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European Disability Expertise (EDE) provides independent scientific support to the Commission's policy unit responsible for disability issues. It aims to mainstream disability equality in EU policy processes, including implementation of the United Nations Convention on the Rights of Persons with Disabilities.

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¹ For an introduction to the Semester process, see:
<https://www.consilium.europa.eu/en/policies/european-semester/how-european-semester-works/>.

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1 Executive summary and recommendations

1.1 Key points and main challenges for Czechia in 2022

Disability and the labour market

The employment rates of persons with and without disabilities are close to the EU averages for both groups. The disability employment gap widens towards 30 percentage points among older workers. Nevertheless, participation by persons with disabilities in the open labour market remains unsatisfactory. The effectiveness of support provided by the Labour Office remains limited, despite increased funding allocated to active employment policies and measures. Strategies fall short in providing research-based evidence about facilitators and barriers related to engagement of persons with disabilities in employment.

Disability, social policies and healthcare

The national strategies relevant to the development of support do not exert necessary pressure on service providers and operators of residential facilities for persons with disabilities to embark on the path of transformation and deinstitutionalisation. The form of support, promotion and awareness-raising offered is not enough to achieve the goals set. It is necessary for the Ministry of Labour and Social Affairs to actively stimulate the operators and providers of residential social services to undertake deinstitutionalisation and introduce community-based services.

The residential facilities which provide care for children with disabilities fail to meet necessary standards. Individualised support and a homely environment are often not available in these facilities, frequently due to the large number of children residing in a single facility.

Disability, education and skills

Legislation in education was amended in 2016 to better support inclusive education. The number of learners with disabilities in mainstream education is steadily increasing. Nevertheless, a large proportion of children with special educational needs are still educated outside mainstream classes. Inequalities in education remain an alarming challenge for social inclusion in Czechia.

Investment priorities for inclusion and accessibility

EU funding is to be used for the construction and reconstruction of large residential facilities for persons with disabilities. Such practice would be contrary to the overall purpose and goals of the European Social Fund (ESF). It could be also regarded as a violation of Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

1.2 Recommendations for Czechia

These recommendations are based on the evidence and analysis presented in the following sections of our report.

Recommendation: Provide systematic support and guidance for employers on how to increase the accessibility of their recruitment processes.

Rationale: Communication between employers, employment offices and job seekers with disabilities about employment opportunities and reasonable accommodation measures remains limited. Job vacancies and information for job applications could be provided in easy-to-read formats, allowing verbal responses instead of written responses, using online technologies, assistive devices and augmentative strategies for communication with candidates with intellectual and developmental disabilities.

Recommendation: Prevent the use of EU funds for reconstruction of large residential facilities for persons with disabilities.

Rationale: There is evidence that EU funding is to be used for the construction and reconstruction of large residential facilities for persons with disabilities. Such practice would be contrary to the overall purpose and objectives of the European Social Fund and could be regarded as a violation of Article 19 of the UN CRPD.

Recommendation: Take measures to analyse in more detail the situation in healthcare for persons with disabilities in residential care facilities and address the identified gaps.

Rationale: Persons with disabilities living in residential facilities often face limited access to healthcare as compared to citizens without disabilities. There are gaps particularly in availability of dentistry, mental health, gynaecological care and general medical practice. Such gaps should be addressed by health insurance companies, the Ministry of Health and Ministry of Labour and Social Affairs and by the regional authorities.

Recommendation: Raise standards of care for children with disabilities who reside in residential facilities to provide a home environment and individually tailored support.

Rationale: The residential facilities for children with disabilities fall short of meeting required standards. Highly individualised support and a homely environment are not often found in such facilities, frequently due to the large number of children residing in a single facility.

2 Mainstreaming disability equality in the 2022 Semester documents

2.1 Country Report (CR) and Country Specific Recommendation (CSR)

The following key points highlight where a disability perspective was considered, or should be considered, in the CR/CSR. We address the most relevant of these in the next sections.

Country report

Apart from the statement on the disability employment gap, the 2022 CR makes only one direct reference to the situation of persons with disabilities or disability policies. In the context of fiscal sustainability of the pensions system, measures are proposed to raise the pensionable age and to incentivise participation for older workers in the labour market.

These measures could include, for example, supporting flexible / part-time work arrangements for young people and elderly workers, strengthening the labour market integration of women with young children and of vulnerable groups such as Roma people or people with disabilities, and facilitating migration and refugees' integration. (p. 12)

There are several references to the needs of 'vulnerable' groups or households, which would benefit from elaboration to include a more specific disability perspective.

Country-specific recommendation

There was no direct reference to disability in the 2022 CSR but wider recommendations of relevance to persons with disabilities might include:

- targeted support for households most vulnerable to energy price hikes;
- support for people fleeing Ukraine;
- investment in the green and digital transition;
- implementation of the Recover and Resilience Plan (RRP) and previous CSRs;
- this includes actions on earlier recommendations concerning healthcare, the labour market and social policy, education and skills.

2.2 National Reform Programme (NRP) and Recovery and Resilience Plan (RRP)

The following key points highlight where the situation of persons with disabilities or disability policies is relevant to the NRP/RRP. We analyse the most relevant of these in the next sections.

National Reform Programme

- National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2025;
- social enterprises as an alternative to sheltered employment;
- minimum income;
- special educational programme for municipal and city authorities to communicate with persons with disabilities, foreign-born people and the elderly;

- modernisation of infrastructure – including homes for older people and persons with disabilities and sheltered housing;
- Ministry of Health making information accessible to people with sensory disabilities;
- Ministry of Regional Development – resources for the implementation of barrier-free entrances and lifts in residential buildings that are not equipped with these.

Recovery and Resilience Plan

The RRP refers to several policy areas and plans of direct relevance to persons with disabilities, including:

- the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2025;
- the use of social enterprises as an alternative to sheltered employment;
- minimum income policies (which are relevant given the additional risk of poverty faced by persons with disabilities);
- special educational programme for municipal and city authorities to communicate with persons with disabilities, foreign-born people and the elderly;
- modernisation of infrastructure – including homes for older people and persons with disabilities and sheltered housing;
- Ministry of Health making information accessible to persons with sensory disabilities;
- Ministry of Regional Development – resources for the implementation of barrier-free entrances and lifts in residential buildings that are not equipped with these.

2.3 Semester links to CRPD and national disability action plans

It is important that Semester plans align with national disability strategy. In Czechia, this refers to the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2025. This Plan (the National Disability Plan 2025) was approved by the Government in July 2020 and broadly follows the structure of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).² It includes 17 themes. An implementation report is evaluated every year. An English version is available on the website of the Government Board for Persons with Disabilities.³ This national action plan was mentioned in the 2022 NRP.

Relevant recommendations arising from participation in the UN CRPD are highlighted in the following sections. The last UN CRPD Committee recommendations to Czechia were in 2015, the most recent submission by Czechia was in 2014 and the most recent response from the Committee was the 2019 List of Issues.

² National Plan for the Promotion of Opportunities for Persons with Disabilities 2020-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021-2025-182867/>.

³ See: <https://www.vlada.cz/en/ppov/vvzpo/uvod-vvzpo-en-312/>.

3 Disability and the labour market – analysis of the situation and the effectiveness of policies

In 2015, the UN CRPD Committee made the following recommendations to Czechia:

[Article 27 UN CRPD](#) addresses 'Work and employment'.

'52. The Committee calls upon the State party to ensure the same wage for all persons with disabilities, regardless of their disability classification. It also urges the State party to develop measures, intensify efforts and allocate sufficient resources to promoting the employment in the open labour market of persons with disabilities, especially women.'

The most recent CRPD development is the 2019 List of Issues and the State's response to these – the Committee requested that Czechia:

'22. Please provide information on: (a) Employment rates among persons with disabilities, disaggregated by age, sex and impairment type, in both the open labour market and sheltered employment; (b) Measures taken to promote the employment of persons with disabilities in the open labour market, particularly through the prohibition of discrimination on multiple or intersectional grounds, in accordance with Council Directive 2000/78/EC establishing a general framework for equal treatment in employment and occupation; (c) The availability of supported employment programmes and vocational and professional rehabilitation programmes, as outlined as an objective in the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015-2020, especially with reference to the availability of work in rural and urban areas; (d) Whether some persons with disabilities (those considered as having the third degree of disability) can still only register as 'interested for work' and not as 'job seeking', and on the reasons for such a distinction.'

3.1 Summary of the labour market situation of persons with disabilities

According to the Social Scoreboard indicator, cited in the Semester package, the disability employment gap in Czechia is considered 'Average'.

Data from EU-SILC indicate an employment rate for persons with disabilities in Czechia of 55.5 % in 2020, compared to 82.3 % for other persons. This results in an estimated disability employment gap of approximately 26 percentage points (estimated EU27 average gap 24.5, see Tables 2-4 in the Annex) or an employment chances ratio of 0.7. Statistics published on the Eurostat database indicate a disability employment gap of 25.9 percentage points in 2020, using a slightly different methodology, and 25.9 in 2021.⁴

The same data indicate unemployment rates of 13.4 % and 3.1 %, respectively in 2020 (see Tables 5-7) and the economic activity rate for persons with disabilities in Czechia was 64.0 %, compared to 84.9 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in Annex.

⁴ Eurostat, Disability employment gap by level of activity limitation and sex (source EU-SILC), 2022, https://ec.europa.eu/eurostat/databrowser/view/hlth_dlm200/default/table.

