



Enabling measures for independent living and community inclusion: strategies and guidance

Czech Republic

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1 Executive summary

1.1 Alignment with Article 19 UN CRPD

Three national strategies were identified as the key measures for independent living and community inclusion: the National Plan for the Equalisation of Opportunities for People with Disabilities 2020-2025,¹ the National Strategy for the Development of Social Services 2016-2025 and the Social Inclusion Strategy 2030.² The current intentions formulated in these strategies generally align with Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD). Significant inconsistencies between the approach the Government is taking in strategies and the guidance issued by the Committee on the Rights of Persons with Disabilities were not identified. However, although the strategies refer directly or indirectly to Article 19, they fall short in formulating clear and targeted actions, timeframes, adequate budgets and a sound monitoring mechanism. The scope and ambition of their intentions is therefore limited. The factual impact of the strategies on the right of persons with disabilities to live independently and to be included in the community raises doubts.

1.2 Progress on implementation

- There has been a series of National Disability Plans since the 1990s. The most recent disability plan covers the period 2021-2025 and highlights community-based services as one of the priority areas.³ Another relevant strategy is the National Strategy for the Development of Social Services 2016-2025,⁴ which refers to the so-called transformation from the institutional care model for persons with disabilities to community-based support. For both strategies, there are no quantifiable targets presented. The strategies largely lack monitoring mechanisms.
- The national strategies relevant to Article 19 CRPD, as with the Czech legal framework for social services, do not guarantee the gradual elimination of institutional facilities; they are failing to prevent the construction of new institutions; they do not guarantee a person access to the outreach and outpatient services that are needed for living independently and for being involved in society; nor do they guarantee the development of a network of these services.
- There has been an increase in social services funding for deinstitutionalisation, but this has been primarily financed by EU funds (with the required matched national contribution). In addition, funding mechanisms for disability support services are not yet fully person-centred and still produce incentives for

¹ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2021-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021-2025-182867/>.

² Social Inclusion Strategy 2021-2030, <https://www.mpsv.cz/strategie-socialniho-zaclenovani-2021-2030>.

³ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2021-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021-2025-182867/>.

⁴ Ministry of Labour and Social Affairs (MoLSA), National Strategy for Development of Social Services 2021-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf>.

residential care rather than independent living. There is an inadequacy in the budget allocations aimed at providing personal assistance and individualised support.

- There has been some progress documented on independent living and community inclusion. However, there are significant differences between the regions, their policies and practice on deinstitutionalisation. Deinstitutionalisation is still seen as an EU-funded ‘project’ rather than as mainstream activity.
- The EU funding is currently envisaged to be used for the construction and reconstruction of large residential facilities for persons with disabilities. Such practice is contrary to the overall purpose and goals of the European social funds. It could be also regarded as violation of Article 19 CRPD.

1.3 Criteria for success

- The interest of policy makers in the resettlement of people with disabilities from residing in institutional types of accommodation to living independently in the community is gradually declining at all levels. Therefore, criteria for success include sustaining public dissatisfaction with the current institutional arrangements. Unity for Deinstitutionalisation is an example of a non-profit organisation which strives for systemic social change in the field of social services, and it systematically reports on gaps and dissatisfaction. The activities performed by Unity are targeted at policy makers and service providers, and they include training on deinstitutionalisation, awareness-raising campaigns and identifying and sharing examples of good practices. Public initiatives of this kind should be regarded as one of criteria for success and should be supported.

1.4 Recommendations for Czechia

- Amend and implement deinstitutionalisation-relevant strategies with clear and targeted specific timeframes, adequate budgets and a coherent monitoring mechanism. Resist pressure to redevelop institutions or build new institutions as ‘temporary’ expedencies and strengthen the vision of new opportunities in the community. Commit to stop building new institutions or new buildings in existing institutions, and to spending most available funds to develop services in the community.
- Establish mechanisms to monitor existing institution-type facilities and residential services, deinstitutionalisation strategies and the implementation of living independently within the community, bearing in mind the role of the independent monitoring frameworks.

1.5 Recommendations for the European Commission

- Respond to evidence that EU funding is to be used for the construction and reconstruction of large residential facilities for persons with disabilities in the Czech Republic. Prevent the use of EU funds for the reconstruction of large residential facilities for persons with disabilities.

- Promote joint work between the Czech Republic, EU Member States and Eurostat to define a minimum data set for residential services for people with disabilities. The data set needs to include information that will permit the review of Member States' progress in the closure of institutions and of the growth of independent living and services in the community.

2 Alignment between European State's goals, commitments and guidance and UN CRPD Article 19 (as elaborated in guidance from the Committee on the Rights of Persons with Disabilities)

2.1 Definitions

Table 1 presents results of thematical analyses focused on the key national strategies and law relevant to Article 19 of the UN CRPD. These strategies include the National Plans for the Equalisation of Opportunities for People with Disabilities 2015-2020⁵ and 2021-2025,⁶ the National Strategy for the Development of Social Services 2016-2025 and the Social Inclusion Strategy 2030.⁷ As Table 1 illustrates, the definitions and current intentions formulated in the strategies generally align with Article 19 CRPD. However, the actual goals, commitments and guidance are largely proclamatory. In addition, these strategies fall short in formulating clear and targeted timeframes, adequate budgets and a sound monitoring mechanism.

