



ANED country report on the implementation of policies supporting independent living for disabled people

Country: Czech Republic

Author(s): Dr. Jan Šiška

The information contained in this report was compiled by the Academic Network of European Disability experts (ANED) in May 2009.



PART 1: EXECUTIVE SUMMARY AND CONCLUSIONS

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 clear and 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 under guardianship and those with difficulties to express their wishes has not been fully addressed. There is thus a danger that particular service will be contracted in interest of a service provider rather than of a service user.
- The amount of care benefits does not cover the expenses of social services. Due to the low care benefits, the service of personal assistance is often not available or affordable. Providers of traditional care in large residential institutions get additional subsidies from regional authorities. Living in the social care institution, the privacy, participation and individual choices for people with disabilities are threatened.
- The Act on Social Services defines goal of social services as an activity leading towards social inclusion. However, the act is not designed to support period of deinstitutionalization. The act rather freezes current system. In particular it is distribution of public funding allocated to social services for persons with disabilities which favors large residential settings governed by the state or regional authorities and disadvantages other service providers such as NGOs. Such development clearly de-motivates other providers (e.g. NGOs) and limits scope of choice for service users.



PART 2: LEGAL AND POLICY CONTEXT

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. Amongst others 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 disabilities and have also raised public awareness toward disability issues.

The Czech Republic adopted a discourse of social inclusion used in the EU in 2004, at the time of the country 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 years implementation period (2004 – 2006, 2006 – 2008). The Czech Republic is currently focused on implementation activities that have been defined in the plan for 2008 – 2010.¹

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 prevent 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.

However, the Czech Republic does not have a national policy document on deinstitutionalisation and community living. However, in 2007 the Government resolution No. 127 “Conception of Support for Transformation of residential social services into different types of social services provided in a community of user and supporting social inclusion of the user” for the first time indicated political awareness about situation in institutional care in the country. Nevertheless, it is evident that document itself is not based on strong will for deinstitutionalisation amongst general public and across political spectrum.

One of key tools for implementing social policy based social inclusion is the system of regional and community planning of social services. Relevant political levels in social services are the Ministry of Labor and Social Affairs representing the state. The lower levels of the state administration are 12 Regional offices and 205 Municipalities. Parallel to this there are 11 self-administrated regions and the City of Prague, and 6,249 self-administrated municipalities. Their duties in respect to planning social services are as follows:

Ministry of Labor and Social Affairs

- manages and controls the execution of state administration in social services
- *prepares national middle term plan of development of social service* in cooperation with the regions, representatives of service providers and the service consumers

Regions:

- identify needs of people with disability in their region

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



- ensure the availability of information about possibilities and forms of providing social services on their territory
- *prepare middle term plan of development of social service* in cooperation with municipalities, representatives of service providers and the service consumers
- *monitor and evaluate implementation of the plan* in cooperation with municipalities, representatives of service providers and the service consumers
- inform the Ministry about the implementation of the plan

Municipalities:

- May, but do not have to, prepare a medium term plan of development of social service in cooperation with neighboring cities, representatives of service providers and the service consumers

The obligation to plan social services on a regional level became part of the Act on Social Services. Indisposed towards community planning is the fact that since the planning should be made on the local level the main decisions in respect to financing are made on a very central (ministerial level) and up to now they do not reflect the local community plans of social services.

Local planning is coordinated by the regions and municipalities. The main participants are as follows:

- other representatives of the region/municipality
- service providers
- service users
- self-advocating groups if existing (not that common)
- other organizations i.e.: other local agencies, associations, interest groups, labor offices, schools, NGOs

According to the official methodology “the more intensive the participation of other organizations is and the more intensive is their role in implementation of the plan the more efficient becomes the whole process of planning”.

The Act on Social Services (Act No. 108/2006 Coll), 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. 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 is intended to create 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.

Awareness of services users with disabilities and their families about alternatives is unsatisfactory.



Several NGOs have been active to move policy forward (e.g. Inclusion Czech Republic², QUIP - Společnost pro změnu³ organizing campaigns and providing consultancy to services providers and users).