Due to the impact of the COVID-19 crisis on employment in 2020-2021, some caution is needed when interpreting trend data.

The Strategic Framework for Employment Policy to 2030 includes analytical and strategic dimensions. The analytical part also covers employment of persons with disabilities but with limitations on reporting about progress on the number of job seekers with disabilities. This document also falls short in analysing the effectiveness of measures intended to promote employment of persons with disabilities, including the efficiency of programmes provided by the Labour Office. The document is therefore incomplete in providing data that would build the foundation and justification for the measures set out in the Employment Framework.

Regarding other relevant data about the engagement of persons with disabilities in employment, the analytical part of the Employment Framework states that, compared to 2008, there has been a significant improvement in the formation of new so-called suitable job opportunities and in the enthusiasm of employers to employ persons with disabilities. However, the document does not provide sufficient analytical information about what contributed to the increase in these employment opportunities. Similarly, the document is incomplete with regard to data about what has contributed to the growing willingness of employers to employ persons with disabilities. It would be appropriate to conduct a rigorous study which would identify the barriers and facilitators of the engagement of persons with disabilities in the labour market including outcomes of employment support programmes and measures.

3.2 Analysis of labour market policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for Czechia and the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2025.

Several national disability strategies in the past have addressed the importance of a comprehensive system of support services for persons with disabilities (health, social care, employment and life-long learning). Although a comprehensive rehabilitation framework has been prepared and negotiated several times during the last two decades, support for persons with disabilities remains patchy.

The annual report on the implementation of the National Disability Plan 2025⁵ states that, despite enhanced expenditure on disability support measures in employment, the engagement of persons with disabilities in employment remains unsatisfactory. The Plan calls for strengthening of social responsibility and the positive motivation of employers and persons with disabilities themselves.

The National Disability Plan 2025 comprises measures to improve the expertise of Labour Office personnel in supporting the employment of persons with disabilities. According to the annual report on the implementation of the plan for 2021, this measure is achieved with support from the EU-funded project 'Development of a system to support the employment of persons with disabilities on the free labour

⁵ National Plan for the Promotion of Opportunities for Persons with Disabilities 2020-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021-2025-182867/>.

market'. The overarching objective of the project is to enhance the capacity, complexity and quality of services provided by the public employment service administration. As part of this project, 99 professionals are to be recruited for the Labour Offices (with 85 advisors for persons with disabilities and 14 employment disability coordinators) and ongoing professional training provided to them. Improved coordination, person-centred individual and group counselling activities for persons with disabilities and for employers engaged in occupational rehabilitation are some of the expected outputs of the project. In addition, advice centres for persons with disabilities attached to Labour Offices were established.

Unfavourable long-term developments in the employment of persons with disabilities were addressed by amendments to the Employment Act 2018. The arrangement and amount of financial support for employers to employ persons with disabilities in the sheltered labour market were enlarged. These developments are expected to contribute to increased effectiveness of the employment support measures. Nevertheless, these provisions can be considered as only partial. Broader revision of the employment support system for persons with disabilities should be considered, as this was already stipulated by the National Disability Plan 2020 and National Disability Plan 2025.⁶ There is, for example, a widespread absence of evidence of the effectiveness of the (coordinated) support available to employers, and partnerships between employment offices and employers, to assist employers in making reasonable accommodations.

Particularly relevant as a strategic document is the Strategic Framework for Employment Policy to 2030 (Employment Framework).⁷ The Ministry of Labour and Social Affairs reports that the intention was to formulate a strategy appropriate for the 21st century to ensure the long-term direction of the Czech employment policy, not only for the entire EU programming period 2021-2027 but going beyond it.

The strategic dimension of the Employment Framework builds on four pillars which reflect the underlying vision of what Czech employment policy should look like in 2030. Each pillar responds to foreseen developments in employment in a broader sense. The pillars are aligned with cross-cutting principles such as prohibition of discrimination, supporting equal opportunities for women and men and dismantling inequalities.

The Employment Framework pillars:

- Pillar I: Prediction and prevention – building and developing a system for making projections on the development of the labour market and strengthening preventive measures.

⁶ National Plan for the Promotion of Opportunities for Persons with Disabilities 2015-2020, <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.
https://www.vlada.cz/assets/ppov/vvzpo/dokumenty/Narodni-plan-OZP-2015-2020-revize-2018_2.docx.

⁷ Czechia, MoLSA. Strategic Policy Framework for Employment 2030, https://www.mpsv.cz/documents/20142/1357303/SRPZ_2030.pdf/148b2fc5-d7a6-f9c7-cc50-13b52a62e86e.

- Pillar II: Individualisation – employment policy measures shall be more individualised and tailored, in relation to individuals (natural persons), employers and regions. The Pillar states that persons with disabilities require a specific approach when seeking employment and when performing the job itself.
- Pillar III. Adaptation – the employment policy shall support adaptation of all stakeholders participating in the labour market to evolving circumstances, especially in relation to the impacts of the 4th industrial revolution, including employers, employees and the public administration.
- Pillar IV. Streamlining – the employment policy shall be implemented by efficient employment services applying new technological processes, cross-sectoral cooperation and networking with the Labour Office as a core state agency. Disability-relevant points mentioned in Pillar IV include the objective to utilise modern communication technologies with the aim of strengthening the pro-client approach and improving accessibility of employment support services, including dissemination of information about job vacancies for job seekers.

A relatively large number of persons with disabilities live in large residential facilities. Engagement of this group in employment opportunities is largely overlooked in the Czech strategic documents. In her report on visits to residential social care facilities for persons with disabilities, the Ombudsman points to the unsatisfactory situation of the engagement of residents in employment.⁸ The total number of employed residents of working age (18 to 65) in the residential care facilities represents only about one eighth of the total (886 out of 7 092; 13 %), with almost half of the facilities (46 %) having no resident in employment. The employment rate of working-age care facility residents is significantly lower than that of persons with disabilities who live in their own households (40 %). This can be due to many factors, especially the level of education and the impact of the disability on the client's ability to work. Almost two thirds of the residents (62 %) who are employed are in part-time employment. Only 38 % of clients have a full-time job. The proportion of residents employed by the respective service providers themselves is significantly high (51 %).

The Disability Plans suggest gaps in the interaction between employers, the Labour Office and job seekers with disabilities. A guideline for employers should be prepared on how to advertise vacancies and information for job applications in easy-to-read formats, allowing verbal responses instead of written responses, using online technologies, assistive devices and augmentative strategies for communication with candidates with intellectual and developmental disabilities.

⁸ Ombudsman (2020) *Homes for persons with disabilities. Report from systematic visits 2020*, https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

4 Disability, social policies and healthcare – analysis of the situation and the effectiveness of policies

In 2015, the UN CRPD Committee made the following recommendations to Czechia:

[Article 28 UN CRPD](#) addresses ‘Adequate standard of living and social protection’.

‘54. The Committee calls upon the State party to review the legislation on the provision of benefits to persons with disabilities, with genuine participation of persons with disabilities, to reintroduce the additional social allowance in order to bring the standard of living of families with children with disabilities above the subsistence level. The State party should also broaden the range of and facilitate access to assistive devices for children with disabilities, regardless of age.

56. The Committee calls upon the State party to revise its legislation on disability pension beneficiaries and the newly established method of calculating the relevant period from the beginning of disability until the entitlement of retirement pensions, as it has resulted in the amount of the pension received by persons with disabilities at the third level being below the minimum subsistence level.’

[Article 19 UN CRPD](#) addresses ‘Living independently in the community’.

‘39. The Committee urges the State party to step up the process of deinstitutionalization and to allocate sufficient resources for the development of support services in local communities that would enable all persons with disabilities, regardless of their impairments, gender or age, to choose freely with whom, where and under which living arrangements they will live, in line with the provisions of article 19 of the Convention.

40. The Committee recommends that the State party take all measures necessary to ensure that policy processes for deinstitutionalization, including the development of the National Plan on Promoting Equal Opportunities for Persons with Disabilities 2015–2020, have a clear timeline and concrete benchmarks for implementation that are monitored effectively at regular intervals. In particular, the Committee urges the State party to abolish the placement of children under 3 years of age in institutionalized care as soon as possible.’

[Article 25 UN CRPD](#) addresses ‘Health’.

‘50. The Committee calls upon the State party to intensify its efforts to make information on health care accessible for persons with disabilities and parents of boys and girls with disabilities, including by making information on relevant services available and accessible to persons with disabilities and their families and by providing sufficient sign language interpreters to deaf persons when they seek health care.’

The most recent CRPD development is the 2019 List of Issues and the State’s response. In these areas of concern, Czechia was requested to:

‘23. Please provide information on measures taken to: (a) Revise benefit and pension legislation and policy concerning persons with disabilities and their families, in particular to bring the concept of disability and the assessment criteria used to calculate social protection entitlements, such as the disability pension, into line with the Convention; (b) Reintroduce the additional social allowance to bring the standard of living of families with children with disabilities above subsistence level.

16. Please provide information on: (a) Steps taken to achieve deinstitutionalization, including details on the time frame within which the full deinstitutionalization of all persons with

disabilities (particularly children under 3 years of age, persons with intellectual or psychosocial disabilities and older persons with disabilities) will be achieved; (b) The use of financial resources, including European Structural and Investment Funds, and on the transition plans to enable persons with disabilities to freely choose their living arrangements in the community. Please provide an update on the completion of actions to support independent living, as set out under objectives 6.1 to 6.15 of the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015-2020; (c) The availability and accessibility of community-based services for persons with disabilities, including housing services, an open labour market, social services and human rights-based mental health care. Please indicate whether coverage of these services is sufficient and detail measures to ensure their sustainability.

