



Report on the social inclusion and social protection of disabled people in European countries

Country: the Czech Republic
Author(s): Dr. Jan Šiška, associate professor

Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

National Plan on the Equalisation of Opportunities for Persons with Disabilities

The "National Plan on the Equalisation of Opportunities for Persons with Disabilities" (hereafter, National Disability Plan) is an important strategic Government document in the area of disability.

From the beginning of the 1990s, successive national disability plans (of 1992, 1993 and 1998, 2005, 2007) served as guides for policymaking in the disability sphere and for implementation of policy in this area by the various ministries. The structure and content of the plans reflect the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. The plans have contributed to improving the attitudes of governmental bodies towards the impact of policy in different sectors on the lives of people with intellectual disabilities and have also raised public awareness toward disability issues.

National Plan for the Support and Integration of Persons with Disabilities 2006 – 2009 adopted by Government Resolution No 1004 of 17 August 2005:

http://www.vlada.cz/assets/cs/rvk/vvzpo/dokumenty/NPSI_2006.pdf

1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)

National Action Plan for Social Inclusion 2004 - 2006

The NAPS/incl. for 2004-2006 was prepared under the auspices of the MoLSA CR in close collaboration with the parties involved in the issue of social inclusion. When working on preparation of the plan, the authors used existing institutional mechanisms for the preparation of a 'Joint Inclusion Memorandum' (2003). The Committee on Social Inclusion, which participated in the creation of the 'Joint Inclusion Memorandum', was also involved in the preparation of the NAPS/incl. 2004-2006 document. The forty-member committee included representatives of public administration authorities (on both central government and local governmental levels – representatives of regions, towns and municipalities), particular government offices, NGOs and various experts. Representatives of NGOs specializing in dealing with the homeless and senior citizens also participated in the preparation of the plan. For preparation of the NAPS/incl. document, a link was created on the MoLSA CR website to individual chapters of the document available for public commentary. Information on the option to submit comments on the plan was distributed through the 'Weekly News' section of the European Portal website (NROS information project). In 2004-2006, the Committee on Social Inclusion was expanded with the addition of representatives from the Ministry of Finance, the Ministry of Justice of the Czech Republic and NGOs – all of whom participated in the preparation of the NAPS/incl. and other documents in the area of social inclusion.

1.3 What is the most recent research about disabled people's equality and social inclusion in your country?

Mid term Plan of Support and Integration of with Disabilities in Period 2006 – 2009

<http://www.vlada.cz/scripts/detail.php?id=24049>

Disabled people are on national level represented particularly by the Government Board of People with Disabilities and the National Council of Disabled Persons. Both organisations take active role in preparations and evaluation of these strategic documents.



The Government Board for People with Disabilities (GBPD) is the governmental body primarily responsible for the preparation of the National Disability Plan and for monitoring its implementation. The views of some stakeholders were exchanged in journals of education, health and social care. The draft proposals for each plan were also submitted to an “internal suggestion” procedure, whereby they were sent to relevant Government bodies and State or public organisations (such as trade unions), for their commentary.

The National Council of Disabled Persons (NCDP) as a roof non-governmental organisation of persons with disabilities participates plays a great deal in the preparation of the National Disability Plan, which usually take more than a year. Representatives of the NCDP negotiated the proposed aims and objectives of the plans and bill with experts from respective ministries.

Fighting Discrimination

The Government intends to fully comply with the two EU directives through the introduction of a general law on anti-discrimination. With amendments to the Labour Code in 2004¹, legislation in the area of employment is in compliance with the requirements of the two directives,² but outside this area similar protections against discrimination are not yet in place. The Ministry of Justice has been preparing the General Law on Equal Treatment and Protection against Discrimination (hereafter, General Anti-discrimination Law), which explicitly prohibits discrimination on the ground of disability. The presentation of the law to Parliament had been postponed several times, than vetoed and it is not clear if and when the law will be passed.

The European Commission report Equality, Diversity, Enlargement, of September 2003, observed that, as a result of a sector-specific approach to combating discrimination, “adequate safeguards and remedies in cases of discrimination are lacking”. However, the decision to introduce a single general law on equal treatment and protection from discrimination was taken only after lengthy discussion in the Czech Republic, on how best to bring existing legislation in line with the provisions of the two directives.³ The ministries and the Government Legislative Council⁴ had argued that a general law was not needed, given that anti-discrimination provisions have already been incorporated into existing sectoral legislation.

