



## 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

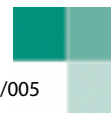
### Background:

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.

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.



## Summary of changes since 2008

### Housing and homelessness:

According to government representatives the level of poverty in the Czech Republic is lower than in other European countries. Citizens who have been disabled since young age have a guaranteed disability pension which prevents poverty. Disability in relation to homelessness has not been mentioned in any of the strategic documents. One explanation can be that the process of deinstitutionalisation has not started yet. The potential danger of homelessness amongst those leaving institutions has not been considered.

### New strategies and actions for the inclusion of disabled people:

National Plan for the Support and Integration of Persons with Disabilities 2006 – 2009. National Plan 2006 – 2009 was adopted by Government Resolution No. 1004 of 17 August 2005. The plan is the principal document of the Board and is based on the Strategy of the governmental policy towards persons with disabilities. This model respects the concept of the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities. The individual chapters of the National Plan contain a brief explanation of the field in question, the desirable target situation to be achieved, and individual, clearly formulated measures specifying the competent department and the proposed deadline for fulfilment.

In 2010 a new disability policy plan will be introduced. It is expected that the Government will significantly change the structure used in the plan 2006 - 2009. Declaration of Rights of Disabilities, OSN 2007 will primarily serve as a guideline in drafting the plan. The first draft is due in March 2010. [http://www.vlada.cz/assets/cs/rvk/vvzpo/dokumenty/NPSI\\_2006.pdf](http://www.vlada.cz/assets/cs/rvk/vvzpo/dokumenty/NPSI_2006.pdf).

The Czech Republic adopted a discourse of social inclusion used in the EU in 2004, at the time of the country's entrance into the EU. Political representatives of the Czech Republic have defined a National Social Protection and Social Inclusion Plan. The plan is always designed for a 2 year implementation period (2004 – 2006, 2006 – 2008). The Czech Republic is currently focused on implementation activities that have been defined in the plan for 2008 – 2010.<sup>1</sup>

It is evident, that the deinstitutionalisation process in the Czech Republic is far from satisfactory and a large number of people with disabilities (intellectual disability in particular) remain excluded in large residential institutions. Despite some positive developments, many residential institutions still operate in dilapidated, overcrowded buildings where communal living arrangements offer little or no opportunities for community involvement.

### New changes in incomes, benefits and pensions:

The No. 108/2006 Coll. was amended by the Act No. 206/2009 Coll. The Amendment changes amounts of social care subsidies in two of four so called dependency levels. Dependence level IV (persons with severe and profound disability) from 11 000 Kč to 12 000 Kč. The amendment also introduces new mechanisms to prevent abuse of subsidies in level I allocated to a person with disabilities for social services. Direct payment for social services can be replaced by vouchers in cases when persons have not been using money for social services. The aim of the new Act is also to unify medical assessments for purpose of the benefits for social services and to strengthen control of public administration on using direct payment for social services.

<sup>1</sup> MPSV ČR. *Národní akční plán sociálního začleňování 2008 – 2010. [National Social Protection and Social Inclusion Plan].* [http://www.mpsv.cz/cs/5130]. 2008.



### **New changes in long-term care and support:**

Regions and municipalities are responsible by law for planning long term care for persons with disabilities. Community planning of social services in the Czech Republic became a reality in the past 2 years. The process of creating community plans of social services is to a large degree new and complex process with different processes and outcomes.

Some regions have been trying to plan and implement social inclusion strategies. On the other hand some regions such as central Bohemia (Středočeský kraj) seem to be giving priority to segregated institutional care.

### **Implications of the economic crisis:**

There are no reports on how the economic crisis is affecting the position of people with disabilities.



## **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 have served as guides for developing and implementing policy in the disability sphere 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. These have contributed to improving the attitudes of governmental bodies and the general public towards the impact of policy on the lives of people with disabilities and have also raised public awareness.. The National Disability Plan has been updated several times. The most recent version is the 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/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-a-integrace-obcanu-se-zdravotnim-postizenim-na-obdobi-2006---2009-59688/>

### **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)**

Disabled people are represented at a national level by the Government Board of People with Disabilities and the National Council of Disabled Persons. Both organisations take active role in the preparation and evaluation of the National Disability Plan.

*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 have been exchanged in journals of education, health and social care. Draft proposals for each plan have also been 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 comments.

*The National Council of Disabled Persons (NCDP)*, as a non-governmental umbrella organisation of persons with disabilities, plays a central role in the preparation of the National Disability Plan, which usually take more than a year to develop. Representatives of the NCDP have negotiated the proposed aims and objectives of the plans and legislation with experts from respective ministries.

### **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>

#### *Fighting Discrimination*

*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. It regulates conditions for the provision of assistance through social services and contributions to the care of people in difficult situations, conditions for authorizing provision of social services, inspection of social service provision and administration and qualifications for social workers.