21. Please provide information on measures taken to: (a) Train and raise awareness among health-care professionals on the rights of persons with disabilities; (b) Ensure that information and communications regarding health-care services are available in accessible formats to all persons with disabilities, including persons with intellectual disabilities and persons who are blind or deaf, in both urban and rural communities; (c) Provide access to full health-care and rehabilitative services, including sexual and reproductive health services, for persons with disabilities in their communities.'

4.1 Summary of the social situation of persons with disabilities

Data from EU-SILC indicate the poverty risk rate for working age persons with disabilities in Czechia was 17.0 % in 2020, compared to 6.7 % for other persons of similar age – an estimated disability poverty gap of approximately 10 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 7.0 points (20.7 % for older persons with disabilities and 13.7 % for other persons of similar age). The tables in the Annex also indicate the respective rates of risk of poverty or social exclusion and break these down by gender as well as age. Recently updated data from Eurostat confirms the relative risk levels in 2020, but indicates that they fell significantly in 2021, to 13 % for the working age disabled population and 12.3 % for the older age group.⁹ This is surprising and requires further investigation.

For persons with disabilities of working age in Czechia (aged 18-64) the risk of poverty before social transfers was 44.3 % and 17 % after transfers. The in-work poverty rate for persons with disabilities in this age range fell from 6.1 % in 2020 to 4.4 % in 2021.

Of interest to health policy are the data on self-reported unmet needs for medical examination (too expensive or too far to travel or waiting list). Disability equality gaps are evident here too and, on this basis, the rate for persons with disabilities in Czechia was 0.7 %, compared to 0.2 % for other persons.

4.2 Analysis of social policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for Czechia and the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2025.

⁹ Eurostat, People at risk of poverty by level of activity limitation, sex and age, 2022, https://ec.europa.eu/eurostat/databrowser/view/HLTH_DPE020_custom_3348056.

The Social Inclusion Strategy 2021-2030¹⁰ acknowledges social inclusion as a cross-cutting matter. However, social care and healthcare in Czechia are regulated by separate legislation and administrations. Both are financed from different and largely fragmented sources and funding systems. As a consequence, cross-sectoral cooperation of both public sectors is considered as deficient.¹¹

The National Disability Plan 2025 refers in Section 5 to independent living.¹² The plan calls for continuity of support for transformation of larger residential social service facilities to community-based support. An equally important task is the preparation of a new system of financing social services that is transparent, efficient and fair. The incompleteness of the current system, which fiscally disadvantages smaller scale providers in particular, has been addressed by several previous disability plans. In addition, funding mechanisms are not fully person-centred and still produce incentives for residential care rather than independent living. Relatively good progress from institutional care to community-based services is observed only in regions which have been actively engaged with the European Social Fund (ESF) programmes targeted at deinstitutionalisation.

The annual report on the implementation of the National Disability Plan 2025 for 2021 states that the Ministry of Labour and Social Welfare is engaged in drafting amendments to the Act on Social Services. The aim is to assure that social service providers have the capacity to deliver support appropriately and with sufficient human resources. The amendment should anchor material / technical standards and the personnel standard for service providers. These standards would become prerequisites for the listing of new service providers. Claimants for registration would be required to prepare and submit their internal regulations of operation to meet material, technical and personnel standards.

In 2021, an amendment to the Act on the Provision of Benefits to Persons with Disabilities was adopted with the aim of expanding the range of persons entitled to special aid allowance to include persons with severe dementia. Persons with autistic spectrum disorder are also for the first time explicitly listed among the persons entitled to allowances for special aids, such as purchasing a car.

Informal caregivers play an irreplaceable role in the lives of persons with disabilities. In December 2020, an amendment to the Act on Social Services was submitted to the Government. The amendment included a proposal to integrate informal caregivers as a target recipient into support provided on the basis of the law. The amendment had not been adopted at the time of writing of this report.

¹⁰ Czechia, Ministry of Labour and Social Affairs, Social Inclusion Strategy 2021-2030, <https://www.mpsv.cz/strategie-socialniho-zaclenovani-2021-2030>.

¹¹ Czechia, Ministry of Labour and Social Affairs, Social Inclusion Strategy 2021-2030, <https://www.mpsv.cz/strategie-socialniho-zaclenovani-2021-2030>.

¹² National Plan for the Promotion of Opportunities for Persons with Disabilities 2020-2025, <https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovnych-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021-2025-182867/>.

Deinstitutionalisation and institutions

The National Strategy on the Development of Social Services 2016-2025¹³ highlights the transition from the institutional care model for persons with disabilities to supporting them in their home environment and includes concrete policy commitments. However, the Ministry of Labour and Social Affairs is falling short in monitoring and reporting on the implementation of the Strategy. Hence, monitoring the overall progress in a quantifiable manner has limitations.

Deinstitutionalisation is largely supported in Czechia by EU funds. Several national strategies, including the National Strategy on the Development of Social Services 2016-2025 stipulates that Czechia is striving for deinstitutionalisation. However, EU funding is expected to be utilised for the maintenance and construction of institution-type facilities. Yet the National Reform Programme refers to community-based service and envisages ensuring quality of life for people dependent on care by guaranteeing sufficient capacity of community social care services. The aim of the measure is to address the inadequate social service infrastructure and the need to support the process of transition to community-based social and long-term care services in Czechia. The investment will support the building of additional large-scale facility infrastructure, either through renovations of existing buildings or through new construction with larger capacity. It is obvious that such practice would barely support transition, as it would be far from a community-based services model.

Proof of this claim of misuse of EU funds can be found in the call (connected to the RRP) entitled 'Modernisation of infrastructure – including homes for older and disabled people and sheltered housing'.¹⁴ Standard No. 2 makes possible the use of funding for reconstruction of residential facilities with a capacity of up to 120 places in one building. Firstly, providing EU funding for the construction and reconstruction of such large facilities would be contrary to the general purpose of the EU social funds, from which the transformation of institutional facilities has been financed to date. Secondly, such an arrangement also contradicts the Government's Declaration on deinstitutionalisation, the UN CRPD and the Act on Social Services. The Czech Alliance on Deinstitutionalisation questions the M2 standard of the call which states:

Primarily, the M2 standard is about fulfilling the requirements of the independent living principle. It is a key initial point to bring living conditions in residential social care services more in line with ordinary life outside of social services, in the form of community living, and to come as close as possible to the ordinary way of life.¹⁵

The Czech Alliance on Deinstitutionalisation (*Jednota pro Deinstitutionalizaci – JDI*) opposes this statement, arguing that a residential facility with 120 residents cannot by any means be defined as a community-based service or a community housing type

¹³ Czechia, MoLSA National Strategy on the Development of Social Services 2016-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf>.

¹⁴ Czechia, MoLSA. Call No. 31_22_003 – Development and modernization of the material and technical base of social services.

¹⁵ See: https://www.mpsv.cz/web/cz/vyzva-c.-31_22_003-rozvoj-a-modernizace-materialne-technicke-zakladny-socialnich-sluzeb.

which is close to a community way of living. JDI also points out that such a practice could be regarded as a violation of Article 19 of the UN CRPD.¹⁶

The mechanism which monitors residential facilities for persons with disabilities provides insufficient detail about developments, in terms of the types of accommodation and support persons with disabilities are being moved into, except accommodation and support facilities established as part of EU-funded projects.

It appears to be necessary to adopt systemic measures so that EU funds are only used for the development of community social services to enable persons with disabilities to live in community. EU funds must be used in Czechia in accordance with European social policy and the human rights of its citizens.

The living conditions in many larger residential facilities for persons with disabilities remain unsatisfactory. As of 2020, the Ombudsman had visited nine residential facilities for adults with disabilities. She focused more on large-capacity facilities where, given the number of clients, less individualised care and a higher risk of mistreatment can be assumed. However, homes with a small number of clients were also represented in the report. The results provided in her report on the visits are discouraging.¹⁷ The daily routine observed in the residential facilities does not resemble a home-type environment; it does not accommodate the wishes and needs of individuals. A frequent explanation of institution-type practices is the shortage of staff to provide individual support to clients. All activities are carried out collectively, including, for example, smoking. In addition, the facilities for persons with disabilities which were visited were often located in the buildings of former castles or monasteries. Large, multi-storey buildings do not allow the creation of a homely environment. In facilities with many clients, institutional elements persist – communal dining rooms, long central corridors, common rooms, etc. In two homes, bars were even installed on some windows. Elsewhere, common rooms were locked, leaving clients to spend their days in the corridors, and in one facility, there were no meeting or recreation rooms at all. In some facilities, clients had almost no personal belongings in their rooms and the decoration of the rooms often did not reflect the fact that adults lived in them.

In addition, findings reported¹⁸ on the availability of appropriate healthcare for residents is alarming. Regarding healthcare in the residential settings visited by the Ombudsman, a total of 93 % of these facilities experienced difficulties in providing healthcare to their clients. Dentistry (47 %), psychiatric care (44 %), gynaecological care (25 %) and general medicine (22 %) were described as difficult to access. Furthermore, almost half of all facilities with child residents (48 %) reported that it was difficult for them to ensure the availability of child and adolescent psychiatry.