Equal Access to Social Services Act on Social Services (Act No. 108/2006 Coll.) Hereinafter the “Act on Social Services”, came into effect on January 1st 2007, regulates the conditions for the provision of assistance through the social services and contributions to the care of people in difficult situations, as well as conditions for authorizing the provision of social services, inspection of social services provided and execution of public administration in relation to social services and, finally, the qualifications required for the occupation of social worker in systems where social workers are active.

The Act on Social Services was drawn up to compensate for the inadequate legislative basis for the social services, which was set up in the 1980’s and no longer reflects the changing needs of society. The main purpose of the Act is to support the process of social inclusion and social cohesion in society. The Act on Social Services creates conditions to satisfy the justified needs of people who are, for a variety of reasons, less capable of asserting such needs, and provides a basic framework to ensure them the required support and assistance.

¹ Labour Code, No. 65/1965, as last amended by No. 46/2004 Coll. (entered into force 1 March 2004 – apart from Section I, point 29, which entered into force on 1 January 2005) (hereafter, Labour Code 2004).

² See: European Commission, Annual Report on Equality and Non-discrimination 2004, DG Employment and Social Affairs, European Commission, available on the commission website at http://europa.eu.int/comm/employment_social/news/2004/jul/annualrep2004_en.pdf

³ See, for example: MPG/MEDE, Country Report – Czech Republic, p. 3-4; and European Commission, Equality, Diversity and Enlargement, pp. 56-57.

⁴ The Government Legislative Council provides counseling to the Government on legislation.



Important Research Publication

Results of Selected Report on People with Disabilities, The Czech Statistical Office, 2007
[http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/3309083.doc](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/3309083.doc)

Key findings:

1. On average, people with disabilities have lower level of qualification/education than general public
2. More than half of all residents of institutions live in institutions with 101-200 beds.

New research needed on equality and social inclusion: Community based services - Report on accessibility and freedom to choose social service



PART TWO: INCOMES, PENSIONS AND BENEFITS

2.1 Research publications (key points)

Important publications

Social protection in the Member States of the European Union, of the European Economic Area and in Switzerland Comparative Tables Part 1: Belgium, Bulgaria, Czech Republic, Denmark, Situation on 1 January 2007, MISSOC

Results of Selected Report on People with Disabilities, The Czech Statistical Office, 2007
[http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/3309083.doc](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/3309083.doc)

2.2 Type and level of benefits (key points and examples)

The pension system is based on the concept of solidarity (of economically active persons with the economically inactive, income solidarity, inclusion of substitute periods in insurance - pay as you go system), which prevents the social exclusion and their being put at risk of poverty. A total of 99% of people of retirement age draw a pension from basic pensions insurance. A problematic aspect of the high degree of redistribution in the pension insurance system is the fact that, as a consequence of the absence of a closer link between contributions paid and the old-age pension, there could be a disincentive to be economically active or pay contributions. In the interest of achieving equality between men and women in the pension insurance system, there is a gradual reduction in the differentiation between the retirement age (in Act No. 155/1995 Coll. on Pension Insurance, the pensionable age for men and childless women is the same), it will be necessary to effectively push for equal treatment in the labour market, as pension benefits are derived from the amount of previous income.

The Disability Pension

The system of benefits and especially services should be set up as a preventive system designed to seek out ways of preventing the permanent 'invalidization' of the and ways of helping people with disabilities to resume more or less independent participation on the labour market. The aim of these measures will be to compensate for the individual consequences of disability, especially in terms of the increased cost of living, limited mobility, and need for technical aids. More than at present, where in most case entitlements are derived from diagnosis, irrespective of the actual individual consequences, the general reason and 'creed' behind the provision of benefits and services will be the effort to equalize opportunities and prevent social exclusion. (National Plan for the Support and Integration of Persons with Disabilities 2006 – 2009)

New research needed

Relation between disability and poverty has not been subject of any research so far in the Czech Republic.

More on Disability Pensions

The State provides two types of disability pensions: **partial and full**. Full disability pensions are intended for citizens with disabilities who have been assessed as unable to earn income through gainful employment,⁵ while partial disability pensions are intended for those at a disadvantage in securing gainful employment.