⁵ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2015-2020, <https://www.vlada.cz/en/urad-vlady/vydavatelstvi/vydane-publikace/national-plan-for-the-promotion-of-equal-opportunities-for-persons-with-disabilities-2015-2020-136179/>.

⁶ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2021-2025, https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021_2025-182867/.

⁷ Social Inclusion Strategy 2021-2030, <https://www.mpsv.cz/strategie-socialniho-zaclenovani-2021-2030>.

Table 1. Alignment between European State’s goals, commitments and guidance and UN CRPD Article 19

CRPD Definition	Document	Application Consistency / Inconsistency
(a) Independent living	National Disability Plan 2020 ⁸	The National Disability Plan 2020 recalls Article 19 of the CRPD. It does not spell out an additional definition of independent living, choice or control of persons with disabilities over their lives.
	National Disability Plan 2025 ⁹	The National Disability Plan 2025 recalls Article 19 CRPD. It does not spell out additional definitions of independent living, choice or control of persons with disabilities over their lives. There is insufficient operationalisation of means, goals or guidance to enable people with disabilities to exercise choice and control and to make all decisions concerning their lives.
	National Strategy for Development of Social Services 2016-2025 ¹⁰	This Strategy declares that the overarching aim is to fulfil the UN Convention on the Rights of Persons with Disabilities, with emphasis on the freedom of service users, an independent way of life, involvement in society and respect for privacy. The Strategy falls short in the conceptualisation of means, goals or guidance to enable people with disabilities to exercise choice and control over their lives.
	Social Inclusion Strategy 2021-2030 ¹¹	This Strategy refers to human rights in general, but ignores the CRPD. A definition of independent living is not present in the Strategy.

⁸ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2015-2020, <https://www.vlada.cz/en/urad-vlady/vydavatelstvi/vydane-publikace/national-plan-for-the-promotion-of-equal-opportunities-for-persons-with-disabilities-2015-2020-136179/>.

⁹ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2021-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021-2025-182867/>.

¹⁰ MoLSA, National Strategy for Development of Social Services 2021-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf/>.

¹¹ Social Inclusion Strategy 2021-2030, <https://www.mpsv.cz/strategie-socialniho-zaclenovani-2021-2030>.

	Social Services Act 108 ¹²	The Act does not offer a particular definition of independent living. However, it refers to supporting independent living as an aim of social services.
(b) Being included in the community	National Disability Plan 2020 ¹³	Being included in the community is defined in the National Disability Plan 2020 with direct reference to Article 19 CRPD. The Plan does not provide additional definition.
	National Disability Plan 2025	Being included in the community is defined in the National Disability Plan 2025 through direct reference to Article 19 CRPD. The Plan does not provide supplementary or operationalised definitions of living a full social life and having access to all services offered to the public and to support services offered to persons with disabilities to enable them to be fully included and participate in all spheres of social life.
	National Strategy for Development of Social Services 2016-2025	The National Strategy for the Development of Social Services 2016-2025 recalls the CRPD. It does not spell out an additional definition of the principle of full and effective inclusion and participation in society.
	Social Inclusion Strategy 2021-2030	This Strategy does not define the principle of full and effective inclusion and participation in society for persons with disabilities.
	Social Services Act 108	The right to be included in the community in relation to the principle of full and effective inclusion and participation in society is enshrined in the Act indirectly. The Act does not provide a particular definition.
(c) Independent living arrangements	National Disability Plan 2020	Independent living arrangements are mentioned indirectly in the Plan, and without supplementary definitions.
	National Disability Plan 2025	Independent living arrangements are mentioned indirectly in the Plan, without further definitions.

¹² See: <https://www.zakonyprolidi.cz/cs/2006-108>.

¹³ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2015-2020, <https://www.vlada.cz/en/urad-vlady/vydavatelstvi/vydane-publikace/national-plan-for-the-promotion-of-equal-opportunities-for-persons-with-disabilities-2015-2020-136179/>.

	National Strategy for Development of Social Services 2016-2025	This Strategy claims that one of its purposes is the fulfilment of the Convention on the Rights of Persons with Disabilities, in particular Articles 14, 19 and 22, with particular focus on freedom, an independent way of life, participation in society and respect for privacy. The Strategy does not include its own description of an independent way of life.
	Social Inclusion Strategy 2021-2030	This Strategy does not outline independent living arrangements relevant to disability.
	Social Services Act 108	An explanation of independent living arrangements is not present in the Social Services Act 108.
(d) Personal assistance	National Disability Plan 2020	The Plan 2020 does not spell out a definition of personal assistance.
	National Disability Plan 2025	The Plan 2025 does not spell out a definition of personal assistance.
	National Strategy for Development of Social Services 2016-2025	This National Strategy does not provide a particular definition of personal assistance.
	Social Inclusion Strategy 2021-2030	The Social Inclusion Strategy does not provide a particular definition of personal assistance.
	Social Services Act 108	The Social Services Act defines personal assistance as an outpatient service provided to persons who have reduced self-sufficiency due to age, chronic illness or disability, whose situation requires the help provided by another natural person. Personal assistance is delivered without a time limit, in the natural social environment of the person and for activities that the person desires.

