



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Czechia

November 2021

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate D — Social Rights and Inclusion

Unit D3 — Disability and Inclusion

European Commission

B-1049 Brussels

COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Czechia

Jan Šiška

This report has been developed under Contract VC/2020/0273 with the European Commission.

LEGAL NOTICE

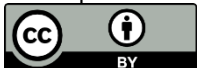
Manuscript completed in March 2021

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication. More information on the European Union is available on the Internet (<http://www.europa.eu>).

The European Commission is not liable for any consequence stemming from the reuse of this publication.

Luxembourg: Publications Office of the European Union, 2022

© European Union, 2022



The reuse policy of European Commission documents is implemented based on Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

Table of contents

1	Executive summary	5
2	Disability-inclusive disaster and recovery planning	7
	2.1 Commitments to disability in disaster management and recovery strategies	7
	2.2 Involvement of people with disabilities in disaster management and recovery strategies	8
	2.3 Disability impact assessments and research to inform disaster management and recovery planning.....	8
	2.4 Use of disaster management and recovery planning funds	8
3	Mortality connected to COVID-19 among people with disabilities	10
	3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?	10
	3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?	10
4	Access to health.....	12
	4.1 Emergency measures.....	12
	4.2 Access to hospital treatment for COVID-19	12
	4.3 Treatment for COVID-19 in congregate settings.....	13
	4.4 Public health promotion and testing during the pandemic	13
	4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions	13
	4.6 Vaccination programmes	14
5	Income and access to food and essential items.....	15
	5.1 Emergency measures.....	15
	5.2 Impact of the COVID-19 crisis	15
6	Access to transportation and the public spaces	16
	6.1 Emergency measures.....	16
	6.2 Impact of the COVID-19 crisis	16
7	Involuntary detention or treatment.....	17
	7.1 Emergency measures.....	17
	7.2 Impact of the COVID-19 crisis	18
8	Violence, exploitation or abuse	19
	8.1 Emergency measures.....	19
	8.2 Impact of the COVID-19 crisis	19
9	Independent living	21
	9.1 Emergency measures.....	21
	9.2 Impact of the COVID-19 crisis	21
10	Access to habilitation and rehabilitation	23
	10.1 Emergency measures.....	23
	10.2 Impact of COVID-19 and/or emergency measures adopted	23
11	Access to justice	24
	11.1 Emergency measures.....	24
	11.2 Impact of COVID-19 crisis	24
12	Access to education	25
	12.1 Emergency measures.....	25
	12.2 Impact of the COVID-19 crisis	25
13	Working and employment	27
	13.1 Emergency measures.....	27
	13.2 Impact of the COVID-19 crisis	27

14	Good practices and recommendations.....	28
14.1	Examples of good practice	28
14.2	Recommendations.....	28
14.3	Other relevant evidence.....	29

1 Executive summary

Disability inclusivity of disaster and recovery planning

- The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for the period 2021–2025¹ generally addresses the management of disaster or recovery planning. The overarching objective of the Plan in this matter is to ensure the protection and safety of persons with disabilities during emergencies and in crisis situations. The Plan particularly targets accessible communication for notifying persons with disabilities about the situation and measures to follow.
- The Pandemic Plan of the Czech Republic 2001² indirectly tackles disability, referring to the cooperation of the health sector and social services. Specific policy commitments concerning the disability inclusivity of disaster planning and with respect to recovery planning and processes are not addressed in the Plan.
- The Foundation of the National Recovery Plan³ only addresses the economic aspects of the recovery. The National Recovery Plan does not address disability relevant matters, including education and social services.

Impact of the virus on mortality among people with disabilities

Data on the mortality rate among people with disabilities, disproportionate rate of mortality among people with disabilities and the living arrangements of those that have died are currently not available for Czechia. The information which the national expert gained from representatives of the national authorities responsible for health information and statistics suggests that disability might be considered as a benchmark for future monitoring.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

- The health care system in Czechia is in general regarded as of a relatively higher standard than the international comparison countries. However, access to health care for persons with disabilities in Czechia is reported as unsatisfactory. The COVID-19 crisis further worsened this already prevailing adverse situation. *For more information, please see the section Access to hospital treatment for COVID-19.*
- Informal carers, particularly persons who have been taking care of family members with disabilities or of retired parents in need, often faced difficult situations, such as having to suspend their employment. *For more information, please see the section Work and Employment.*
- The older people residing in residential social care facilities have been exposed to long term compulsory bans on leaving the facility and restrictions in access to

¹ Government Board for Persons with Disabilities. National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025, Approved by Czech Government Resolution No. 761 of 20 July 2020.

² <https://www.mzcr.cz/wp-content/uploads/wepub/5520/14546/Pandemick%C3%BD%20pl%C3%A1n%20C4%8CR.pdf>.

³ <https://www.vlada.cz/assets/urad-vlady/poskytovani-informaci/poskytnute-informace-na-zadost/Vychodiska-NP-obnovy.pdf>.

family and friends, with a negative impact on their well-being. *For more information, please see the section Involuntary Detention or treatment.*

Examples of good practice

- The non-governmental organization for the support of people with intellectual disabilities and their families, SPMP ČR, delivers, as part of the project “Background: informal online meetings for carers”,⁴ a series of informal online group sessions for care-givers, with the aim of providing a safe platform for sharing daily experiences gained during the COVID-19 crises, their worries, concerns, and joys, with a particular focus on communication, conflict-solving strategies, privacy, maintaining social distance, and self-care.
- The non-profit organization QUIP has prepared guidelines⁵ in an easy-to-read format containing information and recommendations on what to do and how to act during a pandemic and lockdown. The publication explains the nature of the COVID-19 pandemic, what rules to follow to prevent the disease, whom to turn to in the event of an illness, and the role of a guardian in such circumstances.
- The Ministry of Interior has launched a new website for police officers on communication with people with disabilities. This website contains the keys recommendations (on what to do or avoid doing) when interacting with people who have particular needs in communication.⁶

