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Czechia

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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 the European Semester in 2021

The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015-2020 was updated in 2019 but needs to be systematically monitored.

Labour market

The employment rates of persons with and without disabilities are close to the EU averages for both groups. However, the disability employment gap widens towards 30 percentage points among older workers. Participation of persons with disabilities in open labour market remains unsatisfactory.

The key task for the Government spelled out in the National Disability Plan 2015-2020 to carry out a comprehensive review of the employment policy to better support persons with disabilities in gaining and maintaining jobs in open labour market was accomplished only partially. The effectiveness of support provided by the labour office remains limited despite increased funding allocated to active employment policy and measures.

Social policies and healthcare

In general, the risks of poverty and social exclusion in Czechia remain below the EU averages for persons with disabilities, as they do for other persons in the population but the risk for older persons with disabilities is more elevated by comparison with the EU averages and approaches the risk level for younger adults.

Progress towards community-based services is far from satisfactory. Funding mechanisms in social services are not yet fully person-centred and still produce incentives for residential care rather than independent living. Deinstitutionalisation is still seen as a 'project' (EU funded) rather than mainstream activity.

Education

A large proportion of children with an official decision of SEN are still educated outside mainstream classes for most or all of the time. Legislation in education was amended in 2016 with aim to better support inclusive education. Number of learners with disabilities in mainstream education is gradually growing. Nevertheless, inequalities in education is an alarming challenge of social inclusion in Czechia.

Facilitating quality education for all is largely dependent on funding from the European Structural and Investment Funds (ESIF) rather than on systemic long-term state funding. In addition, measures for long terms sustainability of projects outputs are reported inexplicit.

1.2 Recommendations for Czechia

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

- **Recommendation:** Amend measures spelled out in the Employment Act in order to better stipulate employers to employ people with disabilities in open labour market with aim to eliminate misuse of incentives for employers to engage persons with disabilities in sheltered workplaces.
Rationale: Measures aimed at encouraging employers engage disabled people in open labour market are inadequate with limited effectiveness. Employees with disabilities tend to be engaged with sheltered labour market rather than in open labour market. However, employment policy and support for people with disabilities in the labour market should primarily aim at the open labour.
- **Recommendation:** Develop and implement transition programs to provide young people leaving institutional care with appropriate assistance and support for their transition period from institutions to community-based living arrangements.
Rationale: There are still young people with disabilities living in institutional care since their early childhood.
- **Recommendation:** The future relevant national strategies such as the National Plan on Promoting Equal Opportunities for Persons with Disabilities 2021–2025 should have a clear timeline and concrete and benchmarks for implementation that are monitored effectively at regular intervals.
Rationale: There is not a coherent monitoring mechanism in place which would provide an overall picture on what types of accommodation and support people with disabilities are being moved into, except accommodation and support facilities established as part of the EU funded projects.
- **Recommendation:** Long-term and systemic professional support and guidance for mainstream schools and educational personnel need to be developed to effectively educate learners with special educational needs in mainstream settings.
Rationale: The new regulations on inclusive education were introduced rapidly in 2016. There has been absence of prior professional knowledge and skills of teachers to educate children with special educational needs in mainstream schools.
- **Recommendation:** The equal access to education for all should be seen a guiding principle accompanied by relevant, concrete and measurable targets, not primarily as EU funded project.
Rationale: Facilitating quality education for all is largely dependent on funding from the European Structural and Investment Funds (ESIF) rather than on systemic long-term state funding.

2 Opportunities to mainstream disability equality in the Semester documents

2.1 [Country Report](#) for Czechia (Staff Working Document)

In 2020, the Country Report for Czechia included the following direct references to disability issues:

- ‘p. 3 Despite some improvements, the low skilled, older people and people with disabilities are still not fully integrated into the labour market, partly because active labour market policies are not well targeted and tailored.
- p. 4 Older people, the unemployed, single parents, and people with disabilities, are at a higher risk of poverty or social exclusion.
- p. 9 ... there is further scope to improve the employment outcomes of people with disabilities.
- p. 24 While the share of people at risk of poverty or social exclusion is comparatively low, poverty remains concentrated in some localities and some groups (notably single parents, the elderly, people with disabilities and Roma).
- p. 22 Czechia has a higher than average employment rate gap between people with and without disabilities
- p. 26 The early school leaving gap between people with and without disabilities is also one of the highest in the EU
- p. 28 There are strong disparities in poverty and social exclusion rates between people with and without disabilities.’

2.2 [Country Specific Recommendation](#) for Czechia (CSR)

In 2020, the Country Specific Recommendation for Czechia included the following direct references to disability issues:

- ‘18. The government responded promptly to the COVID-19 outbreak by introducing many measures to protect incomes and employment, with a particular focus on enterprises and the self-employed. However, some vulnerable groups in the labour market (workers in short-term contracts, those hired through temporary work agencies) are not fully protected by the proposed mitigating measures. ...Outreach actions by the public employment services can also facilitate a successful re-entry in the labour market, in particular for vulnerable groups.
- 19. The target for full fixed broadband coverage has been reached but mobile broadband remains relatively expensive. Delays to infrastructure development could particularly affect vulnerable groups and structurally weak regions at greater risk of being isolated.’

CSR1 highlights the needs of the health system, ‘availability of health workers, primary care and the integration of care, and deployment of e-health services’. These are areas where reference to the unmet health and accessibility needs of people with disabilities is needed. Similarly, the focus of CSR2 on ‘Support employment through active labour market policies’ requires some attention to the targeting of disabled job seekers and reforms. The references in CSR3 to sustainable transport and other infrastructure also require an acknowledgement of accessibility concerns.

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.’

In 2019, the Committee raised the following questions for Czechia in this regard:

‘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.’

The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020 was also revised in 2019 and contains a focus on employment (section 4.13), with commitments to support employment in both sheltered and open labor markets, to employ people with disabilities in the public sector, and to support occupational and professional rehabilitation programmes.² Data on employment amongst persons with disabilities particularly in open labour market remains short to provide a picture on patterns.

² Resolution No. 385, 25 May 2015. *National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*, https://translate.googleusercontent.com/translate_c?depth=1&pto=aue&rurl=translate.google.co.uk&sl=auto&sp=nmt4&tl=en&u=https://www.vlada.cz/assets/ppov/vvozp/dokumenty/Narodni-plan-OZP-2015-2020-revize-2019_2.pdf&usq=ALkJrhYpy99VuRsj6Tgl63ual0RFA4CXQ.

3.1 Summary of the labour market situation of persons with disabilities

Data from EU-SILC indicate an employment rate for persons with disabilities in Czechia of 51.9 % in 2018, compared to 80.6 % for other persons and approximately 1.1 points below the EU27 average – resulting in an estimated disability employment gap of approximately 29 percentage points (EU27 average gap 24.2, see Tables 2-4).

The same data indicate unemployment rates of 15.6 % and 3.6 %, respectively in 2018 (see Tables 57) and the economic activity rate for persons with disabilities in Czechia was 61.5 %, compared to 83.7 % for other persons (see Tables 8-10). These indications are broken down by gender and age in the respective tables in annex.

Overall, the employment rates of persons with and without disabilities are close to the EU averages for both groups but the disability employment gap widens towards 30 percentage points among older workers (Table 3). Nevertheless, over the past decade the total disability employment gap steadily narrowed, from around 37 points in 2008 to around 29 points in 2018 (Table 4). These patterns are somewhat reflected in the data on unemployment and economic activity, although the unemployment gap remains persistent over time (Table 7) while the activity gap narrows (Table 10). This suggests that increases in employment have resulted from more persons with disabilities entering the labour market during the period of strengthening economic conditions.