⁵ Disability (invalidity) is defined as an "outstanding decline in ability to engage in employment or vocational training due to a chronic adverse state of health, where a chronic adverse state of health is understood to be a state that, according to contemporary medical knowledge, is expected to last longer than one year". Law on Pension Insurance 1995, Section 2 Law on Social Insurance, No. 100/1988 Coll., §73. The disability pension is defined by the Law on Pension Insurance, No. 155/1995 Coll. and implementing Edict No. 284/1995 Coll.



Number of disability-related benefit recipients between 2000 - 2005

CZ Disability pensions	453,367	478,504	488,728	498,273	507,634	514,828
Recipients of Compensation for occupational accident (temp+perm) & disease	:	23,861	25,685	23,506	23,005	22,586

Source: *Study Of Compilation Of Disability Statistical Data From The Administrative Registers Of The Member States Study Financed By Dg Employment, Social Affairs And Equal Opportunities* (Contract No Vc/2006/0229 – Eur 363,268.42), Applica & Cesep & European Centre, Final Report, November 2007, http://ec.europa.eu/employment_social/index/comp_disb_final_en.pdf

There were in year 2007 347, 035 recipients of disability pension, 94,150 recipients of the partial disability pension, 252885 recipients of full disability pension. (Results of Selected Report on People with Disabilities, 2007)

The average monthly full disability pension is approximately 8.000 Kč; while the average monthly partial disability pension is approximately 5,000 Kč.

(For comparison purposes, as of 1 January 2004, the minimum wage was 6,700 Kč. The average full disability pension in 2003 was therefore slightly more than the minimum wage, while the average partial disability pension was approximately 65 per cent of the minimum wage.)

Calculation Method

The pension consists of two elements: Basic Amount (Základní složka): Flat rate CZK 1,570 (€ 57) per month. Percentage Amount (Procentní část): Earnings-related element calculated from the Personal Assessment Base (Osobní vyměřovací základ) (see below) and the number of years of insurance. Formula differs according to the type of pension:

Full Invalidity Pension (Invalidní důchod): 1.5% of the Personal Assessment. Base per year of insurance, no maximum,

Partial Invalidity Pension (Částečný invalidní důchod): 0.75% of the Personal Assessment Base per year of insurance, no maximum. Person Disabled from Youth: the percentage element is 45% of the annual general assessment base calculated using the national average monthly wage after the same reductions as applied to the Personal Assessment Base for the year preceding the grant of the pension. This formula is also used for those who have at least 15 years of insurance (excluding credited insurance periods) whose pension would otherwise be lower.

In the event of a disability, certain **state social support benefits** are awarded for longer periods of time (parental allowance) or in increased amounts (social allowance, recurrent foster care allowances). Applications for state social support benefits are processed by contact points of the relevant Labour Office according to the applicant's permanent residence. In the capital of Prague the agenda is performed by the District Authorities.

Types of social support are **benefits based on unfavorable health state** that are mostly one-off obligatory benefits (i.e. allowance for flat modification, for individual transport or for motor vehicle purchase, for technical aids and equipment). **Transport privileged card** entitles the person with severe disability and the assistant to the 50% discount on transport expenses.

Parental benefit

Parental benefit to parents providing full-time care for at least one child suffering from a long-term incapacity up to the age of 7. The child cannot be placed in a kindergarten. No means-test. It can be cumulated with other family allowances.



Contribution for care

To pay for the required assistance and support ensured by a person from the family or other informal carers or provided by a professional social care service provider. Contribution for care has been introduced by new Act on Social Services No. 108/2006 Coll. Amount of the contribution depends on level of care needed by an individual. Level of care is assessed by a social worker and medical doctor.