Recommendations and opportunities for change

- Organizations of persons with disabilities should become partners in the dissemination of information programmes, with the aim of reaching out to the most marginalized people and their families, and ensure their information and guidelines are not misleading, and are inclusive and accessible.
- The impact of the COVID-19 crisis on people with disabilities has not been explored rigorously in Czechia to date. Research which would generate knowledge for the preparation of effective recovery plans should be initiated by the Government authorities.
- The Government should support research programmes for studying the impact of lockdown and restrictive measures on pupils and students with disabilities, including their psychosocial and educational development. They should also prepare strategies and measures for quality education after the lockdown, which would draw on and would be responsive to the situations observed.
- Consistent information should be provided to networks of support of persons with disabilities, including personnel working in support services, about the consequences of lockdown and the curfew on the well-being of service users, especially of those residing in social care facilities. Long-term individual psychosocial support needs to be planned and provided to service users who appear at risk of segregation and isolation.

⁴ <https://www.spmPCR.cz/zazemi-deset-neformalnich-online-setkani-pro-pecujici/>.

⁵ <https://www.kvalitavpraxi.cz/res/archive/004579.pdf>.

⁶ <https://www.mvcr.cz/clanek/koronavirus-covid-19-lide-s-postizenim-disabilitou-a-specialnimi-komunikacnimi-potrebami.aspx>.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for the period 2021–2025⁷ (hereinafter the "National Plan") is a major strategic document that determines the direction of the Czech government's policy in forming equal opportunities for persons with disabilities. The National Plan also pertains to general disaster management and recovery planning. The overall objective of the Plan in this respect is ensuring the protection and safety of persons with disabilities during emergencies and critical situations.

The National Plan articulates the following specific objectives:

- Prepare suitable communication channels for informing persons with disabilities about the situation and ways to ensure their safety, including setting up the relevant emergency communication, so that persons with hearing impairments can use it on the equal ground with others.
- Prepare model plans for crisis management so that they also contain details for ensuring the safety of persons with various disabilities. These model plans should be prepared for various different types of threatening situations (including flooding, drought, terrorism, increased migration, epidemics, mass animal diseases, etc.) by individual ministries and should also be part of general disaster planning and recovery planning and processes.
- Conduct regular training for all stakeholders in the integrated rescue system on communicating with persons with disabilities.
- Organise accessible awareness raising events for persons with disabilities focused on safety, but adapted to particular types of disability.
- Arrange accessible emergency calling for all groups of persons with disabilities. When providing emergency calling services, it is necessary to respect the particular needs of persons with hearing impairments.

It is perhaps surprising that the pandemic specific disaster management or recovery are not included in the National Plan, even though the National Plan was completed in the early 2020, after the first pandemic wave emerged.

- The Pandemic Plan of the Czech Republic⁸ was adopted by the Government resolution in 2001. The Plan was generated as per recommendation of the World Health Organization, which in 1999 produced a global plan in connection with the threat of an influenza pandemic. The actual use of the Pandemic Plan has been questioned by many. The Ministry of Health recently prepared a number of specific so-called "Type Plans" for the COVID 19 pandemic. Disability is included in the Pandemic Plans only indirectly, with reference to co-operation of the health sector

⁷ Government Board for Persons with Disabilities. *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025*, Approved by Czech Government Resolution No. 761 of 20 July 2020.

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

and social services. Specific policy commitments concerning the disability inclusivity of disaster planning and with respect to recovery planning and processes have not been identified in the Pandemic Plans.

- The Foundation of the National Recovery Plan 2020⁹ is the Government strategy which addresses reconstruction and increased resilience of the Czech Republic in connection with the ongoing COVID-19 pandemic. Despite the fact that the pandemic brought to light already existing long-term systemic problems of insufficient availability of disability support services and their often-unsatisfactory quality, the Recovery Plan approaches the recovery and increasing the resilience of the Czech Republic only from the economic perspective, ignoring the social dimension of the COVID-19 impacts. Neither the document itself nor its annex refer to disability relevant issues, such as improved accessibility of social services.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

Preparation of the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for the period 2021–2025¹⁰ was led by the Working Group for Preparation of the New National Plan for Persons with Disabilities (hereinafter the "Working Group"). This Working Group consisted of representatives of the concerned ministries, other public authorities, non-governmental organisations representing persons with disabilities.

Evidence of direct involvement of persons with disabilities and their organisations in disaster and recovery planning has not been identified, apart from with relevance to the preparation of the respective article in the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for the period 2021–2025.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

The implementation of the five-year national disability strategies is annually assessed and reported by the Government Board for Persons with Disabilities. The annual assessment reports are short in covering disability impact to inform disaster management and recovery planning.

The impact assessment or the commissioning of research concerning the situation of persons with disabilities to inform disaster and recovery planning has not been applied.

2.4 Use of disaster management and recovery planning funds

A fund which would be primarily associated with disaster management and recovery planning has not been identified. However, there are some resources supplied by the individual ministries or non-governmental agencies for the use of mainstream, as well as disability-related purposes. For example, the Ministry of Education, Youth and

⁹ <https://www.vlada.cz/assets/urad-vlady/poskytovani-informaci/poskytnute-informace-na-zadost/Vychodiska-NP-obnovy.pdf>.

¹⁰ Government Board for Persons with Disabilities. *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025*, Approved by Czech Government Resolution No. 761 of 20 July 2020.

Sports announced a grant programme for schools to cover the costs of computer hardware and software.¹¹ The Helping Children Endowment Fund¹² has announced a grant for single parents who have been severely affected by adhering to restrictions introduced by the Czech Government to respond to the threat of COVID-19. For more information, please see also Section 2.1.

¹¹ <https://www.msmt.cz/informace-o-mimoradnych-prostredcich-na-ict-pro-nizsi>.