Engagement of persons with disabilities in employment in Czechia is unsatisfactory. So far only partial steps have been taken to make employment reality for persons with disabilities. In addition, persons with disabilities tend to be employed in sheltered labour market rather than in open labour market. Employment policy and support for people with disabilities in the labour market should primarily aim at placing these people on the open labour market with the majority of the population. Barriers in labour market situation of persons with disabilities include limited effectiveness of support measures provided by labour offices, discrimination in employment, absence of flexible work conditions, and fragmentation of support services for persons with disabilities. The Labour Office personnel is short in sufficient expertise for individual approach to people with disabilities and professional conduct of vocational rehabilitation same as it is necessary to create a functioning network of advisers for vocational rehabilitation.³

Results of the selective survey of the Czech Statistical Authority 2018 on disability indicates that 19 % of all people with disabilities are employed (all ages, including older people). Among those aged 20-64, 39.9 % were working, 45.7 % were claiming a disability pension and 10 % an old age pension (see Table A in annex). These findings are close to the EU-SILC estimates. Two thirds of workers with disabilities work full time, more men (76 %) than women (55 %). More people under the age of 50 work full time.⁴ This sample includes persons who report activity limitations or who receive a

Employment Policy Strategy 2020, Ministry of Labour and Social Affairs, https://www.dataplan.info/img_upload/7bdb1584e3b8a53d337518d988763f8d/spz-2020-aj.pdf.

⁴ The Czech Statistical Office, *Disability Survey 2018*, <https://www.czso.cz/csu/czso/vyberove-setreni-osob-se-zdravotnim-postizenim-2018>.

disability pension, care allowance or mobility allowance or have disability status under the Employment Act, or hold a disability card.

At the end of 2019, the Ministry conducted a survey of social enterprises. A total of 167 organisations with 303 establishments were included with food services continuing to be the largest areas of business targeting employment of people with disabilities in this sector.⁵

3.2 Analysis of labour market policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Czechia.

The National Employment Strategy 2020⁶ reports on limited participation of persons with disabilities in open labour market. The Strategy lists several reasons for such unfavourable situation such as prejudices and stereotypes attached to disability, reservations of employers to employ disabled people, reluctance of disabled people to seek employment, and their lower qualification. Similarly, the National Disability Plan 2015-2020 (revised 2019)⁷ calls for more effective support for employers to employ persons with disabilities in the open labour market. It calls for the Ministry to submit a proposal for 'systemic changes' in employment support by 31 December 2020. Up to date this task has not been accomplished and will be likely transferred to the upcoming national disability strategy.

Partial positive developments were introduced as response to limited access of persons with disabilities to employment. For example, counselling centres for persons with disabilities attached to labour offices were established. Unfavourable patterns in labour market were also addressed by amendments to the Employment Act 2018. The structure and amount of financial support for employers to employ people with disabilities in sheltered labour market were adjusted and enlarged. These developments are expected to contribute to increased effectiveness of the employment support measures. Nevertheless, these provisions can be considered as only fractional. Broader revision of the employment support system for persons with disabilities should be considered as it is already stipulated by the National Disability Plan 2015-2020.⁸

⁵ https://www.mpsv.cz/documents/20142/1248138/18_02_2020+TZ+-+MPSV+realizovalo+pr%C5%AFzkum+soci%C3%A1ln%C3%ADch+podnik%C5%AF+v+%C4%8CR.pdf.

⁶ <https://www.mpsv.cz/documents/20142/848077/strategiepz2020.pdf/a666485c-355f-3d35-4fe7-0692661e271a>.

⁷ Resolution No. 385, 25 May 2015, *National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*, <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotním-postizením-na-období-2015-2020-130992/>. https://www.vlada.cz/assets/ppov/vvzpo/dokumenty/Narodni-plan-OZP-2015-2020-revize-2018_2.docx.

⁸ Resolution No. 385, 25 May 2015, *National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*, <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotním-postizením-na-období-2015-2020-130992/>. https://www.vlada.cz/assets/ppov/vvzpo/dokumenty/Narodni-plan-OZP-2015-2020-revize-2018_2.docx.

A number of national disability strategies have addressed importance of comprehensive system of support services for persons with disabilities (health, social care, employment, life-long learning). Up to date, comprehensive rehabilitation system does not exist. Although legal regulations for comprehensive rehabilitation have been drafted and discussed several times during last two decades by teams of experts, government representatives and disabled people organisation, support for persons with disabilities remains fragmented.

In Czechia, the use of flexible forms of employment such as part-time contracts, flexible working hours, etc. is among the lowest in the EU. In addition, people with disabilities experience discrimination in employment.⁹ In 2017, the Ombudsman's Office dealt with 384 complaints related to discrimination. Seven complaints were classified as direct discrimination, four as indirect discrimination and two as other forms of discrimination such as persecution, harassment, instruction or incitement to discrimination. Most often, people felt discriminated against in the field of work and employment, as well as in access to goods and services or in areas other than those defined by the Anti-Discrimination Act. The most common cause of discrimination was disability, followed by attributed or declared race and ethnic origin and gender, while the previously most common reason – age – placed fourth together with nationality. There were also 24 cases in which discrimination was alleged on multiple grounds.¹⁰

Recommendations

- Amend measures to support the employment of people with disabilities enshrined in the Employment Act in order to increase motivation of employers to employ people with disabilities in open labour market.
- Strengthen professional expertise of the Labour Office personnel to better support people with disabilities in employment.

⁹ Ministry of Labour and Social Affairs, *Social Inclusion Strategy 2021–2030*.

¹⁰ Government of the Czech Republic (2018) *Report on the State of Human Rights in The Czech Republic in 2017*, p. 46. Available at: <https://www.vlada.cz/cz/ppov/rlp/dokumenty/zpravy-lidska-prava-cr/zprava-o-stavu-lidskych-prav-v-ceske-republice-v-roce-2017-167857/>.

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.

‘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.’

[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.’

In 2019, the Committee raised the following questions for Czechia in these respects:

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 healthcare and rehabilitative services, including sexual and reproductive health services, for persons with disabilities in their communities.

The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020, was also revised in 2019 and contains objectives relevant to Social security and social protection (section 4.14), a focus on employment (section 4.13), Independent living (4.6), and Health and healthcare (4.11).¹¹

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 16.6 % in 2018, compared to 7.2 % for other persons of similar age – an estimated disability poverty gap of approximately 9 percentage points (see Table 14). For people aged over 65, the disability poverty gap was 8.6 points (21.4 % for older persons with disabilities and 12.8 % for other persons of similar age). The tables in annex also indicate the respective rates of AROPE and break these down by gender as well age.

¹¹ Resolution No. 385, 25 May 2015, *National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*, https://translate.googleusercontent.com/translate_c?depth=1&pto=aue&rurl=translate.google.co.uk&sl=auto&sp=nmt4&tl=en&u=https://www.vlada.cz/assets/ppov/vvozp/dokumenty/Narodni-plan-OZP-2015-2020-revize-2019_2.pdf&usq=ALkJrhYpy99VuRsj6Tgl63ual0RFA4CXQ.

In general, the various risks of poverty and social exclusion in Czechia remain below the EU averages for persons with disabilities, as they do for other persons in the population. However, the risk for older persons with disabilities are more elevated by comparison with the EU averages and approach the risk level for younger adults (Table 13). This is reflected in the trend data, which shows a rapidly rising risk of relative financial poverty for the older age group in recent years, after social transfers as well as a wide disability poverty gap for those of working age (Table 14).