2.2 Scope

Table 2. Implementation at the national level - scope and ambition		
UN CRPD Definition	Document	Application
(a) Independent living	National Disability Plan 2020	The National Plan 2020 recognises the right to choose the place of residence, access to services provided in the home environment and residential and supportive community services (including personal assistance). The Disability Plan pays particular attention to provision of adequate housing as a necessary condition for the independence and independent life of persons with disabilities.
	National Disability Plan 2025	The National Disability Plan 2025 refers to Article 19 and spells out the equal right of all persons with disabilities to live in the community and to freely and independently choose where they live.
	National Strategy for Development of Social Services 2016-2025	This National Strategy recalls the CRPD while formulating the objective that ‘Persons with disabilities are provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives’. One of the aims of this Strategy is to ensure transformation of the institutional care model to a model of support for persons with disabilities in their natural environment.
	Social Inclusion Strategy 2021-2030	This Strategy does not directly refer to means to enable persons with disabilities to exercise their choice and control over a place of living.
	Social Services Act 108	The Social Services Act declares in its opening provision that the scope and form of assistance and support provided by service providers must assure the human dignity of service users. Social service providers must respect the interests of service users, be of good quality and respect human rights and freedoms.

<p>(b) Being included in the community The right to be included in the community relates to the principle of full and effective inclusion and participation in society, as enshrined in Article 3 (c) of the Convention. It includes living a full social life and having access to all services offered to the public and to support services offered to persons with disabilities to enable them to be fully included and participate in all spheres of social life.</p>	National Disability Plan 2020	The Disability Plan 2020 declared that support services for people with disabilities should empower them to remain in their home environment, allowing them to avoid being placed in large residential facilities.
	National Disability Plan 2025	The main objectives of the Disability Plan 2025 include 'Building conditions for persons with disabilities to be able to live as independently as possible in their own natural social environment'. Community participation and/or a full social life are not set out in the section on community living.
	National Strategy for Development of Social Services 2016-2025	The main goal of the processes of deinstitutionalisation and transformation is 'to support the process of improving the living conditions of service users residing in social care facilities and to support the fulfilment of their human rights such as a right to life comparable to their peers who live in a natural environment'.
	Social Inclusion Strategy 2021-2030	This Strategy refers to the aim of social inclusion as enabling everyone to fully enjoy rights and freedoms as a full member of society, providing assistance and support to those who are socially excluded or disadvantaged due their ethnicity, age, origin, disability or other reasons, and providing assistance and support in dismantling barriers and in developing their personal potential.
	Social Services Act 108	According to the Social Services Act, the aim of social services is to reinforce the social inclusion of service users. Furthermore, the Act defines social inclusion as a process that supports people who are socially excluded or at risk of social exclusion in their opportunities to participate fully in economic, social and cultural life.
<p>(c) Independent living arrangements It is not 'just' about living in a particular building or setting; it is, first and</p>	National Disability Plan 2020	The National Disability Plan 2020 does not directly refer to personal choice and autonomy. Self-determination of persons with disabilities is not included in the Plan.
	National Disability Plan 2025	The Disability Plan 2025 mentions supporting the deinstitutionalisation of residential facilities for persons with

<p>foremost, about not losing personal choice and autonomy as a result of the imposition of certain life and living arrangements.</p>		<p>disabilities as a key precondition for persons with disabilities to exercise their right to autonomous and independent living, to freely choose where they live, to participate in society and to perform everyday roles in society.</p>
	<p>National Strategy for Development of Social Services 2016-2025</p>	<p>Deinstitutionalisation is one of the key concepts of the Strategy. For a person who uses social services, the key outcome of deinstitutionalisation is freedom to choose a place of residence and use local social services (not limited by their availability). The Strategy falls short in the conceptualisation of independent living arrangements, goals and guidance.</p>
	<p>Social Inclusion Strategy 2021-2030</p>	<p>The Strategy does not directly refer to personal choice and autonomy in relation to living arrangements.</p>
	<p>Social Services Act</p>	<p>The Social Services Act states that the role of social service providers is to support users in their community participation. Social services, including residential services, are provided on the grounds of agreement between service provider and service user.</p>
<p>(d) Personal assistance Personal assistance refers to the person-directed/ 'user'-led human support available to a person with disability and is a tool for independent living.</p>	<p>National Disability Plan 2020</p>	<p>The Disability Plan 2020 considers personal assistance only in terms of personal mobility, according to which persons with disabilities should be afforded access to high-quality compensatory aids, devices, assistive technologies and various forms of assistance, which should be made affordable. The Plan is incomplete in referring to person-directed/ 'user'-led human support available to a person with disability and as a tool for independent living</p>
	<p>National Disability Plan 2025</p>	<p>The Disability Plan 2025 considers personal assistance only in terms of the provision of assistive technologies and aids. The Plan falls short in referring to personal assistance as person-directed / 'user'-led human support available to a person with disability and as a tool for independent living.</p>

	National Strategy for Development of Social Services 2016-2025	The Strategy does not refer to personal assistance or to other person-directed / 'user'-led human support.
	Social Inclusion Strategy 2021-2030	Social inclusion should aim to allow everyone to fully enjoy their rights and freedoms as full members of society, and it should aid and support people by removing restrictions and developing their personal potential.
	Social Services Act 108	Under the Act, personal assistance is intended for people whose capabilities are limited due to their disability, age or illness, for example in the areas of personal care, use of public places, household care, contact with family and broader society. The service is provided in the environment where a person resides or works. Personal assistance services are limited under the Act to assistance in reading and interpreting and guidance.