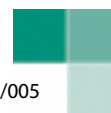
The Act on Social Services was drawn up to compensate for inadequate legislation from the 1980's which no longer reflected the changing needs of society. The main purpose of the Act is to support the process of social inclusion and social cohesion in society. The Act on Social Services creates conditions 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.

### **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 a lower level of qualification/education than the general public,
2. More than half of all residents in institutions live in facilities with 101-200 beds.



## 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 and the inclusion of substitute periods in insurance - pay as you go system), which prevents social exclusion and 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 that, because contributions and old age pensions are not closely linked, there could be a disincentive to being economically active or paying contributions. In the interest of achieving equality between men and women in the pension insurance system, there has been a gradual reduction in the difference between retirement ages (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 prevent permanent 'invalidization' and to help people with disabilities to resume more or less independent participation in 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. At present most entitlements are derived from diagnosis irrespective of the actual individual consequences. In the future the general reason and 'creed' behind the provision of benefits and services will be an effort to equalize opportunities and prevent social exclusion (National Plan for the Support and Integration of Persons with Disabilities 2006 – 2009).

#### *New research needed*

The relationship 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,<sup>2</sup> while partial disability pensions are intended for those at a disadvantage in securing gainful employment.

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<sup>2</sup> 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.

In 2007 there were 347, 035 recipients of disability pension: 94,150 recipients of the partial disability pension and 252,885 recipients of full disability pension. (Results of Selected Report on People with Disabilities, 2007)

(For the purpose of comparison, 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: 1) a Basic Amount (Základní složka): Flat rate CZK 1,570 (€ 57) per month. 2) a 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. The formula for calculation differs according to the type of pension, as follows:

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. For a 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 allowances) or in increased amounts (social allowances, recurrent foster care allowances). Applications for state social support benefits are processed by the relevant Labour Office, according to the applicant's permanent residence. In the capital of Prague this is done 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 modification of a flat, for individual transport or motor vehicle purchase, for technical aids and equipment). A **Transport privilege card** entitles the person with severe disability and an assistant to 50% discount on transport expenses.

#### Parental benefit

Parental benefit is available to parents providing full-time care for at least one child who has a long-term incapacity, up to the age of 7. The child cannot be placed in a kindergarten. The benefit is not means tested. and it can be combined with other family allowances.

#### Contribution for care

This will pay for assistance and support from a family member, informal carer or a professional social care service provider. Contribution for care was introduced by the new Act on Social Services No. 108/2006 Coll. The amount of contribution depends on the level of care needed by an individual, which is assessed by a social worker and medical doctor.

Levels of care – monthly amounts (for adults) in 2009:

- 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 (12 000,- Kč from January 1 2010)

More information is available from the Czech Social Security Administration (CSSA)

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

	Social Security Benefits										Proportion Of persons in receipt
	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							
<b>Sex</b>											
<b>Male</b>	59,998	398,068	49,093	148,709	161,269	81,723	25,058	16,935	32,386	490,452	86.90 %
<b>Female</b>	51,975	446,025	45,057	104,176	255,355	111,894	29,904	18,277	27,096	525,096	89.56 %
<b>Age</b>											
<b>0-14</b>	16,124	23,230	24	109	41	10,948	5,627	12,009	6,854	46,208	59.03 %
<b>15-29</b>	12,746	41,417	5,642	21,765	2,216	13,106	5,594	6,523	6,458	60,621	76.47 %
<b>30-44</b>	23,454	72,269	19,395	45,121	1,310	11,320	4,544	4,197	5,608	101,331	75.50 %
<b>45-59</b>	40,230	194,736	57,932	116,935	13,148	24,525	8,369	2,617	10,777	245,743	82.88 %
<b>60-74</b>	14,005	253,949	10,885	56,254	176,451	43,536	11,314	3,576	15,320	283,274	94.77 %
<b>75+</b>	5,361	257,290	272,	12,319	222,928	89,738	19,478	6,181	14,093	276,744	97.96 %
<b>TOTAL</b>	<b>111,973</b>	<b>844,093</b>	<b>94,150</b>	<b>252,885</b>	<b>416,624</b>	<b>193,617</b>	<b>54,964,</b>	<b>35,212,</b>	<b>59,482,</b>	<b>1,015,548**</b>	<b>88,29 %</b>

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 it therefore may be regarded as an effective tool for preventing social exclusion. However, in the interests of retaining this effectiveness, as well as the financial sustainability of the social protection system, 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). Recent policy has tried to react to some of these 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 on 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), thus reducing their dependence on the government 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, the 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 each region responsible for drawing up a **medium-term development plan for social services** within their area. The plan is developed in coordination with the regional municipalities, with representatives of social service providers and recipients of social services. The Act on Social Services also allows municipalities to create a medium-term plan for social services. This is the main planning mechanism for social services.