Progress towards community-based services is far from satisfactory. There has been an increase of funding for social services primarily financed by EU funds. Nevertheless, funding mechanisms are not yet 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 ESF programmes targeted at deinstitutionalisation. Deinstitutionalisation is still seen as a 'project' (EU funded) rather than mainstream activity.¹²

There is not a coherent monitoring mechanism in place which would provide an overall picture on what types of accommodation and support people with disabilities are being moved into, except accommodation and support facilities established as part of the EU funded projects.

The number of children in residential institutional care in Czechia decreased by almost 29 % between 2008 and 2018 (from approximately 10,500 to 7,500). For children with disabilities, the reduction was 46 % (from 1,063 to 355).¹³ Nevertheless, there are still children and young people in institutional care. Transition programs with appropriate assistance and support during the transition period from institutional care to independent living should be developed and provided to these young people.

4.2 Analysis of social policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Czechia.

The Social Inclusion Strategy 2021-2030¹⁴ recognizes social inclusion as a cross cutting issue which is determined by both health and social policies. However, social care and health care in Czechia is regulated by different legislation, different sources and funding systems, which are fragmented. As result, communication and cooperation of both public sectors is considered as insufficient.¹⁵

¹² Šiška, J. and Beadle-Brown, J. (2020), *Transition from Institutional Care to Community-Based Services in 27 EU Member States*: Final report. Research report for the European Expert Group on Transition from Institutional to Community-based Care, <https://deinstitutionalisation.com/>.

¹³ Šiška, J. and Beadle-Brown, J. (2020), *Transition from Institutional Care to Community-Based Services in 27 EU Member States*: Final report. Research report for the European Expert Group on Transition from Institutional to Community-based Care, <https://deinstitutionalisation.com/>.

¹⁴ Ministry of Labour and Social Affairs, *Social Inclusion Strategy 2021–2030*.

¹⁵ Ministry of Labour and Social Affairs, *Social Inclusion Strategy 2021–2030*.

The most recent disability relevant strategy in social care is the National Strategy for Development of Social Services 2016-2025.¹⁶ The Strategy focuses on transition from institutional care model to community-based support. The Strategy is short in quantifiable targets and in monitoring mechanisms. In relation to independent living, the 2019 action plan envisaged a revised framework for the provision of assistive technologies and aids by December 2019, and 'a systemic solution for assessing the needs of people with long-term care needs' by December 2020, as well as a new technical standard for the provision of social services and as a condition of registration of such services.¹⁷ A report which would provide information on meeting these commitments was not found.

Reform of the residential social services for people with disabilities has been given some attention by the Government over the past decade. Particularly, the high number of children and young people in institutional care was criticised by international children rights community. Transition from institutional care to community-based living is one of priority areas of the National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020.¹⁸ The Plan includes objectives relevant to social care such as: build conditions which would allow that persons with disabilities can live as independently as possible in their home environment, make home-based, community-based services and residential social services accessible.¹⁹ The National Plan spells out only general statements, not numerical targets such as number of people leaving institutions, numbers of institutions closed etc. Annually revised Plan is short in information and evidence on progress in implementing given accomplishments.

The Strategy for Development of Social Services 2016-2025 highlights the transition from the institutional care model for persons with disabilities to supporting them in their home environment (Objective A).²⁰ Alike the Disability Plan, the Strategy does not include quantifiable disability related targets in the areas of transition to community-based services and social inclusion. Nevertheless, the Strategy includes concrete policy commitments. However, Ministry of Labour of Social Affairs is short in monitoring and reporting on implementation of the Strategy. Hence, it is not possible

¹⁶ *Strategy on Social Services 2016-2015*, <https://www.databaze-strategie.cz/cz/mpsv/strategie/narodni-strategie-rozvoje-socialnich-sluzeb-2016-2025>.

¹⁷ https://www.vlada.cz/assets/ppov/vvozp/dokumenty/Narodni-plan-OZP-2015-2020-revize-2019_2.pdf.

¹⁸ The Government of the Czech Republic. Resolution No. 385, 25 May 2015, *National Plan for the Equalization of Opportunities for People 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.

¹⁹ Resolution No. 385, 25 May 2015, *National Plan for the Equalization of Opportunities for People 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.

²⁰ MoLSA. (2015), *Národní strategie rozvoje sociálních služeb na období 2016–2025*. (National Strategy for Development of Social Services for the Period 2016 – 2025.) *Usnesení vlády ČR č. 245/2016 ze dne 21.03.2016* <https://www.mpsv.cz/documents/20142/225517/NSRSS.pdf/bca93363-6f0b-52ab-a178-4852b75dab6f>.

to monitor the overall progress in a quantifiable manner. As result, there is not a coherent monitoring mechanism in place which would provide an overall picture on what types of accommodation and support people with disabilities are being moved into, except accommodation and support facilities established as part of the EU funded projects.

Anecdotal evidence suggests that previously closer attention given by policy makers to deinstitutionalisation gradually weakens. Tendency to maintain or even build new congregative residential settings is observed. Such patterns are contradictory with the UN CRPD, and with the Article 24 in particular.²¹ This pattern has been pointed out by the group of Czech academics in their appeal to the Government.²²

The so-called Reform of the Psychiatric Care is gradually being implemented through a number of EU funded projects. An ongoing challenge is inadequate inter-ministerial cooperation between relevant Government authorities, mainly Ministry of Labour and Social Affairs (MoLSA) and Ministry of Health. The implementation of the accomplishment to establish an inter-ministerial mechanism to better and mutually oversee the mental health sector is still in progress.²³

In 2019, an amendment to the Public Health Insurance Act came into force, which expanded the range of medical devices (aids) that people with disabilities can obtain from the public health insurance system. The Act on the Provision of Benefits to Persons with Disabilities was also amended, which significantly expanded the circle of persons eligible for contribution for a special aid.

Recommendations

- There are still young people with disabilities living since early childhood in institutional care. It is crucial to create and implement transition programs for providing these young people with appropriate assistance and support during their transition to community living arrangements.
- Public domestic funds should never be used to build, renovate or support any institutions.
- The future relevant national strategies such as the National Plan on Promoting Equal Opportunities for Persons with Disabilities 2015-2020 should have a clear timeline and concrete and benchmarks for implementation that are monitored effectively at regular intervals.

²¹ <https://socialnipolitika.eu/2020/10/organizace-komunitnich-sluzeb-odmitaji-stanovisko-k-deinstitucionalizaci-socialnich-sluzeb/>.

²² <http://jdicz.eu/petice-jdi-to-podepsat/>.

²³ https://www.psychiatrie.cz/images/2020/2020_01_22_SP_AKTUALITY_-_IMPLEMENATCE_SRPP_V_ROCE_2019.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.’

In 2019, the Committee raised the following questions for Czechia in these respects:

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.

The National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020, was also revised in 2019 and contains a number of objectives relevant to Education and training (section 4.10).²⁴

5.1 Summary of the educational situation of persons with disabilities

The EU-SILC estimates concerning educational attainment should be treated with some caution due to variable confidence levels, but they consistently indicate disability quality gaps. Table 16 indicates early school leaving rates disaggregated by disability status. Youth with disabilities (aged 18-24) tend to leave school significantly more than non-disabled peers of the same age groups (and this is reinforced by widening the sample size to age 18-29). Table 17 shows completion rate of tertiary education

²⁴ Resolution No. 385, 25 May 2015, *National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*, https://translate.googleusercontent.com/translate_c?depth=1&pto=aue&rurl=translate.google.co.uk&sl=auto&sp=nmt4&tl=en&u=https://www.vlada.cz/assets/ppov/vvozp/dokumenty/Narodni-plan-OZP-2015-2020-revize-2019_2.pdf&usq=ALkJrhYpy99VuRsj6Tgl63ual0RFA4CXQ.

disaggregated by disability and age group. Persons with disabilities (age 30-34) are less likely to complete tertiary education than their peers (and this is reinforced in the wider sample for age 30-39).