3 Progress on giving effect to the right to live independently and to be included in the community

3.1 The resettlement of people with disabilities from residing in institutional congregate care to living independently in the community

About 10 out of 209 institutional care facilities for persons with disabilities have been closed so far.¹⁴ However, there is an overall shortage of evidence, including a coherent monitoring mechanism, which would provide an overall picture of what types of accommodation and support people with disabilities are being moved into, except accommodation and support facilities established as part of the EU-funded projects.

Due to the absence of adequate monitoring mechanisms for ensuring the appropriate implementation of Article 19, it is problematic to report on the resettlement of people with disabilities from residing in institutional congregate care to living independently in the community. Nevertheless, the available data indicates that, in the Czech Republic, there are around 80 000 people, including children, who live in long-term residential institutions, of which 79 % (63 200 individuals), live in institutional facilities. These large-capacity facilities separate their residents from their families, community, public services and normal life.¹⁵ Some 15 000 people with intellectual disabilities live in residential social services, two-thirds of them in inadequate housing conditions, and 9 400 people with intellectual disabilities live with social services, which do not meet the conditions for sufficient quality and active participation in society. Only 27 % of all places in residential social services for people with intellectual disabilities are located in premises demonstrating adequate or at least acceptable conditions which would correspond with community-type services. These are facilities with a maximum of three or six places / beds in one apartment. People with intellectual disabilities must often 'follow' the location in which the support services are provided, since support services are not available near to their place of residence.¹⁶

There are significant differences between regions in how far the deinstitutionalisation of residential services for people with intellectual disabilities has gone so far. For example, while in the Pardubice region and the Vysočina region, almost half of the places already allow the provision of community service, in the case of the Olomouc region, this only applies to 1 in 10 places. Some regions have developed their own action plans on the deinstitutionalisation of social services under their jurisdictions. For example, the Liberec region is an example of good practice in putting the resettlement of people with disabilities from residing in institutional congregate care to living independently in the community on the political agenda.¹⁷

¹⁴ Asociace poskytovatelů sociálních služeb ČR. (2018), *Stanovisko k deinstitucionalizaci sociálních služeb* (Position Paper of the Association of Service Providers on Deinstitutionalisation). Available at:

[https://www.apsscr.cz/files/files/%20Stanovisko%20APSS%20k%20deinstitucionalizaci%20soci%C3%A1ln%C3%ADch%20slu%C5%BEeb\(3\).pdf](https://www.apsscr.cz/files/files/%20Stanovisko%20APSS%20k%20deinstitucionalizaci%20soci%C3%A1ln%C3%ADch%20slu%C5%BEeb(3).pdf)

¹⁵ See http://jdicz.eu/wp-content/uploads/jdi_70vyroci.pdf.

¹⁶ Inclusion Czech Republic and Unity for Deinstitutionalisation (2021), 'Live as anybody else'.

¹⁷ *Regionální akční plán libereckého kraje deinstitucionalizace sociálních služeb* (Regional Action Plan of Liberec Region for the Deinstitutionalisation of Social Services), 2020. See

https://mmr.cz/getmedia/40d84005-47ec-47c6-8bdc-484ce053b117/RSK_LK_RAP_DI_12_2021.pdf.aspx?ext=.pdf.

The Czech strategic documents relevant to disability, including the National Disability Plan 2021-2025 and the National Strategy for the Development of Social Service 2015-2026, fail to ensure long-term and robust reporting on developments in these resettlements.

In 2018, the Czech Statistical Office conducted a sample survey of persons with disabilities in cooperation with the Czech Institute of Health Information and Statistics. Again, the Survey does not provide data on trends towards living independently in the community.

Residential services in the Czech Republic are still frequently concentrated in one place. In addition, as a result of the lack of community-based services, people with disabilities do not have the opportunity to choose a place of residence, nor to choose or maintain their lifestyle. They are often separated from the mainstream environment – shops, services, transport, culture and employment, family – and at the same time, they do not receive the necessary support for their self-determination even in small activities that they would be able to handle themselves.

Several barriers in the resettlement of people with disabilities from residing in institutional congregate care to living independently in the community were identified by a recent study conducted across three regions of the country. Preliminary findings suggest that stakeholders (on all levels) often perceive people with a high level of needs as unable to live in the community and therefore more likely to remain in an institutional setting. Many stakeholders find the material equipment of the service more important than the real quality of support provided or the level of community participation by the service user.¹⁸

The Committee on the Rights of Persons with Disabilities, in its concluding observations on the initial report of the Czech Republic, ^{states} that the National Disability Plan targets transition from the institutional care model for persons with disabilities to community-based support, but without quantifiable targets presented. The Plan is also incomplete as regards monitoring mechanisms. The Committee recommends that the State party set out a clear timeline and concrete benchmarks for implementation, monitored effectively at regular intervals.¹⁹

The development of a community-based support infrastructure is largely funded by the EU. The evaluation report on transformation programmes for institutional facilities funded by the EU, in its section on the relocation of residents from institutions to smaller community-type housing, describes the increased life satisfaction of residents who move from institutions to community-based services. Staff training was found to be the key element of success. Service providers reported that they had to concentrate more intensely on staff training in areas such as individual planning, sexuality, intimacy and partner relationships of people with disabilities. The reported outcomes barrier was an increasing staff turnover.²⁰

¹⁸ Káňová, Š., Janyšková, K. and Beadle-Brown, J. (2022), 'Preliminary findings on the impact of training in active support in community-based services in the Czech Republic', 'Quality Support for Quality of Life in a changing world', IASSID online Conference, 16 November 2022.