The residential facilities which provide care for children with disabilities fall short in meeting necessary standards. Only 19 children (5 %) with disabilities live in homes with a capacity of no more than 20 clients. A total of 98 children in residential facilities,

¹⁶ *Jednota pro Deinstitutionalizaci*. Press release: <https://jdicz.eu/tiskova-zprava-investovat-do-velkokapacitnich-ustavu-je-nesmyslne/>.

¹⁷ Ombudsman (2020) *Homes for persons with disabilities. Report from systematic visits 2020*, https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

¹⁸ Ombudsman (2020) *Homes for persons with disabilities. Report from systematic visits 2020*, https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

i.e. more than a quarter of them (27 %) live in settings with a capacity of over 76 residents. At the same time, children are in particular need of individualised support and a homely environment, which can often be unavailable in a facility with a large number of clients.¹⁹ The implementation of the National Reform Programme is expected to significantly increase the capacity of childcare facilities. The total allocated funds for capacity-building of preschool facilities in the National Reform Programme amounts to EUR 285 million (CZK 7 billion), with all projects to be contracted no later than Q4 2023. Investment from the National Reform Programme is expected to increase the number of childcare facilities by 40 %. The NRP provides insufficient information about how these measures address the situation of children with disabilities.

The Ministry of Labour and Social Affairs prepared the National Strategy for the Development of Social Services 2016-2025,²⁰ the aim of which is, among other things, to ensure the transition from the institutional model of care for persons with disabilities to the community-based services. The specific goal is to establish the conditions to ensure the necessary capacity of community-based social services in community, outpatient and residential forms. The goals should be fulfilled through partial action plans for the development of social services in Czechia with the support of the National Centre for Support of the Transformation of Social Services and other project activities. However, as the Ombudsman points out, the stated strategy does not exert the necessary pressure on providers and founders of homes for persons with disabilities to embark on the path of transformation and deinstitutionalisation. The form of support, promotion and education offered is not enough to fulfil the set of goals. The Ombudsman concludes in the report that it is therefore necessary for the Ministry of Labour and Social Affairs to actively stimulate the founders and providers of residential social services to transform and deinstitutionalise. However, the report does not include enough detail about what such active stimulation might involve.

¹⁹ Ombudsman (2020), *Homes for persons with disabilities. Report from systematic visits 2020*, https://www.ochrance.cz/uploads-import/ESO/11-2017-NZ-OV_souhrnna_zprava_DOZP.pdf.

²⁰ Czechia, MoLSA. National Strategy for Development of Social Service 2021-2025, <https://www.mpsv.cz/documents/20142/577769/NSRSS.pdf>.

5 Disability, education and skills – analysis of the situation and the effectiveness of policies

In 2015, the UN CRPD Committee made the following recommendations to Czechia:

[Article 24 UN CRPD](#) addresses 'Education'.

'48. The Committee recommends that the State party implement the amended School Act, incorporate inclusive education as the guiding principle of the education system and ensure the admission of children with disabilities in mainstream schools, in line with article 24 of the Convention. The Committee calls upon the State party to intensify its efforts and to allocate sufficient financial and human resources for reasonable accommodations that will enable boys and girls with disabilities, including intellectual disabilities and autism, and deaf-blind children, to receive inclusive quality education.'

The most recent CRPD development is the 2019 List of Issues and the State's response. In this List, Czechia was requested to:

'20. Please provide updated information on: (a) The implementation of the amended School Act (Act No. 561/2004 Coll., amended by Act No. 82/2015 Coll.) to ensure the right to inclusive education; (b) The allocation of financial, technical and human resources to ensure the right of all children with disabilities, including Roma children with disabilities, to a high-quality, inclusive education, and to provide teachers with training that fosters inclusive education, in both rural and urban settings, with Braille and sign language interpretation made available; (c) Efforts to transform segregated education into an inclusive education environment in both urban and rural areas, particularly for persons with intellectual disabilities or autism and deafblind persons. Please also provide an update on the achievement of objectives 10.1 to 10.32 of the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015-2020.'

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC 2020 estimates concerning educational attainment should be treated with caution due to relatively wide confidence intervals, but they consistently indicate disability equality gaps (an average of 2-3 years provides a more stable indication). Table 16 indicates early school leaving rates disaggregated by disability status in Czechia. Young people with disabilities (aged 18-24) tend to leave school early significantly more than their non-disabled peers in the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rates of tertiary education disaggregated by disability and age group. Persons with disabilities (aged 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider age range 30-39).

5.2 Analysis of education policies relevant to the Semester

For reference, see the 2022 National Reform Programme, the Recovery and Resilience Plan for Czechia and the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021-2025.

The systemic transformation of the education system towards more equal access to quality education for all accelerated in Czechia in 2009, drawing on the judgment of the European Court of Human Rights in the case of *D. H. and others vs Czechia*.²¹

The Czech National Reform Programme includes a section on ‘Innovation in education in the context of digitisation (MEYS) Preventing the digital divide – making mobile digital technologies accessible to disadvantaged pupils and preventing their digital exclusion’. According to the RRP, the Ministry of Education, Youth and Sport will provide schools with funding from the Recovery and Resilience Fund for the purchase of mobile digital technologies to create a ‘digital inventory’ from which the school will lend basic digital equipment (e.g. laptops, Chromebooks, tablets or software) to disadvantaged pupils. The National Reform Programme provides insufficient information about how pupils with disabilities will benefit from the funding and how a universal design approach will be applied.

The National Disability Plan 2020²² and National Disability Plan 2025²³ set out the right to education without discrimination, the right to equal opportunities through promoting inclusive education, and the right to provision of reasonable accommodation and assistance according to individual needs, so that persons with disabilities can fully develop their potential, talents and creativity, leading to their engagement in the life of society.

The right of learners with disabilities to be educated in an inclusive environment assured by the UN CRPD has been gradually implemented into the Czech educational legislation since its ratification in 2009. In 2015 the Education Act was amended with the aim of institutionalising and financially guaranteeing educational support measures for learners with disabilities. The implementation of the law into the school system has not been straightforward due to several challenges including insufficient professional capacity of the staff working at special education centres and counselling facilities responsible for the pedagogical assessment of learners’ needs and a shortage of special needs support professionals working in schools.

The National Disability Plan 2025 establishes a task for the Ministry of Education, Sport and Youth to prepare payroll for school psychologists and special pedagogues for elementary schools. These professionals would provide methodical support for teaching assistants, for the implementation of support measures recommended by educational and psychological consultants and special educational centres.

In addition, Measure 8.1.1 regulates procedures for the staff of school counselling facilities and ensure the financing of the counselling services funded by them from the

²¹ See: http://eslp.justice.cz/justice/judikatura_eslp.nsf/WebSearch/1DCD666F85A02043C1257BE300471725?openDocument&Highlight=0.

²² National Plan for the Promotion of Opportunities for Persons with Disabilities 2015-2020, <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovnych-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.

²³ National Plan for the Promotion of Opportunities for Persons with Disabilities 2020-2025, https://www.vlada.cz/cz/ppov/vvozp/aktuality/narodni-plan-podpory-rovnych-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2021_2025-182867/.

²³ See: https://www.vlada.cz/assets/ppov/vvzpo/dokumenty/Narodni-plan-OZP-2015-2020-revize-2018_2.docx.

State budget so that it: (a) legislatively establishes a start date for the provision of counselling services and (b) assures the availability and enforceability of comparable high-quality school counselling services in all regions of Czechia.

According to the Ministry of Education, Youth and Sports annual report, the institutionalisation of school psychologists and special pedagogues in elementary schools is already ongoing. However, the report on the fulfilment of the National Disability Plan 2025 for 2021 does not provide information about outputs achieved to date.

The Ministry also provides financial support to public universities for the education of students with hearing impairments, specifically for those who use sign language. For students with this type of disability, universities are provided with additional funds of EUR 6 114 (CZK 150 000) per student, which is further differentiated according to three coefficients of the economic challenge of the course of study (0.7, 1 and 1.5). This scheme was set up in the 2021 'Rules for the provision of allowances and subsidies to public higher education institutions of the Ministry of Education'.

6 Investment priorities in relation to disability

Promoting employment and social inclusion is a main priority for ESF investments in Czechia. The ESF is funding improvements to the education and training system and making it more inclusive for all. Transition from institutions to community-based services is another investment priority.

The Czech RRP²⁴ aims amongst other things to foster social cohesion and resilience by increasing the availability and quality of healthcare, tackling inequalities in education and investing in preschool facilities. All reforms and investments must be implemented and completed by August 2026.

Reforms and investment of EUR 393 million are expected to ensure equal access to education, notably through increasing access to affordable preschool care, reinforced support for disadvantaged schools and additional tutoring for children at risk of failure.

The use of European funds is conditioned by the fulfilment of the EU condition of non-discrimination of persons with disabilities. Most tasks related to the preliminary EU condition of non-discrimination of persons with disabilities are performed by the Ministry of Labour and Social Affairs, also in cooperation with regional or municipal bodies. In order to strengthen capacity for the effective application and implementation of anti-discrimination law and policy in the area of EU funds, a specific contact person is designated at each managing administration who should systematically deal with the application of anti-discrimination law and issues of equality between women and men and persons with disabilities. That person is expected to be responsible for coordination activities in this area within programmes and should cooperate with the Human Rights Section of the Government Office. The effectiveness of such a measure is questioned by recent practices related to the use of EU funds. There is evidence that EU funding is to be utilised for the construction and reconstruction of large residential facilities for persons with disabilities. Such practice would be contrary to the overall purpose and goals of the European Social Fund and could be regarded as a violation of Article 19 of the UN CRPD. The efficacy of the EU condition of non-discrimination of persons with disabilities and the role of the national authorities responsible for preventing such practices should be addressed.