According to administrative data provided to the European Agency for 2016/2017, a large proportion of children with an official decision of SEN were educated outside mainstream classes for most or all of the time. Among these, 3,836 were in special schools at ISCED02 (25 %), 11,918 at ISCED03 (25 %) and 4,012 at ISCED04 level (18 %).²⁵ These data are indicative of the situation as not all children with a SEN decision may be children with disabilities (and vice versa).

The systemic transformation of the education system towards more equal access to quality education for all commenced in Czechia in 2009, drawing on the judgment of the European Court of Human Rights in the case of D. H. and others v. Czechia. The legislation regulating education of learners with disabilities was amended in 2016 with aim to better support inclusive education. Number of learners with disabilities in mainstream education is gradually increasing. However, inequalities in education is an alarming challenge of social inclusion in Czechia.

The educational system faces shortage of relevant professionals such as special educators, school psychologists, insufficient training of teaching assistants, limited and regionally unequal capacities of school counselling facilities, administrative complexity of the process and instability of funding to support children with disabilities in education.

5.2 Analysis of education policies relevant to the Semester

For reference, see also the 2020 [National Reform Programme](#) for Czechia.

Equal access to education has been reinforced by adopting significant regulations in the Education Act with aim to improve the access to quality education for pupils with special educational needs (SEN). As of 1 September 2016, amendment to the Education Act 2015 became effective which regulates entitlement to support in the education for pupils with special educational needs. The Decree 27/2016 stipulates procedures to strengthen education for children, pupils and students with special educational needs in mainstream schools through support measures which are guaranteed by the State.

Over the last 10 years, number of pupils with special educational needs in mainstream schools substantially increased. For example, in 2012/2013 there was 40,888 learners attended mainstream primary schools.²⁶ In 2017/2018 it was 68419 pupils. Despite the new regulations, inequalities in education have been reported as one of the alarming challenges of social inclusion in Czechia.²⁷ The new regulations came into force without prior professional knowledge and expertise of teachers in mainstream

²⁵ https://www.european-agency.org/data/czech-republic/datatable-overview#tab-official_decision_on_sen.

²⁶ Statistical Data on Education. Ministry of Education, Youth and Sports.

²⁷ Ministry of Education, Youth and Sports, *Education Policy Strategy of the Czech Republic until 2020*, <https://www.msmt.cz/vzdelavani/skolstvi-v-cr/strategie-vzdelavaaci-politiky-2020>.

schools to work with children with SEN. In addition, up to November 2020 no measures have been implemented imposing the adoption of standards for the operation of school counselling facilities for pupils with disabilities. Gaps in communication gaps is also addressed in the short-term strategy – Action Plan for Inclusive Education 2019-2020²⁸ which calls for establishing effective communication channels to better inform professionals and general public on principals and measures to make mainstream education reality for learners with special educational needs. However, the Strategy is short in formulating how impact of these measures would be assessed in practice.

Similar challenges in implementing inclusive education are cited in the General Long-term Strategy on Education.²⁹ The challenges include shortage of relevant professionals such as special educators, school psychologists, insufficient training of teaching assistants, limited and regionally unequal capacities of school counselling facilities, administrative complexity of the process and instability of funding to support children with SEN in education. The Strategy calls for better professional competencies of pedagogical personnel, especially in the field individualization of education, teaching of heterogeneous groups, formative evaluation and assessment of learning outcomes. Similarly, to other strategies in education, systematic assessment of implementation is not reported or perhaps even conducted.

Up to date, facilitating equal access to mainstream education for all is largely dependent on funding from the European Structural and Investment Funds (ESIF) rather than on systemic long-term state funding. As of 30 June 2019, the relevant Czech ministries provided EU funds in the amount of CZK 32.3 billion to beneficiaries to support projects and programs on inclusive education. Measures for long term sustainability of projects outputs are reported as vague.³⁰

Results of the survey conducted by the Czech Statistical Authority 2018 on disability indicate that people with disabilities are less likely to progress in education compared to other people in the general population. Among people with disabilities, aged 35-49 years, the share of people with only primary education or without any education is four times higher (21 % compared to 5 %). A similar pattern can be observed in secondary education – without a GCSE (47 % compared to 36 %). More than two thirds of people with disabilities in this age group do not hold GCSE (see Table B in annex).³¹

There has been an alteration in tertiary education through an amendment to Act on Higher Education Institutions and Government Regulations on Standards for Accreditation in Higher Education. The higher education institutions are now required to ensure equal access to studies for all applicants including those with disabilities. Centres for supporting students with disabilities are now operational at higher

²⁸ *Action Plan for Inclusive Education 2019–2020*, <http://inkluzevpraxi.cz/apivb/akcni-plan-inkluzivniho-vzdelavani>.

²⁹ Ministry of Education, Youth and Sports, *Main Trends in Education in the Czech Republic 2030+*, <https://www.msmt.cz/vzdelavani/skolstvi-v-cr/strategie-2030>.

³⁰ The Supreme Audit Office. 2020, *Support for Inclusive Education*, <https://www.nku.cz/cz/pro-media/tiskove-zpravy/skoly-ani-ucitele-ministerstvo-na-inkluzi-dostatecne-nepripravilo--spolecne-vzdelavani-je-navic-financne-zavisle-na-penezich-z-eu-id11486/>.

³¹ The Czech Statistical Office, *Disability Survey 2018*, <https://www.czso.cz/csu/czso/vyberove-setreni-osob-se-zdravotnim-postizenim-2018>.

education institutions. The number of university students with special educational needs is regularly monitored and published, inter alia, in connection with the financial incentives.³² Number of students with disabilities in higher education is continuously growing, more than doubling in the last 5 years – from 894 students in 2012 to almost 2,000 students in 2018.

Recommendations

- Long-term and systemic professional support and guidance for mainstream schools and their educational personnel need to be developed to effectively educate learners with special educational needs.
- It would be appropriate to enhance communication and cooperation between schools, municipalities and regional governments, academia, service providers, parents or other legal representatives of pupils. The equal access to education for all should be seen as a guiding principle, not as EU funded project.

³² Ministry of Education, Youth and Sports, Monitoring Indicators in Higher Education, <https://www.msmt.cz/vzdelavani/vysoke-skolstvi?lang=1>.

6 Investment priorities in relation to disability

6.1 Updates on use of existing EU funds (to 2020)

Promoting employment and social inclusion is a major priority for ESF investments in the Czech Republic. 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 also investment priority. An estimated total of EUR 151 million has been made available to support the transition to community-based care. This includes approximately EUR 144 million under the Integrated Regional Operational Programme, co-funded by the European Regional Development Fund (ERDF) supporting the 'deinstitutionalisation of social services for social inclusion' and approximately EUR 7.7 million under the Operational Programme Employment, co-funded by the European Social Fund (ESF) supporting the process of transforming residential services and to support community-based services resulting from the transformation.

The transition of several institutional care facilities has been supported by EU funded projects. The progress of these facilities has been regularly monitored by quantitative and by qualitative methods (number of residents who benefitted from the transitions, impact of transition on empowerment of service users, financial indicators etc.). For example, the MoLSA final report on implementation of the Strategy for Supporting Transformation of Residential Social Services reports that 1,563 people with disabilities left institutional settings and 10 institutional care facilities were closed (out of 47 which benefitted from the EU funded projects).³³ However, such monitoring mechanisms are operational only in the EU funded projects.