¹² <https://grantovydiar.cz/muj-diar/detail-vyzvy?id=8229>.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

No, the official national health statistics are limited in regard to data on disability. The available mortality rate statistics on causes of death are only disaggregated by categories of the WHO classification of diseases. Disability is not included in the official statistics on mortality rate.¹³

Disability is not included in the official statistics on the overall mortality rate. Please see the note above.¹⁴

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No, but note that statistics concerning the mortality rate of people who died from complications connected to COVID-19 are available from the Ministry of Health. Official statistics concerning the mortality rate of people with disabilities are not available from any of the national authorities responsible for the national health statistics (The Czech Statistical Authority, Ministry of Health, The Institute for Health Information and Statistics).¹⁵ The national health statistics provide data on the mortality rate disaggregated by sex and age cohorts only. As it can be seen in the table 1, the highest mortality rate connected to COVID-19 is in the age cohort 75 – 84, followed by the age cohort 65-74.

Age cohort	Females	Males	Mortality total
0–14	1 (0,0 %)	0 (0,0 %)	1 (0,0 %)
15–24	0 (0,0 %)	3 (0,0 %)	3 (0,0 %)
25–34	14 (0,2 %)	26 (0,2 %)	40 (0,2 %)
35–44	37 (0,4 %)	73 (0,6 %)	110 (0,5 %)
45–54	122 (1,4 %)	232 (2,0 %)	354 (1,7 %)
55–64	398 (4,5 %)	881 (7,5 %)	1 279 (6,2 %)
65–74	1 585 (17,9 %)	3 289 (27,9 %)	4 874 (23,6 %)
75–84	3 223 (36,3 %)	4 609 (39,1 %)	7 832 (37,9 %)
85+	3 489 (39,3 %)	2 670 (22,7 %)	6 159 (29,8 %)
Mortality total	8 869	11 783	20 652

Table 1. The mortality rate of people who died from complications connected to COVID-19 up to 7 March 2021 (start date February 2020)

Source: Ministry of Health <https://onemocneni-aktualne.mzcr.cz/covid-19/prehledy-khs>

¹³ <https://www.czso.cz/csu/xb/zemreli-podle-pricin-v-letech-2009-az-2018>.

¹⁴ <https://www.czso.cz/csu/xb/zemreli-podle-pricin-v-letech-2009-az-2018>.

¹⁵ The Institute of Health Information and Statistics of the Czech Republic (“IHIS CR” or “the Institute”) is an organisational unit of the state and has been established by the Ministry of Health of the Czech Republic, <https://www.uzis.cz/index-en.php>.

The author of this report approached the Czech Statistical Office and the Institute of Health Information and Statistics with the query on information related to the mortality rate of people with disabilities who died from complications connected to COVID-19. Representatives of these authorities confirmed the current absence of such data. However, disability might be considered as a future benchmark as a result of this query.

Data on the proportion of people with disabilities from all people who died from complications connected to COVID-19 during the period of the pandemic are not available. Following discussion between the national expert and an expert from the National Institute for Health Information and Statistics, it appears that it would only be possible to estimate such proportion. However, such general estimations would be rather misleading, not considering disability related health factors which increase general sensitivity to diseases such as COVID-19.

Similarly, as presented in the previous sections, the place of death of people with disabilities with a confirmed diagnosis of COVID-19 is not available in the public domain. An in-depth study would be necessary to collate such data.

Data on the place of residence of people that have died with a confirmed diagnosis of COVID-19 are available in the public domain for general population only. It is not obtainable particularly for persons with disabilities. It is expected that the Czech statistical office will produce data relevant to mortality rates in residential settings.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

As stipulated by the Act on Health Care,¹⁶ every patient has the right to adequate health care performed with understanding and respect. Furthermore, every patient has the right to dignified treatment and respect for privacy in the provision of health services, in accordance with the nature of the health services provided. In addition, the Code of Ethics compiled by the Ministry of Health states that the patient has the right to considerate professional healthcare provided with by qualified and respectful professionals.

Although Emergency rules or guidelines have explicitly used disability, age status and living arrangements as a criterion to prioritise entitlement to health care and to restrict and even prohibit contacts with family, friends and other visitors, information about assistance for people with disabilities who are hospitalised has not been identified. However, there is a COVID-19 related policy – “State of mass threat” - which has the potential to impact on access to healthcare for the public, including persons with disability and those who are older. In early March 2021, the COVID-19 pandemic depleted bed capacity in several Czech hospitals. As a response, some regions declared a state of mass threat. A state of mass threat is an extraordinary event in which a given medical facility enters the situation where the level of health care provided no longer corresponds to the standards of health care required due to lack of resources (for example, bed shortages or lack of medical professionals). In practice, it means that hospitals proceed in a mode of a mass disaster. In such situation, the healthcare professionals cannot pay the same attention to every patient and the priorities for health care are followed. There is no information on whether these discriminate against persons with disabilities. The state of mass threat was declared first in the Pardubice region in early March 2021. An in-depth inquiry would be necessary to explore in which situations and processes disability and age is considered a criterion for health care treatment.

4.2 Access to hospital treatment for COVID-19

The author of this report requested from the responsible authorities (the Statistical Office and the Institute for Health Information and Statistics) the data on the number of people with disabilities who, because of COVID-19 symptoms, have been hospitalised and admitted to intensive care units. Representatives of both authorities reported that such data are not available. However, disability might be considered for the future due to this request.

From the long-term viewpoint, the Czech health care system is by international comparison reported to be of a relatively higher standard.¹⁷ However, looking at the quality of health care from a disability perspective, the picture is less encouraging. However, access to health care for persons with disabilities in Czechia had been reported as unsatisfactory already before the COVID-19 crisis emerged. In 2020, the Ombudsman’s office published a study on the health care of people residing in homes

¹⁶ Act 372 on health services and conditions for their provision.