² www.spmper.cz

³ www.kvalitavpraxi.cz



PART 3: PROGRESS TOWARDS INDEPENDENT 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. 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.

Although there are no detailed comprehensive and/or comparative data available on national level about number of persons with disabilities using different types of social services (or where people with disabilities live)

It is estimated that there are no statistically significant changes in favour of alternative social services during last decade. Such claim is supported by following figures from year 2006 presented by NGO QUIP:

- Number of people living in large residential institutions: 21,000
- Number of Institutions: 270
- Number of people using personal assistance services: 1,686
- Supported Living: 839
- Early Care: 608



PART 4: TYPES OF SUPPORT FOR INDEPENDENT LIVING IN THE COMMUNITY

Social counselling gives people the necessary information, mediates the follow-up services and offers various possibilities how to solve their problems. Usually, social counselling is a part of all kinds of social services or is provided as an independent service. It is always provided free of charge.

Personal assistance and respite care is available, in particular as assistance for families that take year-round care of a disabled person or senior. The provider supplies services to the individual at times when the family members are at work, on holiday, do common errands outside the home, etc. The care is provided in the household or in specialized residential institutions (day care or short-term stays of up to three months). The user participates in the funding of the service. The user contributes to the expenses of service provided. The amount of contribution is subject to agreement and contract between service user and service provider. Service providers usually apply for additional funding from regional or national authorities.

Day care centre and week care centre are intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who cannot live at home on a daily basis without someone else's assistance. Providing temporary housing may be part of the service. The user participates in the funding of the service.

Stays in homes for the elderly and homes for the people with learning disabilities are intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who cannot live at home in this situation. Providing housing in accommodation that is specifically designated for such a purpose and substitute homes for the users are a part of the service. The service is not restricted by time. The user participates in the funding of the service.

Protected and supported housing is intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who want to live independently in the standard environment. Providing housing in an apartment that represents a home for the user is managed by the provider as part of a standard housing complex. The user participates in the funding of the service.

Early intervention services are oriented towards entire families with a young child whose development is at risk because of a disability or illness. The service includes the use of educational, social and health care measures. The objective is to return or maintain the parents' competence to raise the child and create suitable conditions for the child's development. The services are provided in the household and specialised day care institutions, usually free of charge.

Social services providers include the municipalities and regions, which look to form suitable conditions for the development of social services, in particular by researching people's real needs and the resources necessary to satisfy such needs. Besides that they set up organisations to provide social services. Non-governmental/non-profit organisations and individuals provide a wide spectrum of services. The Ministry of Labour and Social Affairs is the incorporator of five social care institutions, particularly for persons with intellectual disability.

In the area of quality of social services, recent attention has focused on protecting the rights of people to whom the social service is provided. The main instrument for ensuring quality, safety and expertise in the provided services has therefore become the Social Services Quality Standards, which set basic levels in personnel and the procedural and operational areas of the provision of social services. The new legal regulation of social services (Annex No. 2, Addict No. 505/2006 Coll.



For Act No. 108/2006 Coll., on 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, it is health workers who generally provide nursing care in separate nursing departments.

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 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 in non-governmental organizations (grants from various financial programmes). At present in the Czech Republic a radical change in the financing of social services has been taking place from bed funding towards a direct payment scheme. A new instrument of direct payment (Contribution for care) for service users was introduced in Act No. 108/2006 Coll., on Social Services. Using the Contribution for care, people with disabilities are expected to cover the required assistance and support ensured by a family member or by a professional organization on the base of a contract.

It was hoped that development towards direct payments would cause a significant drop in the demand for traditional, large and expensive institutions in favour of community alternatives. The consequences of this development are to be evaluated after a longer period of time. However it is already evident that the direct payment scheme has caused an unexpected increased burden on the state budget. It is also clear that the amount of contribution for care does not fully cover the expenses of services providers (Richter, A., 2007). Thus, very often service providers face serious financial difficulties to maintain their provisions. Providers have to look for additional resources. Conversely, large institutions in particular receive additional subsidies from their funders – the regional authorities⁴. Other service providers such as NGOs can apply for national or EU grants but with ongoing uncertainty about their longer term future. From the perspective of a service user and family the institution guarantees long-term stability unlike an NGO or other provider who is not additionally funded by regional authorities. As the NGO depends on short term grants future horizons are very limited.