¹⁹ Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the Czech Republic (CRPD/C/CZE/CO/1), 15 May 2015.

²⁰ See <http://www.trass.cz/wp-content/uploads/2020/08/Souhrnna-zprava-z-hodnoceni-zmen-ZJKJ.pdf>.

3.2 The reform and development of community-based support infrastructure and systems

The National Disability Plan 2025²¹ refers, in Section 5, to independent living. The plan calls for continuity of support for the transformation of larger residential social service facilities to community-based support. However, the Plan falls short of stating the concrete objectives which would enable persons with disabilities to exercise their right to autonomous and independent living in reality. Another objective formulated in the plan is the preparation of a new transparent, efficient and fair system for financing social services.

Personal assistance is a kind of social service relevant to community-based support. The Social Services Act stipulates that personal assistance services are intended for people whose capacity is limited due to disability, age or illness, for example in the areas of personal care, use of public places, household care, contact with family and broader social contexts that may require reading, interpreting and guiding services. Anecdotal evidence suggests that personal assistance is used to a lesser extent by persons with intellectual disabilities who may appear to be particularly at risk of institutionalisation compared to persons with mobility or sensory impairment.

The incompleteness of the current system, which fiscally disadvantages smaller-scale providers in particular, has been addressed by several previous disability plans. The National Disability Plan 2025 calls for the establishment of a transparent, efficient and just system for funding social services. In addition, the Plan 2025 highlights several general approaches to support transformation. First, there is methodological guidance for municipalities on social work services provided to persons with disabilities. Nevertheless, the Plan does not direct resources to the development of appropriate and sufficient person-directed, 'user'-led and self-managed support services for all persons with disabilities, including personal assistance, guides, readers and professionally trained sign language or other interpreters. The second approach involves constructing customisable flats allowing for barrier-free use as part of investment support for housing. It remains unclear how this approach would contribute to achieving the objective of the Plan, to 'create the conditions for persons with disabilities to be able to live as independently as possible in their own natural social environment' – also considering that the vast majority of people with disabilities residing in larger congregated facilities are those with intellectual disabilities. In addition, the Plan frequently uses conditional phrases such 'create conditions', 'support transformation', 'where it would be possible', etc. These proclamations raise a question about the factual commitment of the Government to full implementation of Article 19.

Funding mechanisms are not fully person-centred and still produce incentives for residential care, rather than independent living. Similarly, the Strategy for the Development of Social Services 2016-2025²² highlights the so-called transformation from the institutional care model to support provided in the home environment of service users. The Strategy does not monitor or report on implementation, however.

²¹ National Plan for the Promotion of Equal Opportunities for People with Disabilities 2021-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-priležitostí-pro-osoby-se-zdravotním-postizením-na-období-2021-2025-182867/>.

²² MoLSA, National Strategy for Development of Social Services 2016-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf/>.

Hence, monitoring the overall progress in a quantifiable manner has alarming limitations.

Despite many years of preparation, the Action Plan for the Transition from Institutional Care to Community Support in the Czech Republic prepared by the Ministry of Labour and Social Affairs (MoLSA) is inactive, general and only a declarative proposal. It is not a feasible plan for real change, and it does not contain specific steps, deadlines or budgets. It is not an action plan in any real sense, and it cannot be expected to bring about a fundamental change towards the deinstitutionalisation of the system of social services. Moreover, there is no information available in the public domain about the existing engagement of the Government in implementation of the Action Plan or about any intentions to revise it. The Action Plan is not even mentioned in disability-relevant strategic documents.

For about half a decade, the Ministry of Labour and Social Welfare has been engaged in preparing amendments to the Social Services Act 108 to ensure that social service providers have the necessary capacity to deliver support in appropriate amenities and with sufficient human resources. The amendments to the law should secure material and technical standards and staffing standards for service providers. These standards would become prerequisites for the listing of new service providers on the system. Applicants would be required to prepare and submit their internal regulations of operation to meet material/technical standards and personal standards. However, the proposal for the amendments was rejected by Parliament of the Czech Republic in 2021. The future of this proposal is unclear.