¹⁷ <https://www.nzip.cz/clanek/477-zdravotnictvi-ceske-republiky-ve-srovnani-se-staty-oecd>.

for persons with disabilities. The professionals working in residential type facilities for people with disabilities were asked whether it was difficult for them to ensure medical care for the service users. Only nine facilities (7 %) stated that health care, including specialised treatments, was readily available for their service users. The remaining 93 % of facilities experienced difficulties in providing health care to their residents.¹⁸

The unfavourable trend in health care for persons with disabilities even has worsened during COVID-19 when an alarming, general shortage of beds in hospitals appeared. As response to deficient capacity of the hospitals to care after patients with COVID-19 in November 2020, a field hospital with 500 beds was constructed by the Czech army on the outskirts of Prague to provide the additional health care capacity. This hospital has never admitted patients and was finally closed down in February 2021 mainly due to a shortage of health professionals who would have worked there. At the point of writing this report (2 March 2021), Czech hospitals appear to be at maximum capacity.¹⁹

4.3 Treatment for COVID-19 in congregate settings

As reported in the previous section on people with disabilities who were treated for COVID-19 in hospitals, quantitative information on treatment for COVID-19 in disability support congregate settings is not available in the official statistics of health or social care sector.

4.4 Public health promotion and testing during the pandemic

The Central Government, the Ministry of Health, the Ministry of Labour and Social Affairs have been announcing measures and guidelines on COVID-19 mainly via media, websites (with link to disability)²⁰ and the telephone helpline. Disabled people's organisations, such as the Association for Support for Persons with Intellectual Disabilities,²¹ and organisations which represent persons with hearing impairments have been supporting the relevant Government authorities to ensure that respective information is inclusive and accessible (for example, easy to read format, sign language).²² However, there is no evidence about measures addressing accessibility of information for people who have limited access to internet.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

Official disability-related data about the impact of the COVID-19 crisis on access to health services related to pre-existing physical or mental health conditions or general health conditions, including access to treatments and medication, is currently unavailable in the public domain. However, general concerns about the negative impact of limited access to health services for general or pre-existing physical or mental health conditions during the COVID-19 crisis have already been expressed by health

¹⁸ <https://www.ochrance.cz/uploads-import/CRPD/Vyzkumy/6-2019-domovy-pro-osoby-s-postizenim.pdf>.

¹⁹ <https://koronavirus.mzcr.cz/>.

²⁰ <https://covid.gov.cz/situace/osoby-se-zdravotnim-postizenim>.

²¹ <http://www.spmpr.cz/>.

²² <https://covid.gov.cz/situace/osoby-se-zdravotnim-postizenim>.

professionals.²³ The impact of the COVID-19 crisis on the health of the population, caused by restrictions in available health care, should be explored by research.

4.6 Vaccination programmes

The vaccination programme in Czechia is reported as insufficiently coordinated.²⁴ The Government vaccination strategy has been amended several times during the period December 2020 – March 2021. It is not, therefore, possible to provide a clear picture on the current situation. On a general level, the central government holds the overall responsibility for vaccination. Older persons and those with complex medical problems residing in social care facilities, same as the staff, have been given priority in the vaccination programme. Vaccines are being physically delivered to vaccination settings managed by the regional authorities.²⁵ Primarily it is general practitioners who have been given the major responsibility for arranging vaccination for those who are unable to travel from home to the vaccination centres.

²³ <https://www.mzcr.cz/tiskove-centrum-mz/rada-vlady-pro-dusevni-zdravi-projednala-dopady-epidemie-covid-19-na-psychiku-obcanu-a-navrhla-soubor-opatreni/>.

²⁴ <https://nrzp.cz/>.

²⁵ <https://registrace.mzcr.cz/>.

5 Income and access to food and essential items

[Article 28 – Adequate standard of living and social protection](#)

5.1 Emergency measures

The Act on Assistance in Material Need²⁶ has an explicit disability and older age dimension. The Act relates to an adequate standard of living, social protection, and income. The Act stipulates several situations in which the so-called “Benefit of Assistance in Material Need” is provided. People who find themselves in financial distress (such as due to the COVID-19 crisis)²⁷ may apply for an immediate one-off emergency benefit payment. The immediate assistance related to COVID-19 is intended for persons who have demonstrably found themselves in a difficult life situation due to a lack of resources. The Labour Office may provide this benefit to cover the costs associated with providing basic necessities of life, such as food, rent, energy, clothing, hygiene items, telephone, internet or mortgage. On the other hand, the Labour Office cannot provide a benefit to cover medicines, repay debts, leases or business-related costs.

For the purposes of calculating amount of the individual benefit, the income of all persons in the common household is assessed, inter alia. The application for the benefit must be substantiated.

5.2 Impact of the COVID-19 crisis

Publicly available research on the causes and the impact of the COVID-19 crisis on income and poverty and on access to food, particularly for people with disabilities, was not identified during preparation of this report. Gaps in access to food and other necessary items was not reported. Nevertheless, anecdotal evidence provided by media²⁸ suggests that particularly NGOs and local governments have been active in assisting people with disabilities and older people affected by lockdown and other COVID-19 related restrictions. However, concerns about the impact on income and poverty for the general population have been raised. It is reported that the COVID-19 crisis has escalated inequalities which were already present in the Czech society.²⁹

A research programme aiming at exploring the impact of the COVID-19 crisis on income and poverty for people with disabilities should be initiated and recommendations for adequate measures formulated.

²⁶ <https://www.zakonyprolidi.cz/cs/2006-111>.

²⁷ <https://www.mpsv.cz/mop>.

²⁸ https://www.irozhlaz.cz/zivotni-styl/spolecnost/dobrovolnik-covid-19-jednotka-koronavirus-cr-plzen-nemocnice_2011101854_kro.

²⁹ <https://zpravy.aktualne.cz/ekonomika/netoleranci-predchazi-bida/r-2aff0d886d1311ebb234ac1f6b220ee8/>.