Example of concrete projects: MoLSA implements the EU funded project *Life as Everybody's else* (2016-2019).³⁴ The project aimed at systemic and methodological support for transition from the institutional type to community-based services. The project activities include evaluation studies, methodical support and capacity building. EU contribution CZK 31 738 467,96, the domestic contribution CZK 9 181 394,04.

Within the framework of the Operational Program Employment, projects of non-profit, educational and consulting organisations are implemented with aim to increase employment opportunities for people with disabilities. In 2018, 60 such projects were implemented with a total volume of approximately CZK 220 million (projects are implemented in the period 2016–2020).'

³³ MoLSA 2018. The final report on the fulfilment of the task 'Strategy for supporting the transformation of residential social services into other types of social services provided in the user's natural community and supporting the user's social integration into society.'

³⁴ https://www.esfcr.cz/projekty-opz/-/asset_publisher/ODuZumtPTtTa/content/zivot-jako-kazdy-jiny?inheritRedirect=false.

6.2 Priorities for future investment (after 2020)

The investment guidance on the Just Transition Fund for the Czech Republic³⁵ does not address priorities particularly relevant to the challenges identified in this report. As partially relevant is priority 'Job-search assistance to jobseekers' and 'Active inclusion of jobseekers.' It would be appropriate to consider disability funding with particular focus on supporting quality employment and community-based services.

CSR1 refers to the need to 'strengthen the availability of health workers, primary care and the integration of care, and deployment of e-health services'. It is important that the specific needs of people with disabilities are considered in this investment, noting their higher unmet needs for medical treatment (evidenced in Table 15).

CSR2 recommends to 'Support employment through active labour market policies, the provision of skills, including digital skills, and access to digital learning'. These are areas where the exclusion of people with disabilities is clearly evidenced from EU and national data, and where specific recommendations have been made previously. Investment in this area must target the needs of people with disabilities explicitly.

CSR3 recommends focused investment on digital transition and infrastructure as well as sustainable transport infrastructure. In these areas it is vital that the accessibility needs of persons with disabilities are mentioned, and that such investment complies with the expectations of Article 9 CRPD and EU rules concerning structural funds and public procurement.

³⁵ The Just Transition Fund. Annex D in the Commission's [Country Report](#) for Czechia.

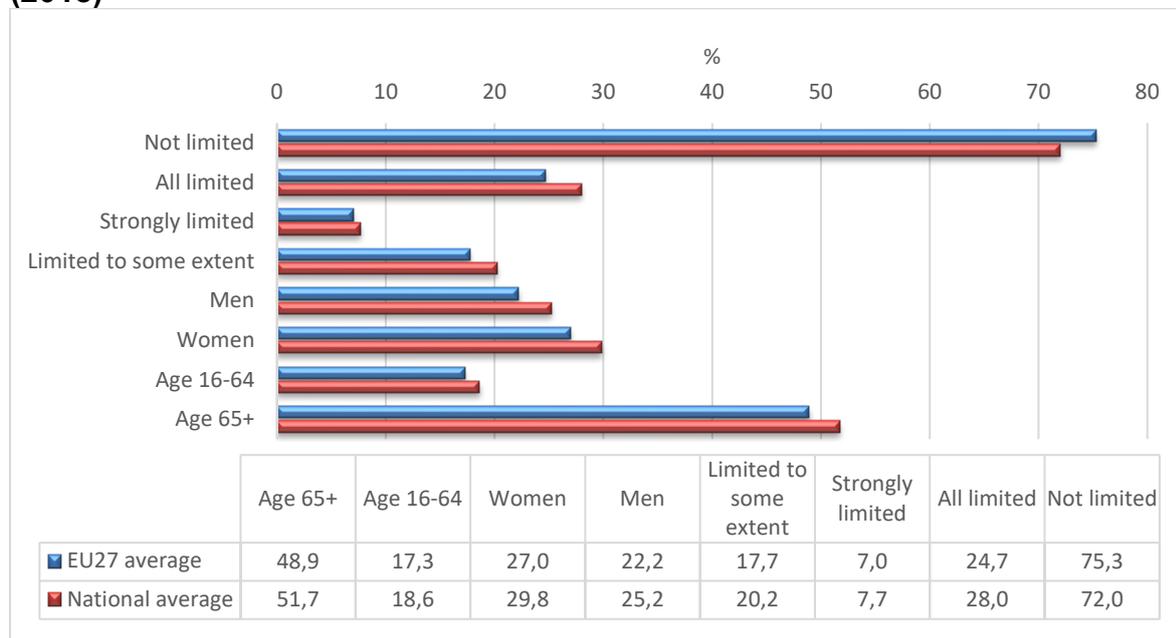
7 Annex: disability data relevant to the Semester

See also disability data published in the Eurostat database³⁶ and statistical reports.³⁷

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 people 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’.³⁸

Table 1: Self-reported ‘activity limitations’ as a proxy for impairment/disability (2018)



Source: EU-SILC 2018 Release 2020 version 1

In subsequent tables, these data are used to indicate ‘disability’ equality gaps and trends relevant to the analytical chapters – for the labour market, social policies and healthcare, and education – by comparing outcomes for persons who report and do not report ‘activity limitations’.³⁹ National estimates for Czechia are compared with EU27 mean averages for the most recent year.⁴⁰

³⁶ Eurostat health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

³⁷ Eurostat (2019) *Disability Statistics* https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Disability_statistics.

³⁸ The 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)).

³⁹ This methodology was developed in the annual statistical reports of ANED, available at: <http://www.disability-europe.net/theme/statistical-indicators>.

⁴⁰ The exit of the United Kingdom from the EU changes the EU average. Averages were also affected in 2015 by a discontinuity in the German disability data due to a definitional change.

7.1 EU data relevant to disability and the labour market (2018)

Table 2: Employment rates, by disability and gender (aged 20-64)