Levels of care - amounts monthly (for adults):

- Level I 2 000,- Kč/83 EUR
- Level II 4 000,- Kč/167 EUR
- Level III 8 000,- Kč/333 EUR
- Level IV 11 000,- Kč/458 EUR

More information available on: The Czech Social Security Administration (CSSA)

<http://www.cssz.cz/en/about-cssa/>

	Social Security Benefits										Proportion Of persons receptions
	Non recipients	Recipients	Kind of Social Security Benefit						not known	TOTAL	
			Disability Pension		other Pension	Contribution For Care	Social care Benefits	Other Family Benefits			
		Full	Partial								
Sex											
Male	59 998	398 068	49 093	148 709	161 269	81 723	25 058	16 935	32 386	490 452	86,90 %
Female	51 975	446 025	45 057	104 176	255 355	111 894	29 904	18 277	27 096	525 096	89,56 %
Age											
0-14	16 124	23 230	24	109	41	10 948	5 627	12 009	6 854	46 208	59,03 %
15-29	12 746	41 417	5 642	21 765	2 216	13 106	5 594	6 523	6 458	60 621	76,47 %
30-44	23 454	72 269	19 395	45 121	1 310	11 320	4 544	4 197	5 608	101 331	75,50 %
45-59	40 230	194 736	57 932	116 935	13 148	24 525	8 369	2 617	10 777	245 743	82,88 %
60-74	14 005	253 949	10 885	56 254	176 451	43 536	11 314	3 576	15 320	283 274	94,77 %
75+	5 361	257 290	272	12 319	222 928	89 738	19 478	6 181	14 093	276 744	97,96 %
TOTAL	111 973	844 093	94 150	252 885	416 624	193 617	54 964	35 212	59 482	1 015 548**	88,29 %

Results of Selected Report on People with Disabilities, The Czech Statistical Office, 2007

[http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/3309083.doc](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/3309083.doc)



2.3 Policy and practice (summary)

The current system of social protection:

This enables the maintenance in the medium-term of a relatively low poverty rate in the CR and can therefore be regarded as an effective tool for preventing social exclusion. In the interests of retaining this effectiveness, as well as the financial sustainability of the social protection system, however, it is necessary to adapt the system to new social trends (in particular the ageing population, changes in family composition, structural changes, and the development of a knowledge-based society). Recently passed acts on social matters try to react to some of the aforementioned tendencies, in particular the Act on Assistance in Cases of Material Need (Act No. 111/2006 Coll.) and the Act on Living and Subsistence Minimum (Act No. 110/2006 Coll. that came into force January 1st 2007. These laws emphasize, in particular, an active approach by recipients to dealing with their own difficult living situations (primarily through entry or return to the labour market and thus by reducing their dependence on the government (state), as well as preventing social exclusion. Demographic trends towards an ageing population are intensifying the discussion on forthcoming reforms of the systems of pension insurance and public health insurance, the implementation of which will soon be necessary to attain financial and social sustainability and balance in these systems. In the area of pension reform, emphasis will be placed, in particular, on a gradual increase in the statutory retirement age and the development of supplementary pension systems. In the field of healthcare and long-term care, it is necessary to place greater emphasis on medical education and the prevention of illness, to combat the excessive use of medical services. When planning and making reforms, their consequences for social cohesion, in particular for persons most at risk of social exclusion, need to be monitored carefully.

Modernization of Policies:

Transferring the Action Plan for Social Inclusion to Lower Regional and Local Levels

The Act on Social Services makes the regions responsible for drawing up a **medium-term development plan for social services** within their region. The plan is developed in coordination with the regional municipalities, with representatives of the social service providers and representatives of the recipients of the social services. The Act on Social Services also allows municipalities to create a medium-term plan for social services. The main methodological instrument for ensuring the creation of a medium-term development plan is the process of community planning of social services at a municipal or regional level.

Disability Assessment, Employment and Social Benefits

There are a number of serious weaknesses with the present system of assessment. First, the poor quality of assessments of disability for employment purposes has been identified as a barrier to the employment of people with disabilities on the open market. Assessments are over-medicalised and not multidisciplinary; they do not adequately take into account the capabilities and employment potential of people with intellectual disabilities. Second, there is a clear need for coordination of assessment results with the provision of comprehensive rehabilitation, in which the assessment results are made available across all relevant sectors and inform services such as health, social care and benefits, and employment. In this way, the application procedure for employment services and different social benefits could be simplified and the related decision-making processes made more transparent.