#### *Disability Assessment, Employment and Social Benefits*

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

The current system (Law on Social Insurance No. 155/1995 Coll., Edict No. 284/1995 Coll.) of assessment for disability pensions has been based on a negative assessment of working capacity. The system has been criticised as old and not reflecting developments in medical sciences related to disability, assessment and rehabilitation. Therefore, a new law No. 306/2008 Coll. will come into force on January 1, 2010. The main aim of the new law is to refine the system of medical assessment of disability towards a positive evaluation of the remaining work capacity of a person, reflecting medical science developments since the previous Law came into force in 1995. Two former levels of disability (partial and full disability) will be replaced by three levels of disability (invalidity).

## PART 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://www.kent.ac.uk/tizard/research/projects/cost_comparison.html)

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 Czech institutions aged 30 – 59 live there on average for 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 social services are provided. The main instrument for ensuring the quality, safety and expertise of services has become the Social Services Quality Standards, which set the basic levels for personnel, procedures and operations. The new legal regulation of social services defines conditions for the registration of providers and control mechanisms that are 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 assistance is limited by the material and technical equipment of the facilities, 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 treated in residential social services facilities. .

[http://ec.europa.eu/employment\\_social/spsi/docs/social\\_inclusion/2006/nap/czech\\_en.pdf](http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2006/nap/czech_en.pdf)

### *Financing of Social Services*

Up to the end of 2006, financing of social services was characterized by the unequal access of providers of social services to resources. There was a different manner of financing services provided in regional facilities (from the state budget and budgets of the funders), in institutional municipal facilities (subsidies per bed from state budget) and by non governmental organizations (grants from various financial programmes). At present in the Czech Republic a change in the financing of social services is taking place. Apart from the services receiving support from the state budget, new direct payments are being introduced to users of social care services levels tailored to their need for help from another person. Using **Contribution for care**, people are expected to be able to pay for the assistance required from a family member, informal carer or professional social care service provider. The consequences of this change are to be evaluated after implementation; however it is clear now, that there is an increased burden on the state budget. Dependent persons should be able to choose whether they receive care from family members or from residential providers, and it is accepted that this will cause a drop in demand for expensive institutional care. However, it is evident that the financial contribution for care does not fully cover the expenses of service providers. Therefore some service providers (institutions in particular) receive additional subsidies from regional governments and whether there are equal conditions for service providers is being seriously questioned. In 2009 in particular, service providers are facing serious financial difficulties.

From January 1, 2010 Amendment of the Law on Social Service will come on force. Contribution for care on level IV will increase from 11.000 Kč to 12.000 Kč. Contribution for on level I will be partially paid (50%) and partially delivered as an "institutional service". The Ministry of Labour and Social Affairs (MOLSA) has argued that contributing for care on level I has been misused by its recipients.

<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** by people with disabilities and senior citizens, an amendment was made to the relevant legal provisions through Ministry of Transport Decree No. 177/1995 Coll., as amended 64 stipulating construction and technical regulations for railways. Work on modernizing the transit corridors of the CR 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 also underway**. The purpose of this renovation is to improve the culture and quality of public transport travel and to contribute to alleviating traffic congestion in the cities. Reduction of the average age of vehicles will contribute to increasing the safety and reliability of the public transport system, as well as reducing harmful atmospheric emissions, particularly in industrial conglomerations 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](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.

The Czech Republic has comprehensive anti-discrimination legislation, to ensure protection from discrimination for people with disabilities.

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 in residential institutions. This should include the development of independent living alternatives to residential care, and adequate funding for support services to enable people with disabilities to remain with their families. It is necessary to ensure the coordination of different government departments and agencies involved in the transition process. Successful implementation of reform plans requires a strong coordination between all the relevant actors, both at horizontal (various ministries, such as health and social affairs) and vertical (national and local authority) levels.

- The issue of contracting between a service provider and a person with disability, based on individual needs and preferences, has not been fully addressed. There is thus a danger that housing facilities will be commissioned in the interests of a service provider rather than a service user. Due to the low level of care benefits, the service of personal assistance is often not affordable. Living in social care institutions, privacy, participation and individual choices for people with disabilities are threatened.
- The Government should introduce legislation establishing a comprehensive rehabilitation system through 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 it is mainly NGOs that have initiated and established new and modern services for persons with disabilities. One good example is a sheltered housing programme run by the NGO Portus Praha. The main goal of Portus Praha, is to provide support to people with intellectual disabilities on their way towards achieving self-reliance, independence and leading a normal life, without being consigned to large institutions. The NGO runs sheltered housing and provides occupation for people in Slapy village.

Sheltered housing in Slapy is intended to provide a permanent home for people with intellectual disabilities, combined with 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 practice in supporting deinstitutionalization and providing social services within the community as well as promoting the human rights of persons with disabilities.

See for further information: <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

*Guardianship and Human Rights in the Czech Republic,* MDAC, 2006  
<http://www.mdac.info/en/reports>

*National Report on Strategies for Social Protection and Social Inclusion for 2006-2008,* Czech Republic Ministry of Labour and Social Affairs of the Czech Republic, 2006

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