6 Access to transportation and the public spaces

[Article 9 – Accessibility](#)

6.1 Emergency measures

As a response to the COVID-19 crisis, several measures related to hygiene and sanitation measures in transportation and the public realm have been introduced. Such measures include, for example, automatic door opening (not operated by the passengers) in trams, trolleybuses, and buses; prohibition of boarding passengers through the front door of the vehicle; marking the distance zone between drivers and passengers in trolleybuses and buses; and the obligation to cover the nose and mouth with a mask on public transportation and in the public places, with an exception for persons with autism spectrum disorders and intellectual disabilities.

6.2 Impact of the COVID-19 crisis

Evidence of disproportional impact of COVID-19 crisis on access to transportation or the public realm particularly for people with disabilities have not been identified in the public domain. Nonetheless, some measures taken in public transportation sector might be of a potential threat for people with disabilities. For example, due to declining number of passengers on public transportation, some transport companies reduced their services. This reduction included lower frequency of the services and fewer seats in the vehicles (for example, trains with fewer rail carriages). It can be assumed that as a result, the higher number of passengers and incomplete social distancing on board might cause higher risk of COVID-19 infection, where people with disabilities would likely tend to avoid using public transport.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

In accordance with the Articles 5 and 6 of the Constitutional Act 1998 on the Security of the Czech Republic, the Government declared as a response to COVID-19 crisis several resolutions, which introduced involuntary treatment and detention of persons residing in social care facilities. For example, the Resolution 998 prohibited the visits to homes for older persons, residential facilities for patients with Alzheimer disease and to residential respite services. By the way of exception, visits may take place to facilities for the following groups: children and youth (users of social services), users of social services with restricted legal capacity, people with disabilities, users where their mental state or social situation requires it and users of social services in the terminal stage of incurable disease. These measures, which include restrictions to visits to residential social care facilities, have been amended several times since March 2020. Most recently, the Ministry of Labour and Social Affairs announced the Guidance Note 14³⁰ for social service providers. The Guidance Note 14 articulates in more detail the recommendations for particular types of service providers (homes for older people, homes for persons with Alzheimer disease) on how to organise visits to their facilities and how to proceed with the measures which prevent service users of social care facilities to leave the facility. For example, the ban to leave a social care facility does not apply to situations where it is necessary for the service user to visit a doctor or a medical facility, to participate in court proceedings or other public administration institutions, where the participation of a person is required on the basis of other legal regulations. The curfew also does not apply to situations where it would pose a serious threat to the life and health of the residents. These are mainly situations where the physical or mental health condition requires regular exercise, or this may be, for example, attending the funeral of a loved one. The exception due to the mental health or physical health condition is assessed with the user by a general practitioner or a contracted psychiatrist and psychologist, in cooperation with a social worker and other employees. The granting of an exemption shall be confirmed by the director or an authorized person. The curfew does not apply to the premises of the facility (garden, yard, etc.).

For other types of residential social service facilities, such as institutions for persons with intellectual disabilities, the regulations declared individually by a locally competent public health protection authority is followed.

³⁰ Ministry of Labour and Social Affairs. Recommended procedure No. 14/2020. Recommendations for the application of the crisis resolution of the Government of the Czech Republic regarding the ban on visits and curfews in social services and recommendations for the application of the crisis resolution of the Government of the Czech Republic, https://www.mpsv.cz/documents/20142/1443715/Doporu%C4%8Den%C3%BD+postup+14_20.pdf.

7.2 Impact of the COVID-19 crisis

Evidence presented by relevant public authorities, such as the Ministry of Labour and Social Affairs and the Public Defender of Rights, and which would provide evidence of increases or decreases in institutional living, as well as the rates of compulsory detention, treatment or restraints, or of restrictions in access to family or friends for people living in institutional care during the COVID-19 crisis was not identified. It is, however, expected that the well-being of people residing in institutional care has been impacted by the compulsory detention and restrictions in access to family and friends.³¹

The Deputy Ombudsman, after her visits to three residential social care facilities, considers the ban on visits from close persons and the ban on the free movement of service users outside the facility to be problematic:

"The long-term absence of personal contact leads to suffering for all involved. Also, the almost two-month ban on leaving the building in cases where the facility did not have its own garden, leads to social isolation and a negative impact on the mental and physical health of service users. Ways need to be found to prevent penetration of the disease but without social isolation. In any case, social service providers should work closely with the regional health authorities and follow their recommendations."³²

³¹ <https://www.detiuplnku.cz/cs/home/aliance-pro-individualizovanou-podporu/>.

³² <https://www.ochrance.cz/aktualne/lide-v-zarizenich-byli-v-dobe-pandemie-covid-19-nekdy-uplne-odriznuti-od-okoli/>.

8 Violence, exploitation or abuse

Article 16 – Freedom from violence, exploitation and abuse

8.1 Emergency measures

The Social Services Act 2007 regulates the scope and form of assistance and support provided through social services. As stipulated by the Act, social services must respect the dignity of individuals and provide services that are in the interests of individuals and of an appropriate quality with respect to human rights. Monitoring processes and quality standards are stipulated by the Edict to the Social Services Act. Standard 14 requires providers to identify in advance potential emergency situations that may occur in connection with the provision of social services and to formulate procedures for their resolution. Service providers should clearly acquaint employees and persons to whom it provides social services with the procedures in case of emergency and create conditions for employees and persons to be able to use the specified procedures. In addition, the Emergency Management Act 2000³³ articulates measures which have some relevance to those with disability and those who are older. During the state of emergency, the right to inviolability of person and inviolability of dwelling during rescue evacuation of a person from a place of residence, as well as the right to freedom of movement may be limited.

None of these laws provide measures related to prevention, monitoring or recovery associated with violence, exploitation, or abuse of particularly vulnerable citizens during the state of emergency or lockdown situations, including any relating to prevention.

