

Threats to the process of transition from institutional to community based care in the Czech Republic

1. Main issues and threats

regarding system of social care:

- 1.1. There are **16 000 persons with disabilities in Czech institutional care** establishments. And around **8 000 children in institutional care**.
- 1.2. **Persons with disabilities living in the community do not have required support from community based services**; they don't have enough money to cover support essential to an independent living.
- 1.3. **Still, new institutional care services are being built**. There is significant increase of places in so called "homes with special regime" (locked-up institutions). Institutional care for elder people is rising.
- 1.4. **Existing institutions are being developed and rebuild (in the name of so called "humanization")**. Even using money from EU funds.
- 1.5. **The whole system of social care is designed to favour institutional care** (most of money spend on care for people with disabilities goes to the institutions).

regarding use of European Structural and Investment Funds as a means of promoting social inclusion:

- 1.6. **There is no strategy for transition from institutional to community based care in the Czech Republic, even though it is one of ex ante conditionalities for ESIF**.
- 1.7. **There is a substantial threat of ESIF money being used to develop institutional care in the Czech republic**; there are no clear criteria in the Operational Programmes to ensure support of community based care and rule out financing of institutional care.
- 1.8. **There is a threat Czech Republic will avoid ex ante conditionalities and ESIF money will be again used to develop and rebuild institutional care (in the name of so called "humanization")**.

For details see attachment.

2. What the Czech rep. has done so far in the area of deinstitucionalization of social care

- 2.1. **Ministry of Labour and Social Affairs (MoLSA) has started the process of transition from institutional to community based care (so called "transformation")** in the years 2009-13.
- 2.2. **MoLSA support transformation of selected institutional care homes**. During a MoLSA project in the years 2009-13 some 540 people left institutional care. That is 2,3% of all institutional care residents.
- 2.3. **Part of ESF money has been used for transformation**.
- 2.4. **MoLSA set transformation (deinstitutionalization) as one of goals in National Strategy of Social Services for the year 2015**.

- 2.5. **MoLSA has created, with the help of ESF money, a complete and complex set of methodological and analytical materials**, which can be used to further the deinstitutionalization of social care in Czech rep.
- 2.6. **There is a substantial network of ex-users of institutional care, informal carers, experts and organisations** who have experience with deinstitutionalization of social care and are ready to share them.
- 2.7. **There are examples of good practice in deinstitutionalization** in the Czech Republic.

3. Key steps to further deinstitutionalization: what needs to be done

We call on MoLSA as the institution responsible for social care to:

- 3.1. **Create a strategy for transition from institutional to community based care, including::**
 - a. clear definition of institutions to undergo transformation;
 - b. clear steps and objectives, including a timetable, to leave an institutional model of care;
 - c. clear measures to create a system of support for families and people with disabilities living in the community, including a timetable.
- 3.2. **Create clear mechanism to ensure money from ESIF is used to promote social inclusion and the transition from institutional to community based care**, in accordance to A19 of CRPD. The results of individual projects funded by ESIF should be people leaving institutional care, lower number of beds in institutional care and increased capacity of community based care.
- 3.3. **Include civil society organisations and representatives of persons with disabilities and other concerned people in the preparation of strategy for transition from institutional to community based care and the national strategy of social services.**
- 3.4. **Create incentives for regional governments (as major providers of institutional care) to make the transition from institutional to community based care.**

Prague, 21. April 2015

JDI – jednota pro deinstitucionalizaci

We are a wide group of ex-users of institutional care, people with disabilities, organizations and experts motivated, experienced and ready to help with the transition from institutional to community based care.

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