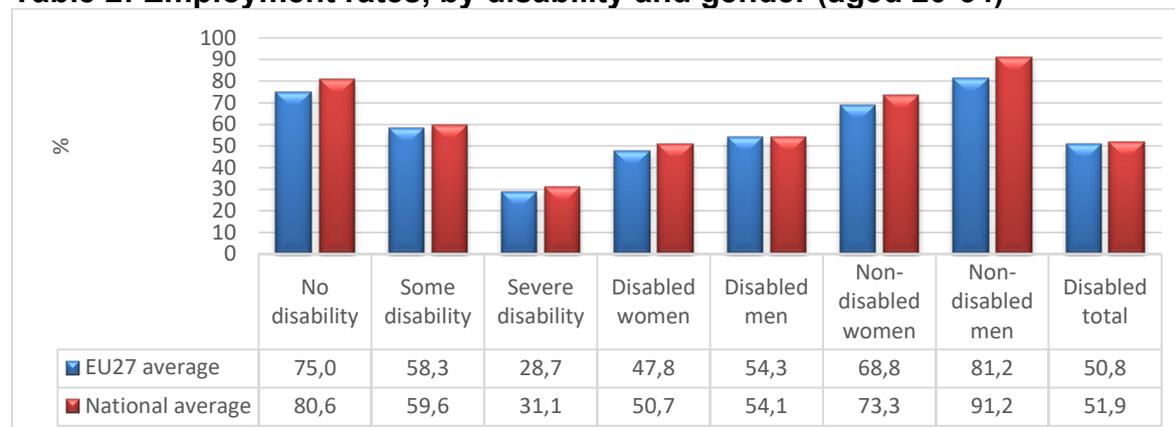


Table 3: Employment rates in Czechia, by disability and age group

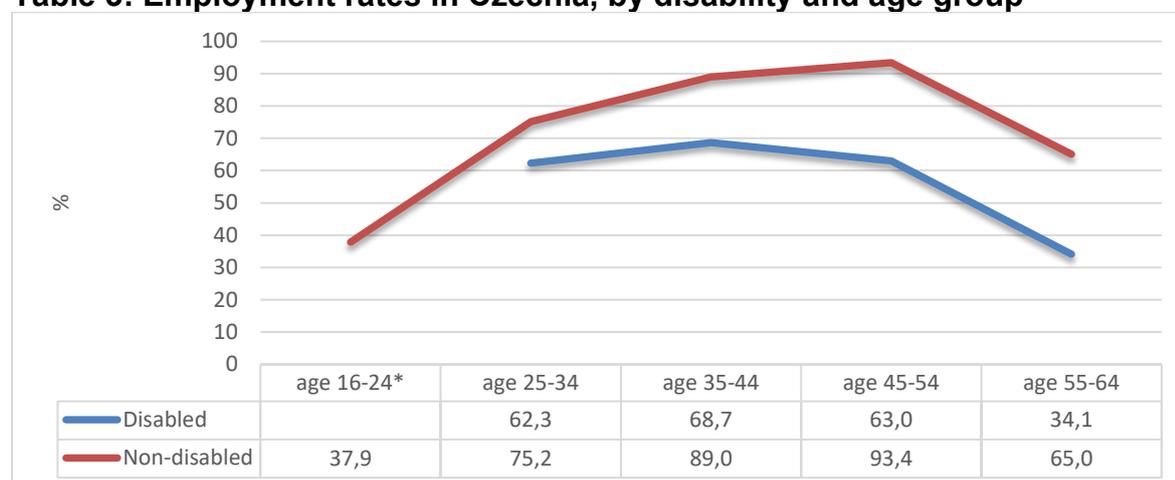
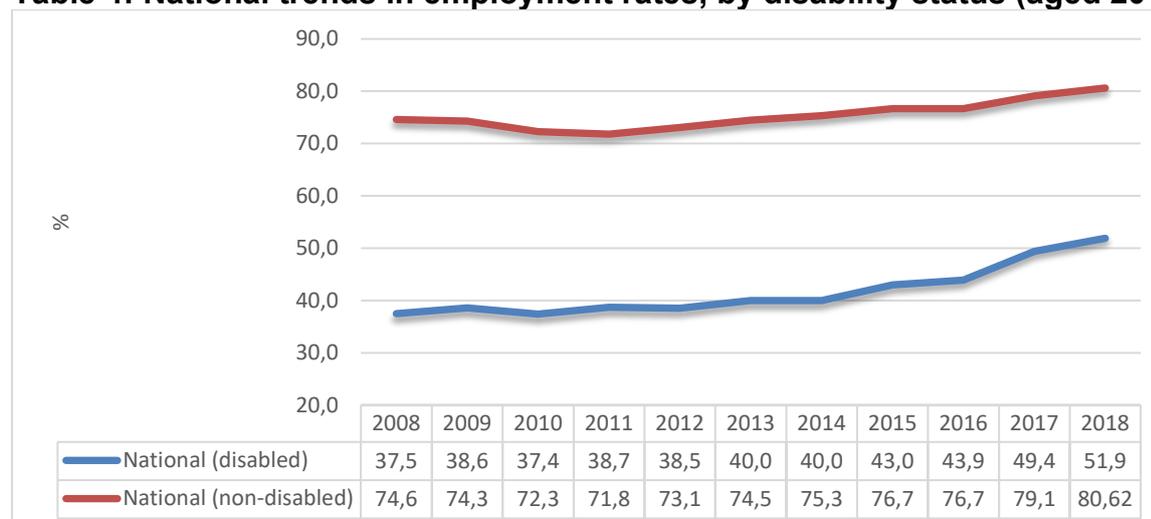


Table 4: National trends in employment rates, by disability status (aged 20-64)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.1 Unemployment