8.2 Impact of the COVID-19 crisis

The long-term restrictive measures imbedded into particular residential social services due to the COVID-19 pandemic have been preventing service users from meeting with their families and friends. Absence of such visits is considered as one of the causes of neglect, abuse, feelings of loneliness and social isolation.³⁴

Some examples of good practices in facilitating social contacts between services users and their social networks such as using ICT have been reported in media. However, guidelines for service providers prepared by the Ministry of Labour and Social Affairs and Ministry of Health consist mostly of statements on restrictions and bans. They are short in providing appropriate guidance how to prevent neglect, abuse and on the other hand, how to support the service users in coping with the feelings of loneliness and social isolation.

Persons residing in large social service facilities are particularly vulnerable to assaults on privacy, abuse, safety, integrity or other degrading treatments. Such misconduct may not be necessarily classified as a criminal offence. Nevertheless, it can be a

³³ <https://www.zakonyprolidi.cz/cs/2000-240>.

³⁴ Radka Bužgová, Kateřina Ivanová (2007). *Prevence týrání, zneužívání a zanedbávání seniorů v rezidenčních zařízeních /The Prevention of Elder Abuse and Neglect in Residential Facilities/*. Ostravská univerzita v Ostravě, Zdravotně sociální fakulta, Ústav ošetřovatelství a porodní asistence. <http://casopis-zsfju.zsf.jcu.cz/prevence-urazu-otrav-a-nasili/clanky/2~2007/113-prevence-tyrani-zneuzivani-a-zanedbavani-senioru-v-rezidencnich-zarizenich>.

serious violation of human dignity for which the state has a duty to defend and efficiently punish. In recognition of the consequences of the lockdown and restrictive measures in social services, organizations representing primarily older people have initiated a parliamentary proposal for an amendment to the Social Services Act, which would qualify such conduct as a misdemeanour.³⁵ This proposal has been awaiting a discussion in the Chamber of Deputies for several months. The discussion has not yet taken place. The MoLSA justifies this lack of action by the concurrent preparation of MoLSA's own comprehensive amendment to the law. However, some NGOs find such arguments irrelevant, given the urgency of the requirement for the protection of the older people and other vulnerable persons in residential social services.³⁶

³⁵ <http://www.rscr.cz/>.

³⁶ <http://www.rscr.cz/>.

9 Independent living

[Article 19 – Living independently and being included in the community](#)

9.1 Emergency measures

The Social Services Act 2007 stipulates the general aim of social services as to promote development, or at least maintenance of the existing self-sufficiency of the service user, the user's return to his/her own home environment, renewal or maintenance of their original lifestyle, to enhance the user's abilities and enable him or her to lead an independent life where possible and to prevent social and health risks associated with the users' lifestyle. Support for service users to exercise choice over living arrangements or control over everyday life is stipulated by the Quality Standards³⁷ (the Edict to the Social Services Act).

As presented in the previous section, the Quality Standard 14 articulates measures relevant to emergency situations. This Quality Standard does not explicitly cover the dimension of the right of people with disabilities to live independently and to be included in the community.

9.2 Impact of the COVID-19 crisis

Publicly available research on the impact of COVID on people with disabilities and on access to support for independent living (including during lockdowns and periods of physical distancing) has not been identified. However, a study³⁸ conducted by several professional agencies and DPOs suggests that the institutional social care model (still largely applied in Czechia) has been having a significant damaging impact on service users during the COVID-19 related restrictions. The probability of increased mortality of people with disabilities living is higher in institutional care facilities due to congregation of a larger number of people, same as due to connectivity of units or wards. Forced isolation is reported as having an impact on the health of residents. The utter unsuitability of institutional care for people with disability and the reluctance of the government authorities to abandon these segregate and discriminatory practices have disastrously affected the lives and health of the people with disabilities and the elderly, who are living in such institutions. On the other hand, it is apparent that people residing in smaller scale residential services, in community-based services or those living in their homes using personal assistance have coped with the pandemic relatively better compared to those who are isolated in large-capacity institutions.³⁹

In addition, it is estimated that the measures associated with the COVID-19 crisis negatively affected about four times more people than there were registered cases of COVID-19, including the mildest cases.⁴⁰ At least 40 000 people with disabilities and chronic illnesses faced challenges associated with COVID-19 which frequently worsened their mental health. Likewise, the life situation of their family members, who cared for them during the first wave of the pandemic, was reported as alarmingly

³⁷ <https://www.mpsv.cz/standardy-kvality-socialnich-sluzeb>.

³⁸ <https://socialnipolitika.eu/2020/12/pandemie-covid-19-ukazala-na-nedostupnost-potrebne-podpory-a-diskriminaci-tech-nejohrozenejsich-upozornuji-zastupci-nejstatnich-organizaci/>.

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

⁴⁰ Please note that this finding is relevant only to the first waves of COVID-19 pandemic.

difficult. It turned out that the Government did not produce any contingency plan for this vulnerable group and for their support services, despite the fact that the role of informal carers and social services increased during the pandemic.⁴¹

⁴¹ https://www.detiuplnku.cz/wp-content/uploads/2020/06/AIP_Dopady_situace_Covid-19_na_zdravotne%CC%8C_postiz%CC%8Cene%CC%81_za%CC%81ve%CC%8Crec%CC%8Cna%CC%81_zpra%CC%81va.pdf.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

Medical rehabilitation is an important part of rehabilitation in the Czech Republic, widely used by people with disabilities and provided by spa facilities. The medical rehabilitation is stipulated by the Public Health Insurance Act.⁴² This Act specifies the conditions for the provision and reimbursement of spa medical rehabilitation from the funds of the public health insurance. The implementing decree formulates the indications, preconditions, contraindications, professional criteria for the provision of spa medical rehabilitation, including the necessary examinations, fields of specialization of referring physicians, requirements for the availability of medical staff in medical facilities of the spa care provider.