There has been an increase in funding for social services, but this has been primarily financed by EU funds (with the required matched national contribution). In addition, funding mechanisms are not yet fully person-centred and still produce incentives for residential care, rather than independent living. The Committee on the Rights of Persons with Disabilities notes with concern that the State party continues to invest more resources in institutional settings than in support services that would enable persons with disabilities to live independently in their respective local communities and to provide support services in local communities for older persons with disabilities.²³

In addition, there is a recent concern about misusing the EU funds. The call (connected to the Recovery and Resilience Plans, RRP) entitled 'Modernisation of infrastructure – including homes for older and disabled people and sheltered housing' / Standard No. 2 makes it possible to use funding for the reconstruction of residential facilities with a capacity of up to 120 places in one building. First, providing EU funding for the construction and reconstruction of such large facilities is contrary to the general purpose of the EU social funds, from which the transformation of institutional facilities has been financed to date. Second, such an arrangement also contradicts the Government's declaration on deinstitutionalisation, the CRPD and the Act on Social Services. It is necessary to adopt systemic measures, so that EU funds are used for the development of community social services to enable people with disabilities to live in the community only. EU funds must be used in the Czech Republic in accordance with European social policy and the human rights of its citizens.

²³ Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of the Czech Republic (CRPD/C/CZE/CO/1).

In Czechia, large psychiatric hospitals are still common. In 2013, the Government launched the national psychiatric reform programme with the aim of reducing the number of institutional places, supporting adequate housing and developing a network of outpatient mental health centres.²⁴ Implementation of the strategy heavily relies on EU funds. Although large psychiatric hospitals remain relatively common as providers of mental health care in Czechia, the national psychiatric reform programme has now been implemented across the country for a decade.²⁵ According to those who devised the programme, the reform is based on the principle of multidisciplinary team working and the development of care in the natural environment of people with mental illness. Mental health centres are to gradually become a pillar in the psychiatric care system. As a health and social service, their aim is to support the transfer of care for persons with mental illness to their natural environment. Thirty mental health centres were established during the first wave of the programme. In the future, there should be a hundred of the centres spread throughout the country. The programme has been largely financed from European and Norwegian funds. The funding was mainly used for the material equipment of community teams and the destigmatisation campaign.

The number of community-based services for children with disabilities and their families has almost quadrupled since 2004.²⁶ Similarly, the number of children in institutional care facilities has been decreasing over the last eight years. Overall, however, deinstitutionalisation of the child protection system remains unsatisfactory. Among the factors that were identified are an inadequate network of community-based services and insufficient cooperation between child protection departments and community-based service providers, which is hindering the prevention of out-of-home placements.²⁷

²⁴ Ministry of Health (2013), Psychiatric Care Reform Strategy. Available at: <https://www.databaze-strategie.cz/cz/mzd/strategie/strategie-reformy-psychiatricke-pece?typ=struktura>.

²⁵ Psychiatric Care Reform Strategy, <https://www.databaze-strategie.cz/cz/mzd/strategie/strategie-reformy-psychiatricke-pece?typ=struktura>.

²⁶ Jednota pro deinstitucionalizaci, z. s. (Unity for Deinstitucionalisation) (2015), *Rizika pro deinstitucionalizaci sociálních služeb v Česku Příloha* (Threats for the Deinstitucionalisation of Social Services in the Czech Republic).

²⁷ Lumos (2018), *Investing in Children: The case for diverting Czech government finances away from institutions towards families and communities*. Available at: https://lumos.contentfiles.net/media/documents/document/2018/09/Czech_exec_summary_FINAL.PDF.

3.3 Building community inclusion and public receptiveness

The Ministry of Labour and Social Affairs prepared the National Strategy for the Development of Social Services for the period 2016-2025.²⁸ The aim of the Strategy is to instigate a transformation from the institutional model of care for persons with disabilities to the support of persons in a so-called natural environment. One particular goal is to establish conditions for ensuring the necessary capacities of community-based social services in outpatient and residential forms. The Ombudsman refers critically to this goal and points out that the Strategy does not exert the necessary pressure on service providers and founders of homes for persons with disabilities to embark on the path of transformation and deinstitutionalisation.²⁹ The Ombudsman comments that the form of support, promotion and education offered is not enough to fulfil this set of goals. It is necessary for the Ministry of Labour and Social Affairs to actively stimulate the founders and providers of residential social services to transform and deinstitutionalise. The founders of the Strategy include regions and, to a lesser extent, municipalities. Measures for tackling stigma and prejudice should be part of it.

The previous, relatively closer attention given by policy makers to deinstitutionalisation has deteriorated.³⁰ In addition, tendencies to maintain or construct congregate residential settings are being observed. Such patterns are contradictory with the CRPD, and with Article 19 in particular.³¹ This pattern has been pointed out by a group of Czech academics in their appeal to the Government.³²

Brief examples of promising practice:

- As part of the media campaign for the Support for the Transformation of Social Services programme, five short films were shot to demonstrate the process of deinstitutionalisation of social services in the Czech Republic. These short films were shot in facilities that were included in the project. The films capture either specific stories of the users themselves, or the point of view of professionals who work in social services. See: <http://www.trass.cz/index.php/transformace/dobra-praxe/>.
- Unity for Deinstitutionalisation (*Jednota pro deinstitutionalizaci*) is an example of a civic initiative in the field of deinstitutionalisation. Unity for Deinstitutionalisation is a non-profit organisation that strives for systemic social change in the field of social services, for social cohesion and for equalisation of opportunities and human rights for people with disabilities. The activities performed by Unity are targeted at policy makers and service providers, and they include training on deinstitutionalisation, awareness-raising campaigns and identifying and sharing examples of good practices. See: <https://jdicz.eu/deinstitutionalizace/pribehy/>.