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

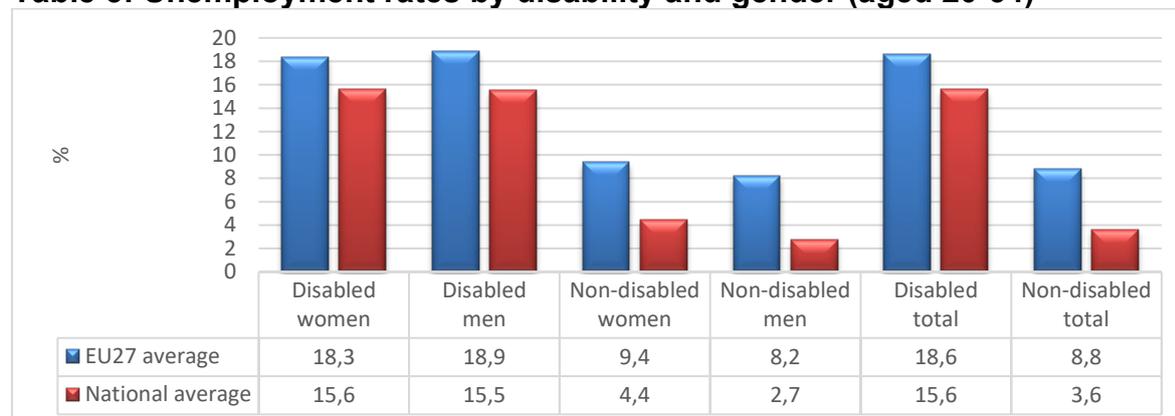


Table 6: Unemployment rates in Czechia, by disability and age group

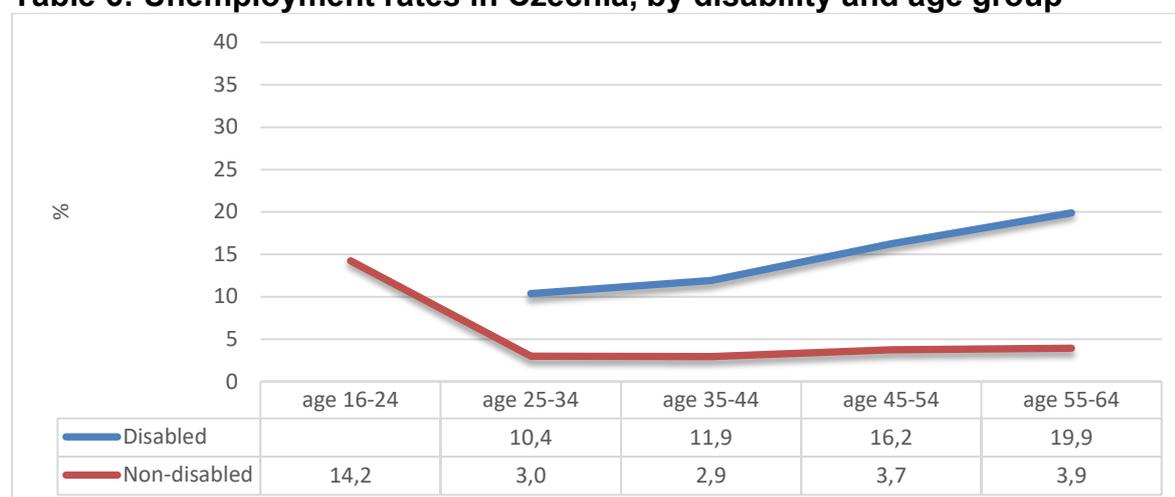
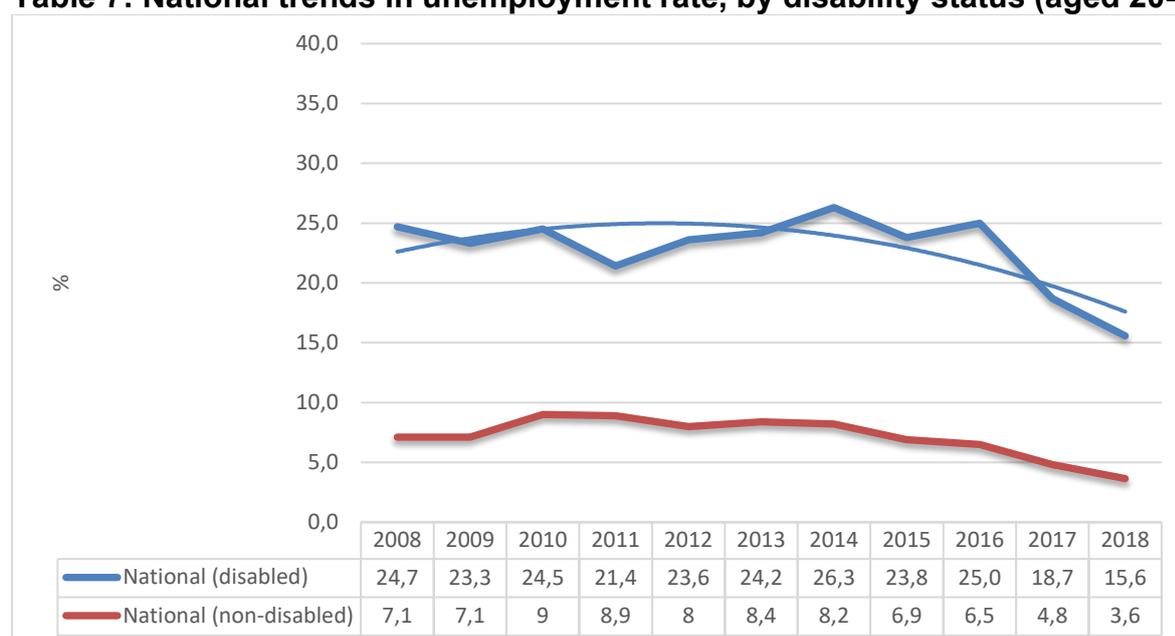


Table 7: National trends in unemployment rate, by disability status (aged 20-64)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.2 Economic activity

Table 8: Economic activity rates, by disability and gender (aged 20-64)

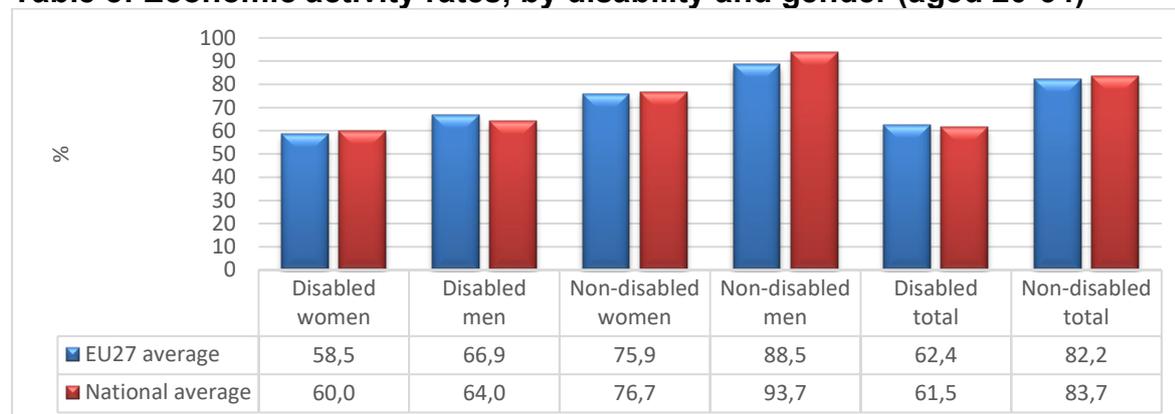


Table 9: Activity rates in Czechia, by age group

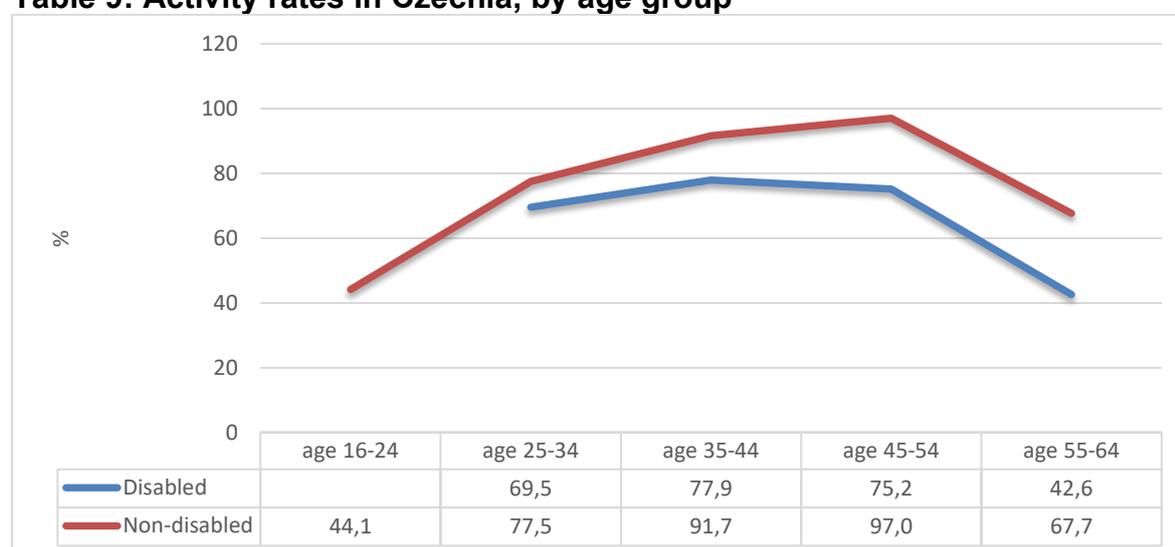
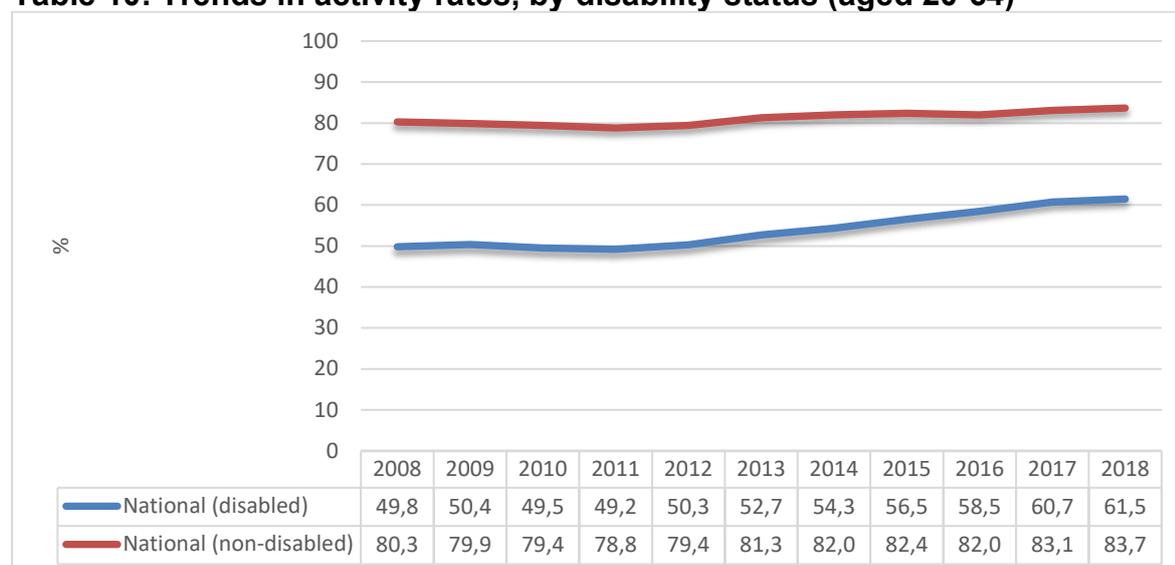


