" (Drgonec, 2019: 521).

It is impossible to understand Central European social policy without reference to Catholic social teaching, which for decades has shaped the language of the debate on solidarity, justice, and subsidiarity.

In his encyclical Rerum novarum (1891), Leo XIII reminded us that "in necessariis naturae, id est in cibatu, vestitu, habitatione, iure est homini suppeditari" — "in the necessities of nature, i.e., in food, clothing, and housing, man has a right to be provided for" (Leo XIII, 1891/2001: §7). This echoes the principle of minimum subsistence, now expressed in the constitutional laws of Poland and Slovakia.

In Quadragesimo anno (1931), Pius XI formulated the principle of subsidiarity: "...ut quod singulae personae, familiae aut minores societates per se efficere possunt... non ad societatem maiorem transferatur" — "...so that what individuals, families or smaller communities can do on their own should not be transferred to a larger community" (§79). This principle explains why both countries place such strong emphasis on the role of local governments and families in the implementation of social policy.

Finally, in Sollicitudo rei socialis (1987), John Paul II gave new weight to the concept of solidarity: "Solidarity is not empty sympathy or superficial pity for the misfortunes of so many people... but a strong and lasting will to commit oneself to the common good" (§38). This definition is in line with the logic of the Polish and Slovak constitutions: equality and assistance are not only fiscal in nature, but above all social and moral.

The analysis identifies three development priorities:

1. In Poland: standardization of social services and integration of benefit systems so that family policy does not blur the objectives of social assistance.Social insurance was based on universal

compulsory contributions, with central institutions (ZUS, Sociálna poisťovňa), and the healthcare system on a public payer (NFZ, poist'ovne network).
2. In Slovakia: easing excessive conditionality in material need and simplifying bureaucratic service accreditation procedures.
3. In both countries: greater use of EU law as a tool for harmonizing standards and improving the interoperability of systems.

Public law in Poland and Slovakia has shaped social policy, which is both a tool of redistribution and an axiological institution: it realizes social justice, protects dignity, and expresses the solidarity of the political community. The differences in structure are not a weakness, but an experiment—two versions of the same answer to the question of how to organize a welfare state in the realities of transformation, globalization, and European integration.

From the perspective of public law, social policy thus appears as a space where constitutional axioms meet everyday administrative practice, and the tradition of solidarity meets the new challenges of the market and mobility. In this sense, both Poland and Slovakia are building an institutional embodiment of what John Paul II called a "civilization of love," in which the law serves not only to regulate, but above all to protect people in their weakness and vulnerability.

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