²⁸ MoLSA, National Strategy for Development of Social Services 2021-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf>.

²⁹ Ombudsman, *Homes for persons with disabilities: Report from systematic visits 2020*, Brno, https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

³⁰ See Jednota pro deinstitutionalizaci (Unity for Deinstitutionalisation), <https://jdicz.eu/deinstitutionalizace/dokumenty/>.

³¹ See: <https://socialnipolitika.eu/2020/10/organizace-komunitnich-sluzeb-odmitaji-stanovisko-k-deinstitutionalizaci-socialnich-sluzeb/>.

³² See: <http://jdicz.eu/petice-jdi-to-podepsat/>.

3.4 Preventing institutionalisation in later life

Care for older persons in the Czech Republic is highly institutionalised and is provided in retirement homes and in homes under the so-called special regime (mainly for older people with dementia and other mental health problems). The number of beds in retirement homes has not changed substantially over the years. However, the number of unfulfilled applications for a place in retirement homes is increasing.³³ The number of beds in homes with a special regime is increasing. Over a 10-year horizon, there was an increase in homes every year. As of 31 December 2020, there had been a 2.1-fold increase in the number of facilities since 2010. Bed capacity in the Czech Republic increased by 13 370 beds to a total of 22 192 beds in 10 years.³⁴

According to the Strategic Framework for the Preparation for Societal Ageing 2021-2025,³⁵ the long-term goal is not to increase the capacity of large-capacity residential services but to build community-type social services that correspond more to living in one's own environment. Emphasis will be placed on the development of social services that enable clients to live independently in a home environment for as long as possible. The Strategy does not formulate concrete goals and/or actions which would contribute to such a development, however.

The programmes and projects related to transformation and deinstitutionalisation currently just focus on people with disabilities (in particular intellectual disabilities) and on children. It is necessary to focus also on other target groups who are significantly affected by the institutional care model, especially persons of older age in general and persons with intellectual disabilities who are aging. Strategies should be developed at the national level, but also at the regional and municipal levels and at the level of social service facilities themselves.

³³ MoLSA (2021), *Strategic Framework for the Preparation for Societal Ageing 2021-2025*, https://www.mpsv.cz/documents/20142/372809/Strategic_framework_for_the_preparation_for_societal_ageing_2021-2025_Fin.pdf/783c32cb-012f-27e1-329f-90efd9eda045.

³⁴ Fújová, P. (2022), Czech Statistical Authority. See <https://www.kurzy.cz/zpravy/639690-zarizeni-socialnich-sluzeb-v-plzenskem-kraji-v-roce-2020/#:~:text=V%20domovech%20se%20zvl%C3%A1%C5%A1tn%C3%ADm%20re%C5%BEime m,po%C4%8Dtu%20za%C5%99%C3%ADzen%C3%AD%20od%20roku%202010>.

³⁵ See <https://www.mpsv.cz/strategicky-ramec-pripravy-na-starnuti-spolecnosti-2021-2025>.

4 Success criteria

4.1 Priority criteria for success

- The interest of policy makers for deinstitutionalisation is gradually declining at all levels. Criteria for success rely largely on sustaining public dissatisfaction with the current institutional arrangements. This can be done by appointing people with disabilities and their family members and advocates, who are personally committed, to positions on official bodies. It is more important now than in previous years to support groups that commit to inclusion and the replacement of institutions with community services.
- Preliminary findings of a research study among stakeholders engaged in services for persons with disabilities³⁶ indicate their belief that community-based services are more expensive than congregate residential settings. To be successful in building community inclusion and public receptiveness, it is necessary to recognise and publicise the fact that, in a good disability support system, the costs of supporting people with complex support needs are usually high, wherever those people live. Stakeholders and policy makers must not expect costs to be low in community settings. Low-cost institution-type services almost always provide low-quality care. However, there is no evidence in the Czech Republic or in other EU states that community-based models of care are inherently more costly than institutions, once the comparison is made based on analogous needs of residents and comparable quality of care. Community-based systems of supported living, when appropriately handled, should produce better outcomes than institutions.
- A substantial mechanism for assessing quality of support is embodied in Czech national legislation. However, the system is focused on assessing processes rather than outcomes.³⁷ It is proposed to develop the description of living conditions or criteria and the quality of life of residents in institutions compared with (i) non-disabled members of the population and (ii) people of similar levels of disability receiving services in the community (elsewhere in the same country or in other countries), instead of making a comparison with the same institutions in the past or with other institutions elsewhere.

³⁶ Káňová, Janyšková and Beadle-Brown, 'Preliminary findings on the impact of training in active support in community-based services in the Czech Republic'.

³⁷ Šiška, J., Čáslava, P., Kohout, J., Beadle-Brown, J., Truhlářová, Z. and Holečková, M. K. (2021), 'What matters while assessing quality of social services? Stakeholders' perspective in Czechia', *European Journal of Social Work*, vol. 24, No. 5, pp. 864-883. Available at: <https://doi.org/10.1080/13691457.2021.1934411>.