In summary, service users have a choice over place of living but with significant limitations. These limitations tend to force them to opt for large residential institution rather than to choose an alternative such as an NGO providing community-based services. Equal access to funding for service providers – providers governed by regional authorities (large residential institutions) versus NGOs is also seriously questioned and some NGOs strongly argue that inequality in access to financial resources is a barrier to the development of de-institutionalization and community (Kořínková, 2008).

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.

As in other European countries analyzed in the research “Deinstitutionalisation and Community Living: Outcomes and costs - a report of a European Study” in the Czech Republic 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.

⁴ Large residential institutions for persons with disabilities are predominantly budget-funded organizations of regions or sometimes of municipalities. Regional authorities are now largely responsible for residential services (rather than the state).



4.1: PERSONAL ASSISTANCE SERVICES

Personal assistance services are intended for people whose capabilities are limited because of 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 the individual lives, works, etc. The personal assistance services include reading, interpreting and guiding services. The user participates in the funding of the service on the basis of the scheme of financial support for persons with disabilities operating under a Social Services Act since January 2007. The Act brought significant changes of redistributing social services, the way of financing introducing direct payment via the Contribution for care. The amount of the sums differentiate in the four categories and varies from 2,000 Czech crowns to 11,000 Czech crowns according severity of disability. People who need personal assistance contract the service with a service provider to cover the cost from the Contribution for care.

In theory a service user can choose and decide upon his/her own needs and can choose the provider of services he/she likes. However, the scope of offers from service providers is often limited and in remote areas in particular. A person with disability or/and the families can be “forced” to opt for traditional institutional care. Secondly, in case of change of place of residence such a service might not be available at the new address.



4.2: ASSISTIVE EQUIPMENT AND ADAPTATIONS

Social assistance benefits for persons with disabilities are provided in accordance with Decree by the Czech Ministry of Labour and Social Affairs no. 182/1991 Coll., to implement the Act on Social Security and Act on Jurisdiction of Czech Republic Bodies in Social Security, as amended. They assist in addressing e.g. the need of transport, adjusted housing, special compensatory aids. Social assistance benefits include: One-off Benefit for Acquisition of Special Aids, Benefit for Flat Modification, Benefit for Motor Vehicle Purchase, Benefit for General Overhaul of Motor Vehicle, Benefit for Special Modification of Motor Vehicle, Benefit for Motor Vehicle Operation, Benefit for Individual Transport, Benefit for Use of Barrier-Free Flat, Benefit for Use of Garage, Benefit to Totally or Almost Totally Blind Citizens. Changing place of residence of person with disability does not make effect on eligibility or availability of these benefits.

National data on applications is not currently available.

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. 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.

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



PART 5: EVIDENCE OF GOOD PRACTICE IN THE INVOLVEMENT OF DISABLED PEOPLE

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.

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



PART 6: REFERENCES

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

Guardianship and Human Rights in the Czech Republic, MDAC, 2006

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

"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

<http://www.inclusion-europe.org>

Koncepce podpory transformace pobytových sociálních služeb v jiné typy sociálních služeb, poskytovaných v přirozené komunitě uživatele a podporující sociální začlenění uživatele do společnosti MPSV ČR, 2007. http://www.mpsv.cz/files/clanky/3858/Koncepce_podpory.pdf

Kořínková, D.: *Překážky transformace ústavní péče. QUIP – společnost pro změnu 2008*. available on www.kvalitavpraxi.cz

Mimořádná tisková zpráva o způsobu financování sociálních služeb

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

MPSV ČR Social Services Quality Standards, 2002

<http://www.mpsv.cz/files/clanky/2057/standards.pdf>

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

Richter, A.: *Financial Demands of Residential Care for Persons with Intellectual Disabilities*. QUIP, Prague 2007. <http://www.kvalitavpraxi.cz/res/data/000058.pdf>

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 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

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)

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



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

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