Since 28 October 2020, the Government resolution on the adoption of COVID-19 Crisis Measures has restricted the operation of providers of spa treatment and rehabilitation, so that spa treatment and rehabilitation can be provided only if it is at least partially covered by the public health insurance. Therefore, medical rehabilitation, covered by other resources other than public health insurance, cannot be provided. Medical rehabilitation services, provided by the clinical professionals, have been significantly reduced due to COVID-19 measures.

10.2 Impact of COVID-19 and/or emergency measures adopted

Available disability-related data about changes in access to habilitation and rehabilitation support and services during lockdowns and periods of physical distancing is limited to only medical rehabilitation. A survey⁴³ conducted in April 2020 looked at the impact of COVID-19 on health rehabilitation for people with disabilities. Respondents most often cited as the main reasons for the unavailability of health rehabilitation: surgeries / medical facilities being closed or operating only with limited capacity, people with disabilities or chronically ill people being unable to commute to medical facilities due to concerns about public transport, restrictions on public transport, inability to arrange individual transport (usually due to higher costs), concerns about diseases in medical facilities (especially in extremely at risk groups).

⁴² <https://www.zakonyprolidi.cz/cs/2018-282>.

⁴³ <https://www.detiuplnku.cz/cs/dopady-covid-19-na-lidi-se-zdravotnim-postizenim-nebo-chronickym-onemocnenim-navrh-opatreni/>.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

Equal access to justice requires accessibility of technical measures and administrative procedures that allow persons with disabilities to fully exercise their rights. Such technical measures include upholding the rights of persons with hearing impairments to freely choose a manner of communication that suits their needs, and this choice must be respected to the greatest extent possible, as laid down by the Act on Communication Systems for the Deaf and Deaf-Blind 1998.⁴⁴

The Disability National Plan 2021-2025⁴⁵ calls for providing training for judges, state prosecutors, assistants, trainee judges and senior court officials, focused on the issue of disabilities and the rights arising from the UN CRPD. Particularly named by the Plan is communication with persons with disabilities, such as people with hearing impairments and people with intellectual disabilities.

Measures concerning access to justice which would directly tackle disability or older age have not been observed. However, in general, juridical proceedings have been frequently postponed during the COVID-19 crisis. In October 2020, the Ministry of Justice announced a recommendation note that courts should only hold hearings at which measures to protect the health of judges, lay judges, court staff and other people could be implemented. The recommendation of the Minister of Justice concerns both existing and newly ordered juridical proceedings. The current Czech justice system does not provide measures which would regulate judicial proceedings taking place remotely online. However, due to lockdown, in particular cases, courts hold a hearing of a witness or forensic expert remotely via online communication. There is no information on whether this is accessible to persons with disabilities.

Also relevant is the rapidly accepted Act 191 On Certain Measures to Mitigate the Impacts of the SARS CoV-2 Coronavirus Epidemic on Participants, also called Lex COVID. The law Lex introduces provisions for the (non-) settlement of monetary debt in connection with emergency measures issued in connection with the current epidemic. If the debtor proves that the restriction resulting from the emergency measure prevented or significantly impeded the timely performance of the monetary debt, the debtor may be required to pay penalties in the event of default only up to the amount specified by the law governing interest on arrears.⁴⁶

11.2 Impact of COVID-19 crisis

Evidence about the impact of the COVID-19 crisis on access to justice for people with disabilities was not identified in the public domain, including on websites of the Ombudsman and the Ministry of Justice.

⁴⁴ <https://www.zakonyprolidi.cz/cs/2008-384>.

⁴⁵ Government Board for Persons with Disabilities. *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025*, Approved by Czech Government Resolution No. 761 of 20 July 2020.

⁴⁶ <https://www.justice.cz/documents/12681/719889/lex+covid+justice.pdf/f09247ef-8135-4618-8282-ece2afd9e499>.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

According to data from the Ministry of Education, Youth and Sports, in the school year 2019-2020 there were around 133 000 pupils with special educational needs, which was about 14 percent of all school children. About 27 000 children attended special educational facilities. There are 139 secondary schools for pupils with special educational needs and about 5 500 pupils.

Since COVID-19 emerged, the Ministry of Education, Youth and Sports has been alternating distance learning with in-person learning, and finally switched completely to distance learning. During the spring 2020 (11 March – 1 June), special schools for children with intellectual disabilities and schools for children with physical disabilities were closed as part of the emergency measures. Special schools for children with specific learning difficulties, visual or hearing impairments opened a week earlier than the mainstream primary schools. The schools were open for the new school year in September and closed again in early October.

On 12 October 2020, the Ministry of Education, Youth and Sports announced a grant programme for schools to cover the costs of computer hardware and software, but not IT support services.⁴⁷

On-line teaching/learning was introduced in all schools. Since February 2021, the Government of the Czech Republic continues to restrict the operation of primary schools, secondary schools and higher education institutions by prohibiting the presence of pupils in primary schools with the exception of primary schools at a medical facility, schools established as part of facilities for the performance of so-called institutional education or protective education (stays ordered by the courts), individual consultations (only one child or pupil, one pedagogical professional and possibly a legal representative).⁴⁸ Exceptions to the restrictions in the education sector which would be relevant to learners with disabilities have not been introduced by the Czech authorities.

12.2 Impact of the COVID-19 crisis

There is growing evidence of significant obstacles in access to education for children with disabilities. Several professional organizations have been critical about the measure to close special schools declared by the Government. These organisations argued against the closure on the grounds that, especially for children with moderate to severe intellectual disabilities, online teaching alone is not an appropriate educational and communication strategy.⁴⁹

In addition, there appears also an issue of inadequate computer equipment and internet access for children from socioeconomically disadvantaged families.

⁴⁷ <https://www.msmt.cz/informace-o-mimoradnych-prostredcich-na-ict-pro-nizsi>.