²⁴ See: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/czechias-recovery-and-resilience-plan_en.

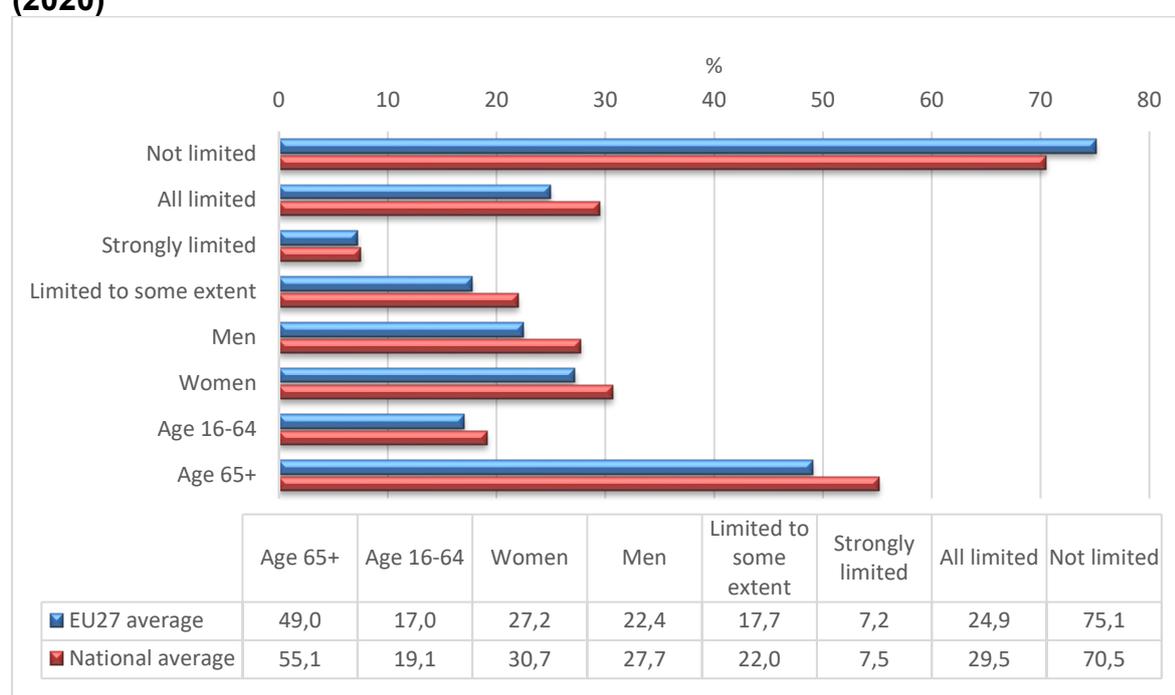
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database²⁵ and statistical reports.²⁶

Unless specified, the summary statistics are drawn from the most recent EU-SILC data available to researchers from Eurostat. The EU-SILC sample includes people living in private households and does not include people living in institutions (congregative households). The sampling methods vary somewhat in each country.

The proxy used to identify persons with disabilities (impairments) is whether ‘for at least the past 6 months’ the respondent reports that they have been ‘limited because of a health problem in activities people usually do’.²⁷

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment / disability (2020)



Source: EU-SILC 2020 Release April 2022

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical sections – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.²⁸ National estimates for Czechia are compared with EU27 mean averages for the most recent year.²⁹

²⁵ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

²⁶ Eurostat (2019) Disability Statistics: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

²⁷ The EU-SILC survey questions are contained in the Minimum European Health Module (MEHM), [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_\(MEHM\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Special:WhatLinksHere/Glossary:Minimum_European_Health_Module_(MEHM)).

²⁸ This methodology was developed in the annual statistical reports of ANED, available at: <http://www.disability-europe.net/theme/statistical-indicators>.

²⁹ The exit of the United Kingdom from the EU changed the EU average. EU27 averages have also been affected by time series breaks in other large countries, such as Germany.

7.1 Data relevant to disability and the labour market

Table 2: EU and Czechia employment rates, by disability and gender (aged 20-64) (2020)

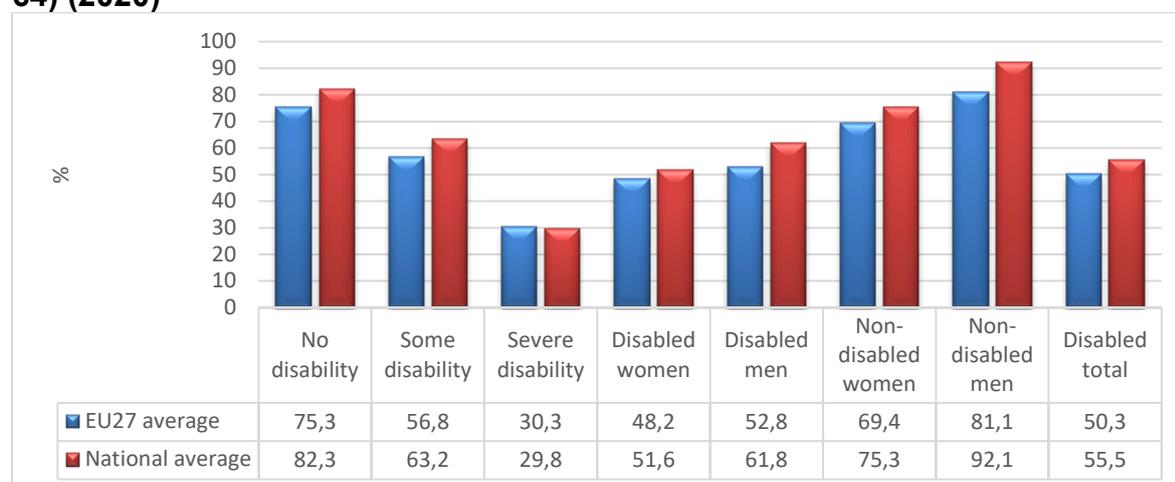


Table 3: Employment rates in Czechia, by disability and age group (2020)

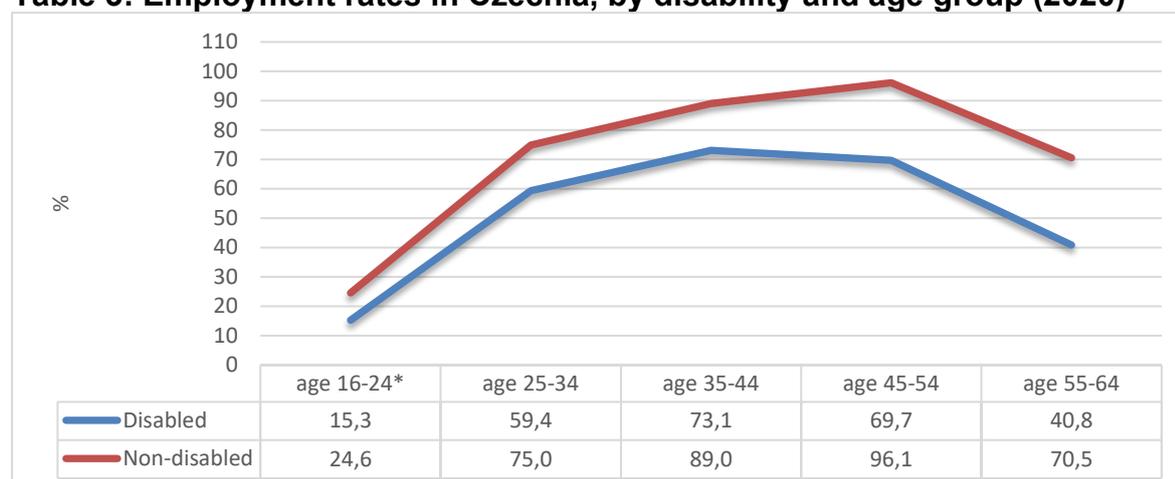
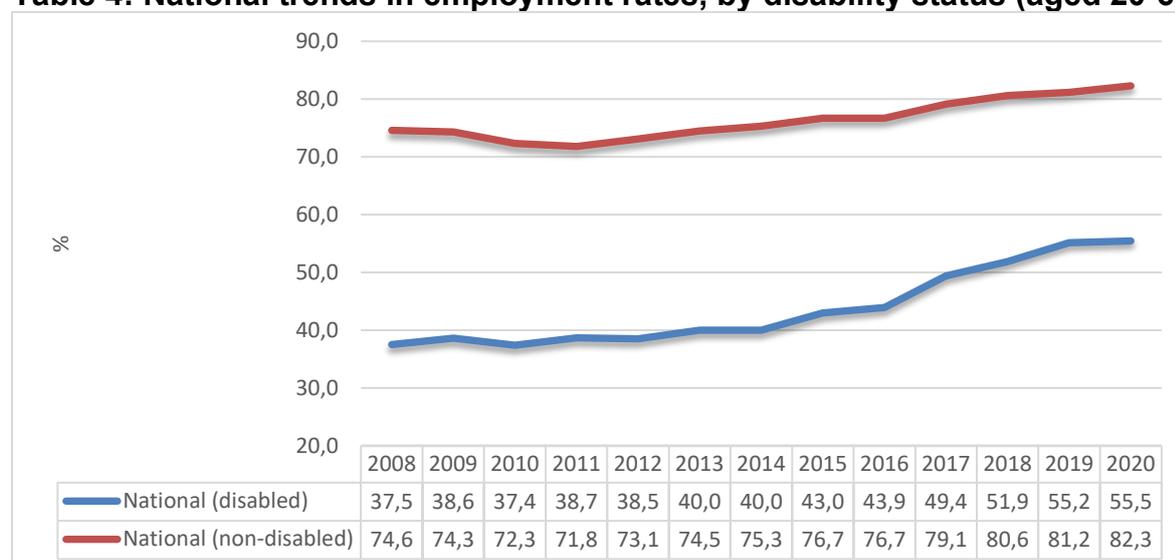


Table 4: National trends in employment rates, by disability status (aged 20-64)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

Note: Microdata concerning employment status was not available for Germany and Italy in this data release, which affects the EU27 average (which is therefore estimated). There were fewer than 50 observations in the youngest disability group in Czechia, which should be treated with caution.