5 The impact of COVID-19

5.1 The impact of the COVID-19 pandemic on giving effect to the rights to live independently and to be included in the community

The situation during the COVID-19 pandemic has only brought into focus the risks and shortcomings of the outdated system of social services and the level of threat to which people in institutions are exposed.³⁸ A study³⁹ conducted during the COVID-19 pandemic reports that the institutional social care model had a significant damaging impact on service users during the COVID-19-related restrictions. The probability of increased mortality among people with disabilities is higher in institutional care facilities due to the congregation of a larger number of people and to connectivity of units or wards. Forced isolation is reported to have had an impact on the health of residents. On the other hand, it is apparent that people residing in smaller-scale residential services or people living in their own homes coped with the pandemic relatively better compared to those who were segregated in large-capacity institutions.⁴⁰ Similarly, the life situation of their family members, who cared for them during the first waves of the pandemic, was reported to be worryingly difficult.⁴¹

- One example of good practice initiated in response to the COVID-19 pandemic is an instruction document for the emergency services. This document was produced as part of the European EUNAD project, with the Police Presidium of the Czech Republic. Its aim is to improve the outcomes of the work of the police and other emergency units of the integrated rescue system in the area of communication and interaction with individual with specific needs. The instruction document and videos provide guidance (what to do and what not to do) on how to communicate and interact with people with specific needs.

5.2 Changes to government policy, strategy, goals, commitments or approaches

- The National Plan for the Promotion of Equal Opportunities 2025⁴² is the main strategic document setting out the Czech Government's policy for equal opportunities for persons with disabilities. The National Plan also pertains to overall disaster management and recovery planning. The overall objective of the Plan in this respect is to ensure the protection and safety of persons with disabilities during emergencies and critical situations. The Plan formulates a task to prepare model plans for crisis management such that they include details for ensuring the safety of persons with various disabilities. These model plans should be prepared by individual ministries for a variety of different types of threatening situations, including epidemics, and they should also form part of general disaster planning and recovery planning and processes. The annual report on implementation of the Plan for 2021 does not provide any information about

³⁸ See: <http://jdicz.eu/ustavy-jsou-neudrzitelne-akademici-se-pridali-k-vyzve-ministryni-malacove/>.

³⁹ See: <https://socialnipolitika.eu/2020/12/pandemie-covid-19-ukazala-na-nedostupnost-potrebne-podpory-a-diskriminaci-tech-nejohrozenejsich-upozornuji-zastupci-nejstatnich-organizaci/>.

⁴⁰ See: <https://socialnipolitika.eu/2020/12/pandemie-covid-19-ukazala-na-nedostupnost-potrebne-podpory-a-diskriminaci-tech-nejohrozenejsich-upozornuji-zastupci-nejstatnich-organizaci/>.

⁴¹ See: <https://detiuplunku.cz/cs/blog/2020/04/14/dopady-covid-19-na-lidi-se-zdravotnim-postizenim-nebo-chronickym-onemocnenim-navrhy-opatreni/>

⁴² MoLSA, National Strategy for Development of Social Services 2021-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf/>.

actions related to the pandemic or about proposed changes to government policy or strategy.⁴³

- The Pandemic Plan⁴⁴ was adopted by the Government in 2011, and was produced as per the recommendation of the World Health Organization. The Ministry of Health recently prepared a number of specific ‘model plans’ for the COVID-19 pandemic. Disability has been included in the Pandemic Plans only indirectly, with reference to cooperation between the health sector and social services in the circumstances of a pandemic. Specific policy commitments concerning the disability inclusivity of disaster planning and with respect to recovery planning and processes have not been identified in the Pandemic Plan. Revision of the Pandemic Plan, which would draw on lessons learned during the COVID-19 pandemic and which would also focus on disability, should be initiated.

⁴³ See: <https://www.vlada.cz/assets/ppov/vvozp/aktuality/Zprava-o-plneni-NPPRP-v-roce-2021.pdf>.

⁴⁴ See: <https://www.mzcr.cz/wp-content/uploads/wepub/5520/14546/Pandemick%C3%BD%20pl%C3%A1n%20C4%8CR.pdf>.

6 Recommendations

6.1 Recommendations for Czechia

Amend and implement deinstitutionalisation-relevant strategies with clear and targeted specific timeframes, adequate budgets and a coherent monitoring mechanism.

Resist pressure to redevelop institutions or build new institutions as ‘temporary’ expediciencies and strengthen the vision of new opportunities in the community. Commit to stop building new institutions or new buildings in existing institutions, and to spending most available funds to develop services in the community.

Establish mechanisms to monitor existing institution-type facilities and residential services, deinstitutionalisation strategies and the implementation of living independently within the community, bearing in mind the role of the independent monitoring frameworks.

Sustain public dissatisfaction with the current institutional arrangements. Support groups that commit to inclusion and the replacement of institutions with community services. Appoint people with disabilities and their family members and advocates, who are personally committed to inclusion, to official bodies.

6.2 Recommendations for the European Commission

Respond to evidence that EU funding is to be used for the construction and reconstruction of large residential facilities for persons with disabilities in the Czech Republic. Prevent the use of EU funds for the reconstruction of large residential facilities for persons with disabilities.

Promote joint work between the Czech Republic, EU Member States and Eurostat to define a minimum data set for residential services for people with disabilities. The data set needs to include information that will permit the review of Member States’ progress in the closure of institutions and of the growth of independent living and services in the community.

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