⁴⁸ <https://covid.gov.cz/opatreni/skolstvi/omezeni-provozu-zakladnich-skol>.

⁴⁹ <https://cosiv.cz/cs/>.

It has been suggested by professional organisations that support measures for children with special educational needs should also be made available during home schooling.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

The Employment Act states that persons with disabilities are provided with increased protection in the labour market. This means that, for example, the labour office should give increased support to people with disabilities. The use of this provision can be undoubtedly applied to a pandemic crisis. A field survey would need to be carried out to find out the real situation.

Quarantine measures, emergency measures and crisis measures taken by the government and public health authorities have a negative impact on employers registered as employers in the sheltered labour market. The employers are obliged to proceed in accordance with the Labour Code, including the obligation to provide wages compensation to employees for the duration of the obstacles at work, in this case due to COVID-19 crisis. As a result, employers incur costs that are not offset by their activities. In order to mitigate the impact of the COVID-19 crisis on the sheltered labour market, the Ministry of Labour and Social Affairs announced partial amendments concerning the employment of people with disabilities in the sheltered labour market, namely contribution to wages of employees with disabilities.⁵⁰ If the period for which this disability wage allowance is claimed falls within the period of the state of emergency, the employers may also claim compensation for wages or salaries provided to employees in the event of obstacles to work on the site of the employer.

13.2 Impact of the COVID-19 crisis

The crisis caused by the COVID-19 pandemic has been having serious indirect consequences for the work engagement of informal carers. According to the AIP study,⁵¹ some carers terminated (or lost) their jobs due to the high demands of intensive care for people with disabilities or chronic illnesses, which resulted from service closures or reductions (social, health, education). The situation was most critical for single people, especially for sandwich generations single people, who had to take care not only of a family member with disabilities, but also of retired parents (shopping, medicines, increased worries and more frequent remote contact due to their isolation, etc.). Some carers were forced to suspend their work due to the risk of bringing the disease home to vulnerable family members.

No information has been published until now on the impact of the COVID-19 pandemic on persons with disabilities employed in the open labour market or sheltered workshops.

⁵⁰ <https://www.mpsv.cz/-/prispevky-na-podporu-zamestnavani-ozp>.

⁵¹ https://nrzp.cz/wp-content/uploads/2020/06/AIP_Dopady_situace_Covid-19_na_zdravotn%C4%9B_posti%C5%BEen%C3%A9_z%C3%A1v%C4%9Bre%C4%8Dn%C3%A1_1_zpr%C3%A1va.pdf.

14 Good practices and recommendations

14.1 Examples of good practice

- As part of the COVID-19 measures, the Ministry of the Interior has set up a website for police officers on communication with people with disabilities. This information package is based on the principle that there is a diverse group of people who comprehend and process information differently to the majority of the population. Police officers should be aware of specific communication strategies with persons with disabilities. This website contains the key recommendations (on what to do or avoid doing) when interacting with people with specific needs.⁵²
- Project “Background: informal online meetings for carers”⁵³

The non-governmental organization for the support of people with intellectual disabilities and their families SPMP ČR is organising a program of informal online group meetings for care givers with the aim to provide a safe platform for sharing with others their daily experiences gained during the COVID-19 crisis, their worries, concerns, and joys. These SPMP ČR sessions focus on the themes such as communication, conflict-solving strategies, quarantine submarine disease, privacy, human space maintenance, self-care and others.
- The non-profit organization QUIP has prepared a publication⁵⁴ containing information and recommendations for citizens with disabilities and for all those who would find it useful on how to perform during a pandemic and lockdown. The publication explains what the COVID-19 pandemic is, what rules to follow to prevent the disease, who to turn to in the event of an illness, and what the role of a guardian is in such situations and what the guardian can help with. The brochure is written in Easy-to-Read Format and supplemented with pictures.

14.2 Recommendations

- Persons with disabilities should have priority access to vaccinations including personal assistants, family caregivers, and persons working in disability-related services.
- Free or low-cost accessible transportation must be provided where needed.
- Information systems related to the pandemic and vaccinations must collect data disaggregated by age, gender and disability, while ensuring respect for private life and the confidentiality of health-related information.
- Web-based facilities should be fully accessible.
- Organizations of persons with disabilities should become partners in the dissemination of information programmes, with the aim of reaching out to the most marginalized people and their families, and ensuring their information and guidelines are not misleading, but are inclusive and accessible.
- Measures are needed to ensure quality education after the end of lockdown and the state of emergency and respecting its consequences in education and in the psychosocial development of pupils and students with disabilities.
- It is necessary to continuously inform social workers about the consequences of restrictive measures on the mental health of service users, especially in

⁵² <https://www.mvcr.cz/clanek/koronavirus-covid-19-lide-s-postizenim-disabilitou-a-specialnimi-komunikacnimi-potrebami.aspx>.

⁵³ <https://www.spmpr.cz/zazemi-deset-neformalnich-online-setkani-pro-pecujici/>.

⁵⁴ <https://www.kvalitavpraxi.cz/res/archive/004579.pdf>.

residential facilities. Individual psychosocial support needs to be provided to users at risk of isolation and frustration.

14.3 Other relevant evidence

No more information is available.

GETTING IN TOUCH WITH THE EU

In person

All over the European Union there are hundreds of Europe Direct information centres. You can find the address of the centre nearest you at: https://europa.eu/european-union/contact_en.

On the phone or by email

Europe Direct is a service that answers your questions about the European Union. You can contact this service:

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696, or
- by email via: https://europa.eu/european-union/contact_en.

FINDING INFORMATION ABOUT THE EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: https://europa.eu/european-union/index_en.

EU publications

You can download or order free and priced EU publications from: <https://publications.europa.eu/en/publications>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see https://europa.eu/european-union/contact_en).

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>.

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en>) provides access to datasets from the EU.

Data can be downloaded and reused for free, for both commercial and non-commercial purposes.