SECTION THREE: CARE AND SUPPORT

3.1 Recent research publications (key points)

Deinstitutionalisation and Community Living: Outcomes and costs - a report of a European Study

http://www.kent.ac.uk/tizard/research/projects/cost_comparison.html

http://ec.europa.eu/employment_social/index/country_report_en.pdf

Key findings and recommendations for the Czech Republic:

- In a good care system, the costs of supporting people with substantial disabilities are usually high, wherever those people live. Policy makers must not expect costs to be low in community settings, even if the institutional services they are intended to replace appear to be inexpensive. Low-cost institutional services are almost always delivering low-quality care.
- There is no evidence that community-based models of care are inherently more costly than institutions, once the comparison is made on the basis of comparable needs of residents and comparable quality of care. Community-based systems of independent and supported living, when properly set up and managed, should deliver better outcomes than institutions.

Results of Selected Report on People with Disabilities, The Czech Statistical Office 2007,

[http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/3309083.doc](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/3309083.doc)

- Residents living in the Czech institutions in age 30 – 59 live there on average 22 years

3.2 Types of care and support (key points and examples)

Community Living

The deinstitutionalisation process in the Czech Republic is still far from satisfactory and a large number of people with disabilities (intellectual disability in particular) remain in residential care (Šiška, Vann, 2006). Despite some positive developments, many residential institutions still operate in dilapidated, overcrowded buildings where communal living arrangements offer little privacy. The geographical isolation of the institutions disrupts the residents' familial and social networks. Residential institutions are also having difficulties recruiting new staff with appropriate qualifications, and are changing the responsibilities of current staff to meet new care needs. The remoteness of many institutions and the low value attached to working with people with disabilities (evidenced by the low wages earned by staff working in institutions) has made recruitment difficult.

Quality of social services

In the area of **quality of social services**, attention recently has focused on protecting the rights of people to whom the social service is provided. The main instrument for ensuring quality, safety and expertise of the provided services has therefore become Social Services Quality Standards, which set the basic level in personnel and the procedural and operational areas of the provision of social services. The new legal regulation of social services defines the registration conditions of providers of social services and control mechanisms guaranteed by the state. In **residential social services** for older persons and persons with disabilities, **health workers generally provide nursing care according to the needs of clients in separate nursing departments**. However, the possibility of providing more specialized medical performance is limited by the material and technical equipment of the facility, which may not meet the standards of healthcare facilities. The so-called contraindication list, binding by law, specifies the level of need of healthcare, which can be ensured in residential facilities of social services.

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2006/nap/czech_en.pdf



Financing of Social Services

Financing of social services up to the end of 2006 was characterized by the unequal access of providers of social services to resources. There was a different manner of financing of services provided in regional facilities (from the state budget and budgets of the founders), in municipal facilities of the institutional type (subsidies per bed from state budget) and also in non governmental organizations (grant from various financial programmes). At present in the Czech Republic a change in the financing of social services has been taking place. Apart from the support of providers of these services from the state budget, a new instrument of direct payment to users of social care services at a level tailored to the extent of dependence on the help of another person will be introduced. Using the **Contribution for care**, people are expected to be able to pay for the required assistance and support ensured by a person from the family or other informal caregivers or provided by a professional social care service provider. The consequences of this change is to be evaluated after its implementation, however it is clear now, there is an increased burden on the state budget. The dependent persons should have possibility to choose to cover care from family members or from residential providers, which is accepted to cause a drop in the demand for expensive institutional care. However, it is evident that financial contribution for care does not fully cover expenses of service providers. Therefore some service providers (institutions in particular) get additional subsidies from regional governments and equal conditions for service providers are seriously questioned.

<http://www.nrzp.cz/mimoradna-tiskova-konference-ke-zpusobu-financovani-socialnich-sluzeb/>

Access to Transportation

To promote the removal of physical barriers to **the use of public transport** and access to it by people with disabilities and senior citizens, an amendment was made to the relevant legal provisions to increase the level of mobility of people with disabilities and senior citizens, through Ministry of Transport Decree No. 177/1995 Coll., as amended⁶⁴ stipulating construction and technical regulations for railways. The work on modernizing the transit corridors of the CR that is currently underway and the reconstruction of railway junctions, stations and additional tracks fully comply with the provisions of Ministerial Decree No. 177/1995.