7.1.1 Unemployment

Table 5: Unemployment rates by disability and gender (aged 20-64) (2020)

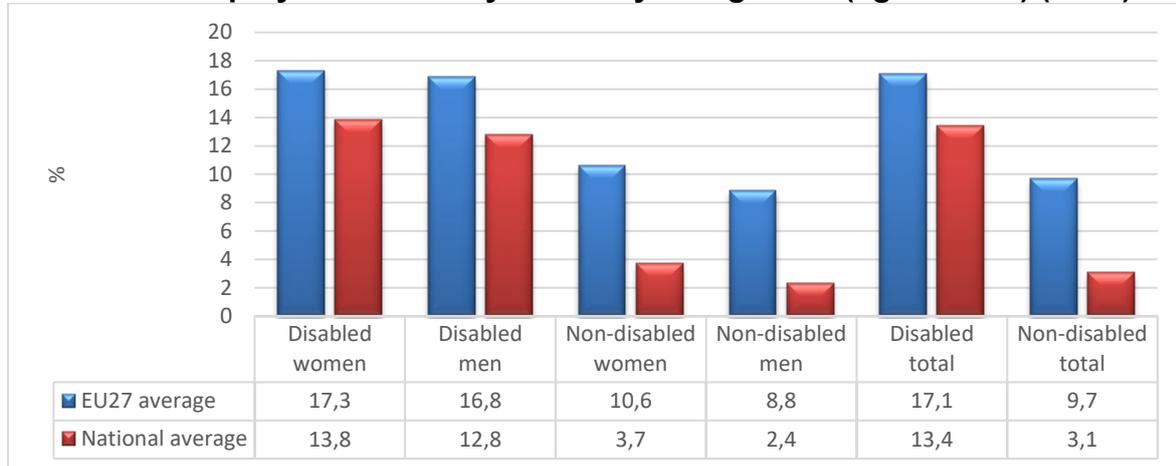


Table 6: Unemployment rates in Czechia, by disability and age group (2020)

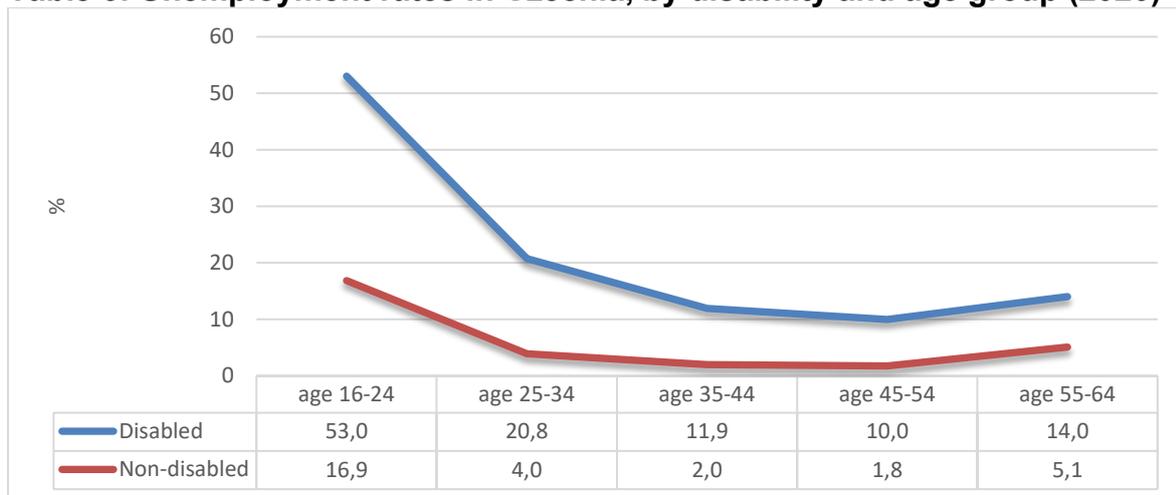
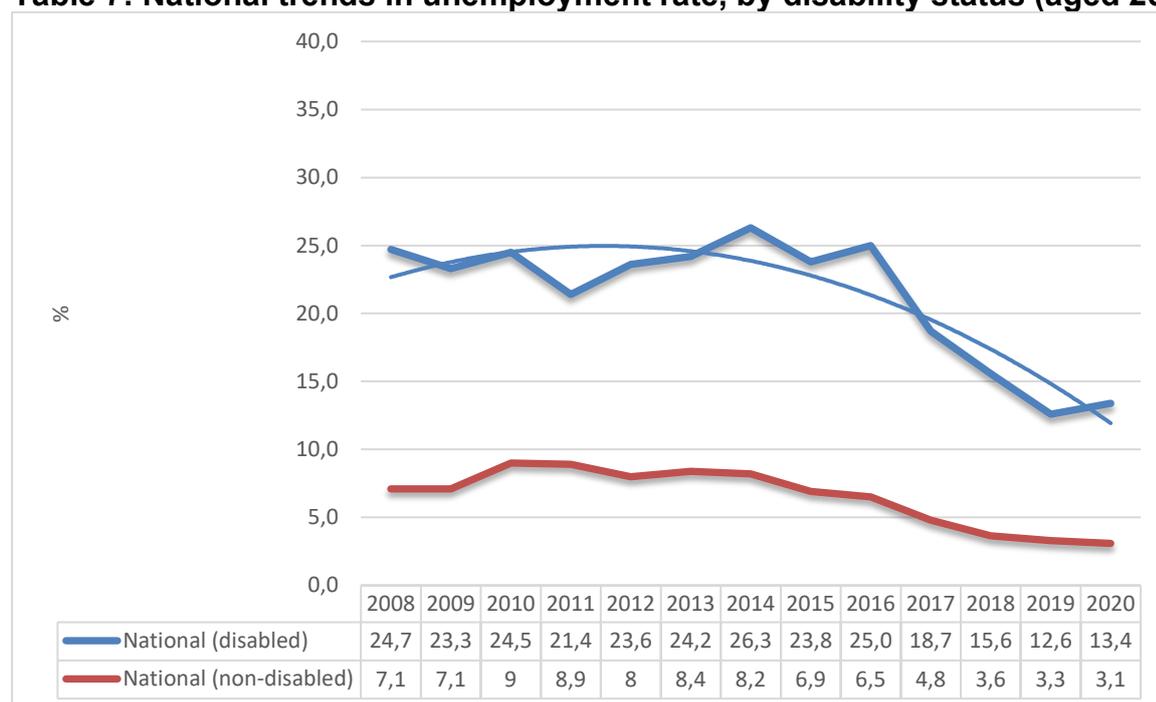


Table 7: National trends in unemployment rate, by disability status (aged 20-64)

Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

7.1.2 Economic activity

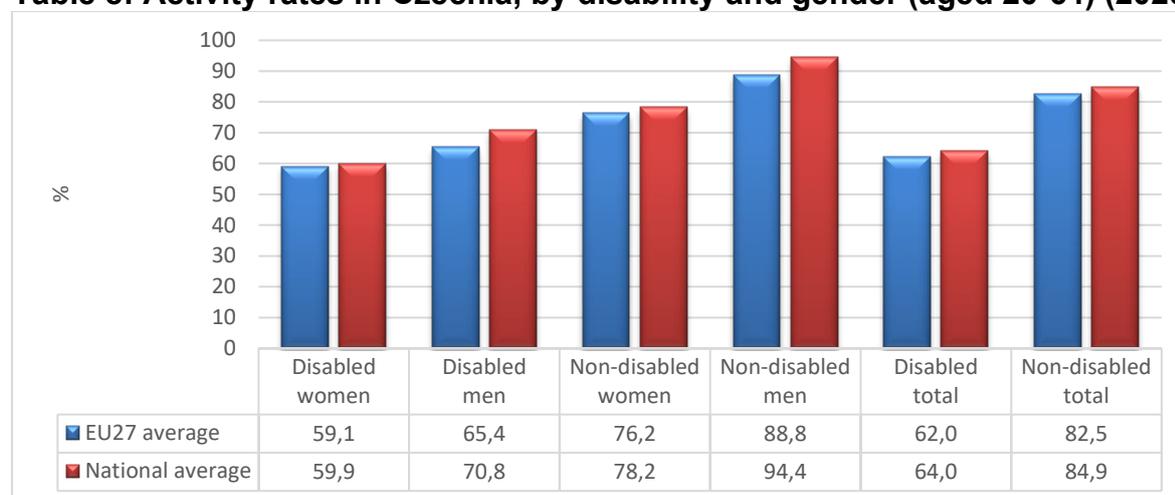
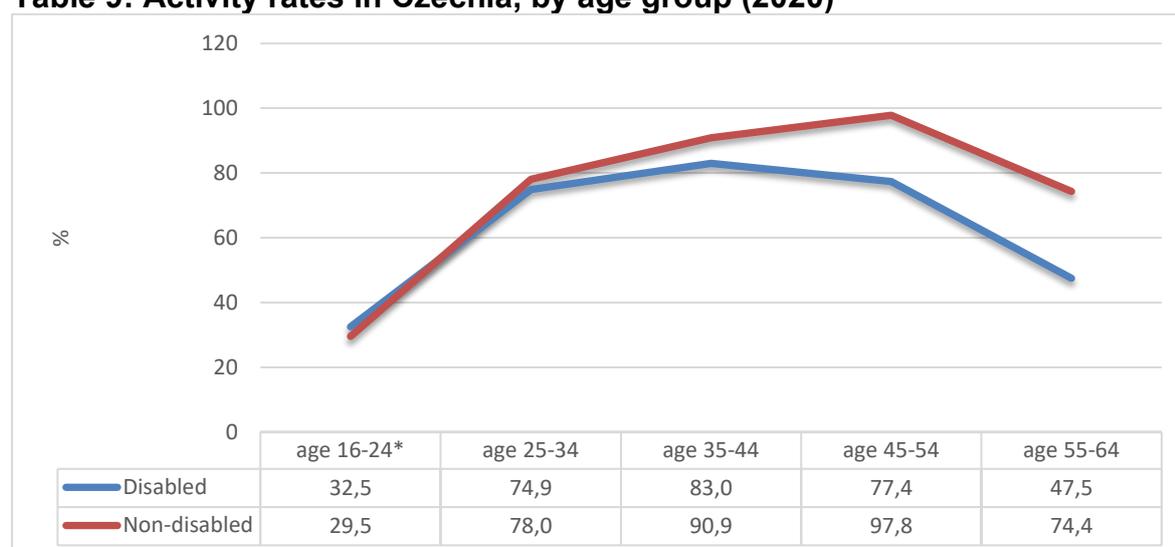
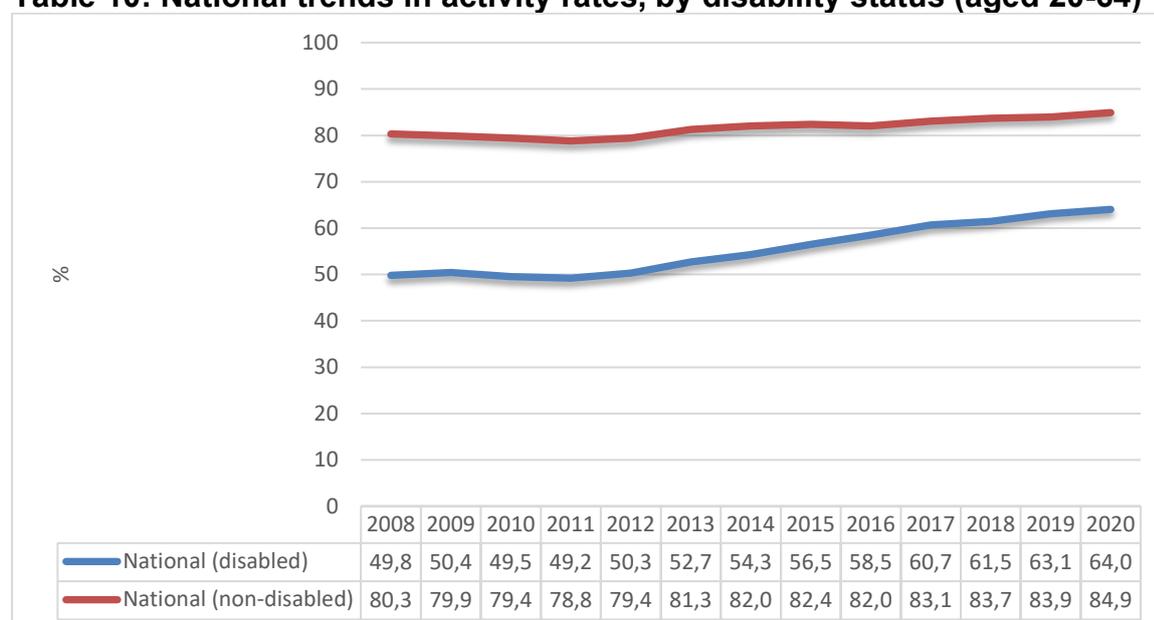
Table 8: Activity rates in Czechia, by disability and gender (aged 20-64) (2020)

Table 9: Activity rates in Czechia, by age group (2020)**Table 10: National trends in activity rates, by disability status (aged 20-64)**

Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in Czechia

Disability data are not yet available from the core European Labour Force Survey but labour market indicators for Czechia were disaggregated from ad modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.³⁰

No sources of additional data for this country fiche relevant to 2022-2023 from national sources were identified by the authors of this report.

³⁰ Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

7.2 EU data relevant to disability, social policies and healthcare (2020)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-64)³¹

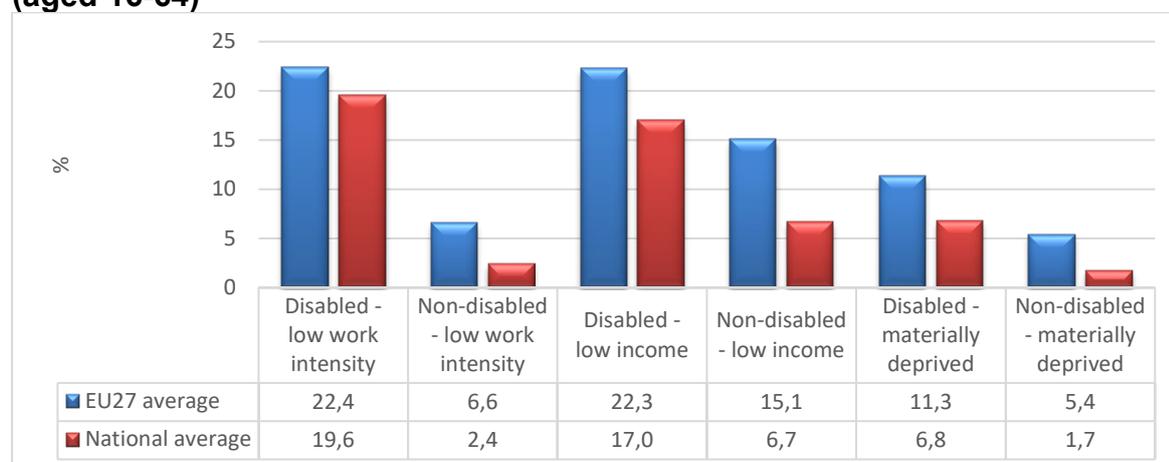


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

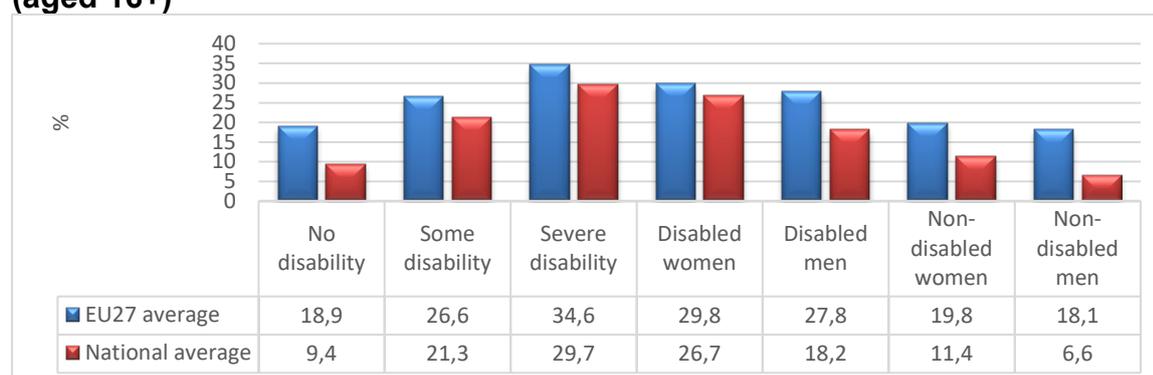
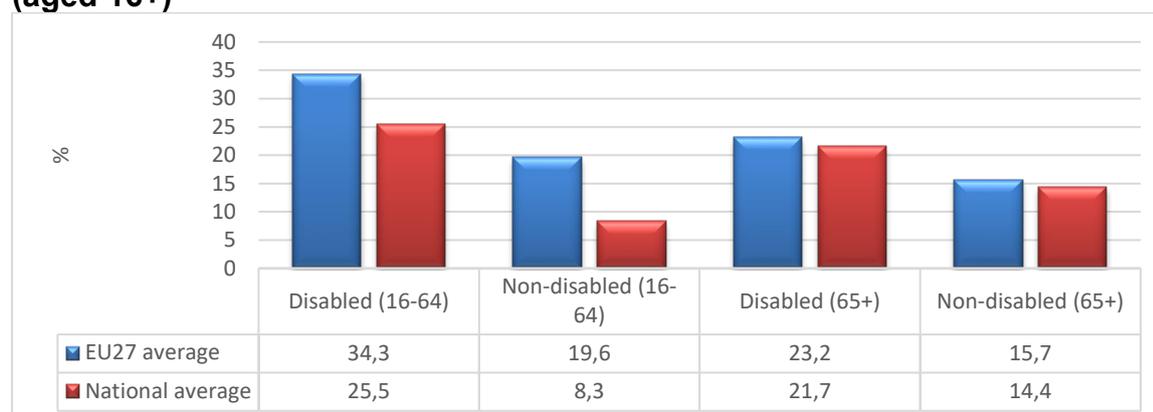
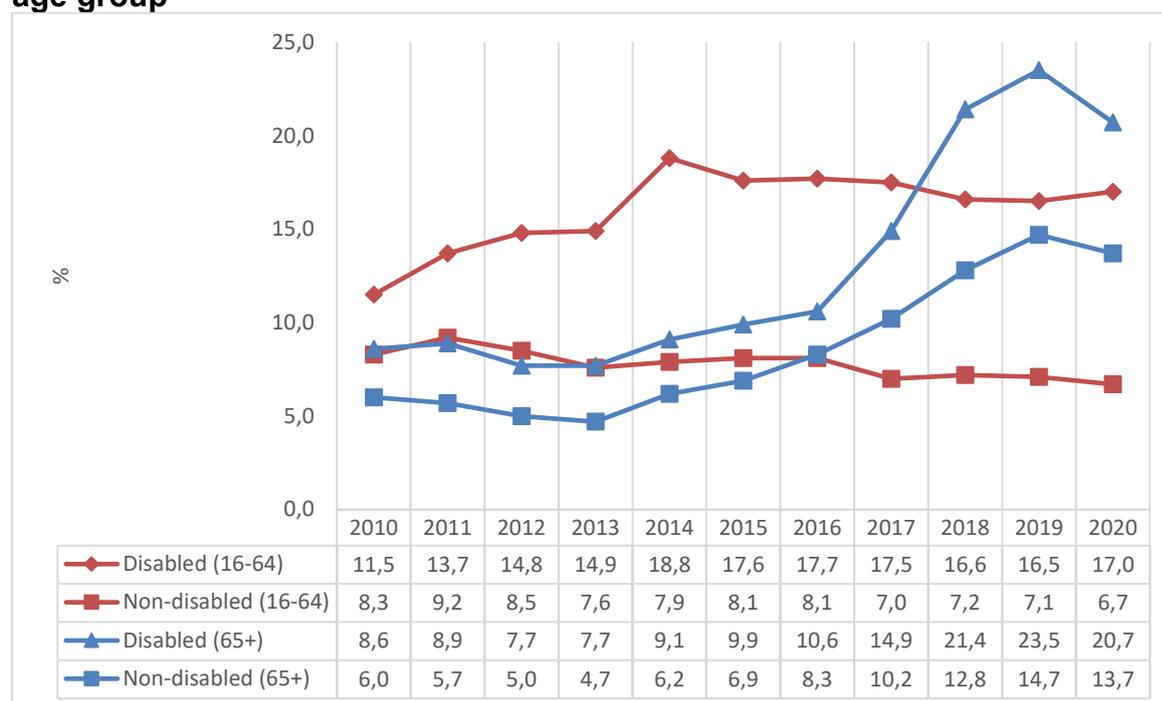


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)



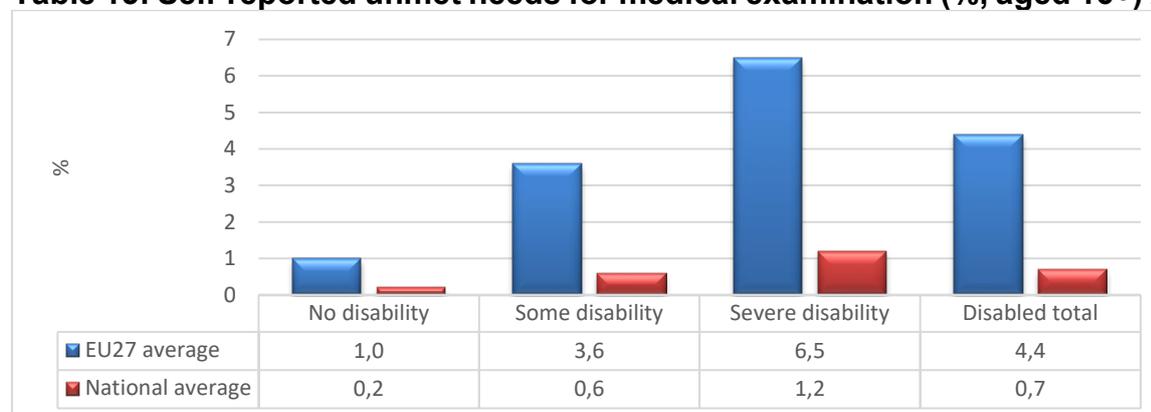
Source: EU-SILC 2020 Release April 2022 (and previous UDB)

³¹ Aged 16-59 for Low work intensity.

Table 14: Trends in the risk of poverty after social transfers, by disability and age group

Source: Eurostat Health Database [[hlth_dpe020](#)] – People at risk of poverty

Note: This table shows national trends in financial poverty risk, rather than the general AROPE indicator (which is not as comparable between age groups due to the effect of paid employment); the survey does not distinguish 'activity limitation' for children under 16.

Table 15: Self-reported unmet needs for medical examination (% , aged 16+) 2020

Source: Eurostat Health Database [[hlth_dh030](#)] – 'Too expensive or too far to travel or waiting list'

Note: EU mean averages are also skewed by high values in a minority of countries within disability groups but median averages for the total disability and no disability groups in 2020 are consistent with the three-year mean values.

7.2.1 Alternative sources of poverty or healthcare data in Czechia

The EU-SILC data provide a comprehensive and reliable source concerning poverty and social exclusion rates. In addition to the summary tables presented so far, the Eurostat disability database also contains breakdowns concerning disability and poverty before and after social transfers, as well as in-work-poverty.³²

No sources of additional data for this country fiche relevant to 2022-2023 from national sources were identified by the authors of this report.

7.3 EU data relevant to disability and education

Table 24: Early school leaving rates, by disability status (aged 18-24 and 18-29)³³

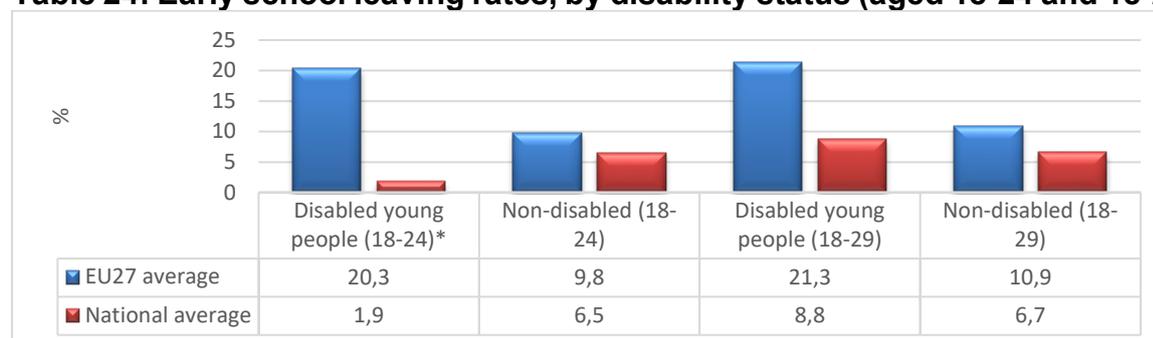
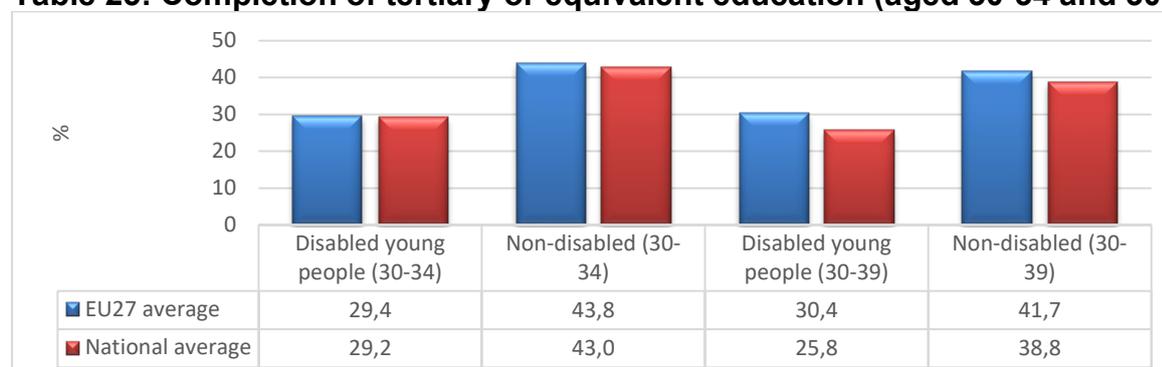


Table 25: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2020 Release April 2022 (and preceding UDBs)

Note: Confidence intervals for the disability group are large and reliability low (due to the small sample size in the target age group). An average of several years may be needed to establish trends or to compare breakdowns by gender. There were fewer than 50 observations in the youngest disability group, which should be treated with caution.

7.3.1 Alternative sources of education data in Czechia

No sources of additional data for this country fiche relevant to 2022-2023 from national sources were identified by the authors of this report.

³² Eurostat Health Database: <https://ec.europa.eu/eurostat/web/health/data/database>.

³³ There was a change from ISCED 1997 to ISCED 2011 qualification definitions in 2014, although some Member States continued to use the older definition after this time.

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