Regarding municipal public transport systems (hereinafter "MHD"), **renovation of MHD vehicles and public bus services is underway**. The purpose of this renovation is to improve the culture and quality of public transport travel and to contribute to alleviating the overloaded traffic situation in the cities. The reduction of the average age of the vehicle fleet will contribute to increasing the safety and reliability of the public transport system, as well as reducing harmful atmospheric emissions, particularly in industrial agglomerations and major urban centres. A priority for the renovation of public transport vehicles is also to ensure easier access to these vehicles for people with restricted mobility and orientation, for which the **National Mobility Programme** is also being implemented. This programme covers the provision of grants to contractors for the purchase of vehicles, prioritizing easy-access vehicles, as well as providing support for the installation of information systems for the blind and visually impaired. Environmentally friendly vehicles benefit from a special grant.

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2006/nap/czech_en.pdf



PART FOUR: SUMMARY INFORMATION

As the Government Resolution No. 1004 (2005) claims, in the last few years, the Czech Republic has become a country that has been increasing responsibility for removing barriers that present people with disabilities from participating fully in the life of society.

However, citizens and inhabitants of the Czech Republic with disabilities have to cope with many obstacles and restrictions that stem in part from their specific disability – restrictions – which are placed in the path of their development by the way human society is organized.

- At present, the Czech Republic does not have comprehensive anti-discrimination legislation, which ensures protection from discrimination for people with disabilities. The Government should, as a priority, adopt the General Law on Equal Treatment and Protection against Discrimination and ensure that it specifically prohibits discrimination on the ground of disability and includes a definition of disability.
- To date, the deinstitutionalisation process in the Czech Republic has been unsatisfactory and the number of people with disabilities in residential care has only slightly decreased in recent years. Independent living is an essential prerequisite for the full social inclusion of people with intellectual disabilities. The Government should therefore, as a priority, develop a comprehensive policy on reducing the numbers of people with in residential institutions. This should include the development of independent living alternatives to residential care, and adequate funding for the provision of support services to enable people with disabilities to remain with their families.
- The issue of contracting the service between service provider and a person with complex needs who has difficulties to communicate personal needs and wishes has not been fully addressed. There is thus a danger that housing facility will be contracting in interest of a service provider rather a service user. Due to the low care benefits, service of personal assistance is often not affordable. Living in the social care institution, the privacy, participation and individual choices for people with disabilities are threatened.
- The Government should introduce legislation establishing a comprehensive rehabilitation system within which services are coordinated across the sectors (including health care, education, employment, social care).

4.2 One example of best practice (brief details)

Sheltered housing as an Alternative to Institutions

In the Czech Republic mainly NGOs have initiated establishing new and modern services for persons with disabilities. One of good examples is a sheltered housing programme run by NGO Portus Praha. The main goal of NGO, Portus Praha, is to provide support to people with intellectual disabilities on their way towards achieving self-reliance and independence, towards leading a normal life without being consigned to large institutions. The NGO runs an establishment of sheltered housing and occupation for in Slapy village.

Sheltered housing in the village Slapy is intended for people with intellectual disabilities to provide them with permanent home, the necessary assistance and other services. At present the sheltered housing consists of a group home for nine residents and one apartment for two; one client lives in his own flat in the village. Recently the construction of other apartments for 7 to 8 residents in Slapy was completed.



NGO Portus Praha is an example of good practices in supporting deinstitutionalization and providing social services within the community same as promoting human rights of persons with disabilities.

See further: <http://www.imy.cz/>



4.3 References

Střednědobá koncepce státní politiky vůči občanům se zdravotním postižením,
(Mid-term Conception of the State Policy towards Citizens with Disabilities,
<http://www.nrzp.cz/strednedoba-koncepce/>

National Employment Reform Programme

Vann, B; Šiška, J.: *From 'cage beds' to inclusion: the long road for individuals with intellectual disability in the Czech Republic*, *Disability & Society* Routledge, part of the Taylor & Francis Group Volume 21, Number 5 / August 2006, From 'cage beds' to inclusion: the long road for individuals with intellectual disability in the Czech Republic pp. 425 – 439 ISSN: 0968-7599

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<http://www.mdac.info/projects/guardian.html>

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"Fighting for our Rights", European Commission, *Annual Report on Equality and Non-discrimination 2006*, DG Employment and Social Affairs, European Commission, available on the commission website at:

http://ec.europa.eu/employment_social/fundamental_rights/pdf/pubst/poldoc/annualrep06_en.pdf
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