Table 10: Trends in activity rates, by disability status (aged 20-64)



Source: EU-SILC 2018 Release 2020 version 1 (and preceding UDBs)

7.1.3 Alternative sources of labour market data in Czechia

Disability data is not included in 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.⁴¹

In the Czech Republic the available statistics provide information on the number of persons with disability registered as job seekers, the number of vacancies suitable for persons with disabilities, the number of persons with disabilities eligible for one vacancy and number of persons engaged in sheltered workplaces only. With regards to where persons with disabilities are employed, there are only statistical data available on new work places in sheltered workshops. Similarly, there is no overall data on fulfillment of the disability employment quota.⁴²

Table A: Persons with disabilities by economic activity, sex and age (%)

economic activity and income	total	sex		age group 20-64		
		men	women	20-49 years	50-64 years	total
working	18.6	21.8	16.1	46.2	35.9	39.9
in it:						
working (has no pension)	6.5	8.0	5.4	18.8	11.8	14.5
working old-age pensioner	1.3	1.7	1.0	x	1.9	1.2
working disabled pensioner	10.8	12.1	9.7	27.4	22.3	24.2
not working	81.4	78.2	83.9	53.8	64.1	60.1
in it:						
non - working old-age pensioner	58.5	51.9	63.7	x	16.3	10.0
non - working disabled pensioner	20.7	24.0	18.0	48.1	44.3	45.7
other*	2.3	2.3	2.3	5.7	3.4	4.3

Source: Sample survey of people with disabilities - 2018⁴³

⁴¹ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁴² Integrated Portal of the Ministry of Labour and Social Affairs <https://portal.mpsv.cz/sz/stat/rek>.

⁴³ <https://www.czso.cz/csu/czso/vyberove-setreni-osob-se-zdravotnim-postizenim-2018>.

7.2 EU data relevant to disability, social policies and healthcare (2018)

Table 11: People at risk of poverty or social exclusion, by disability and risk (aged 16-59)

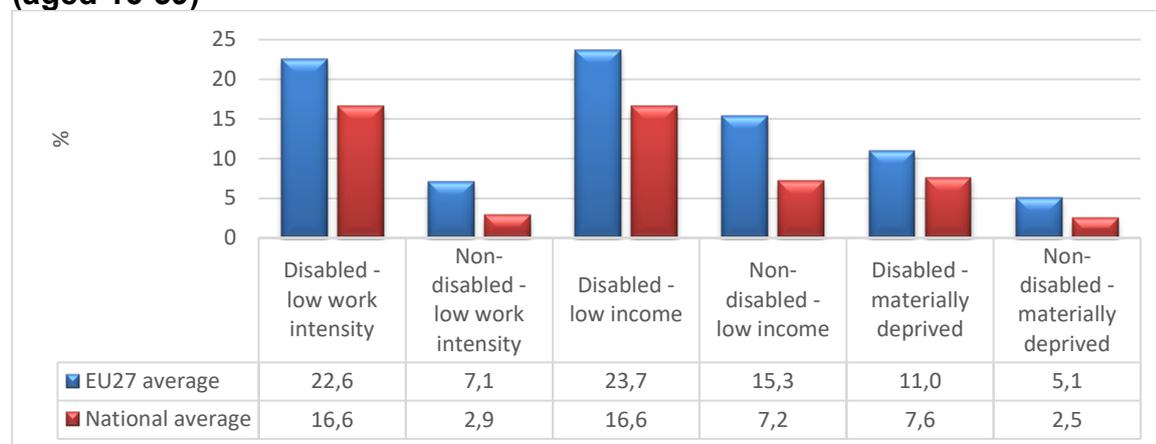


Table 12: People at risk of poverty or social exclusion, by disability and gender (aged 16+)

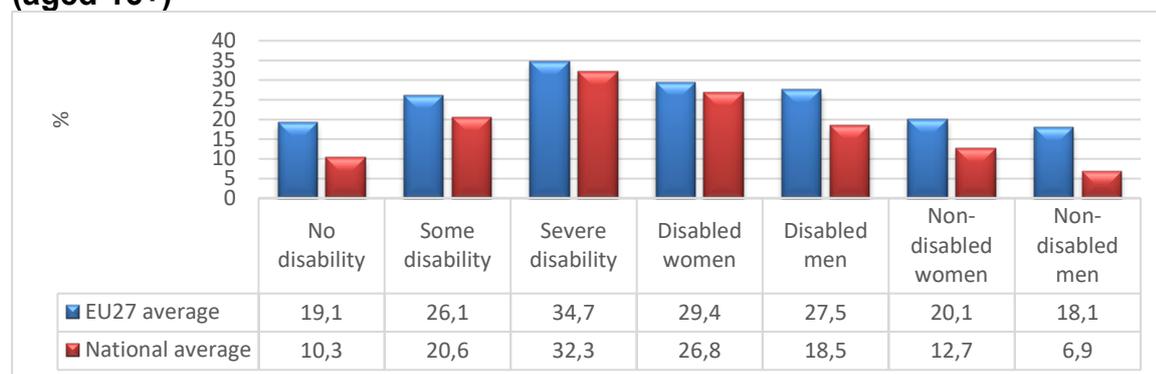
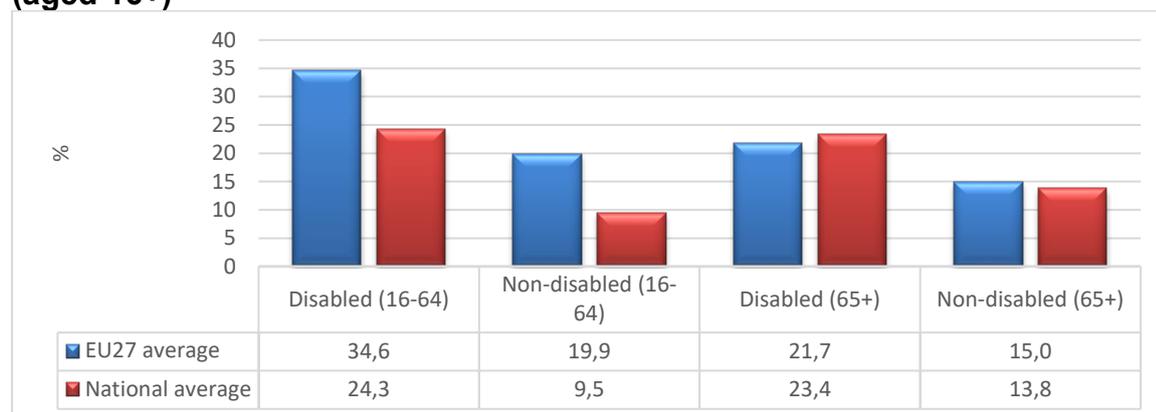
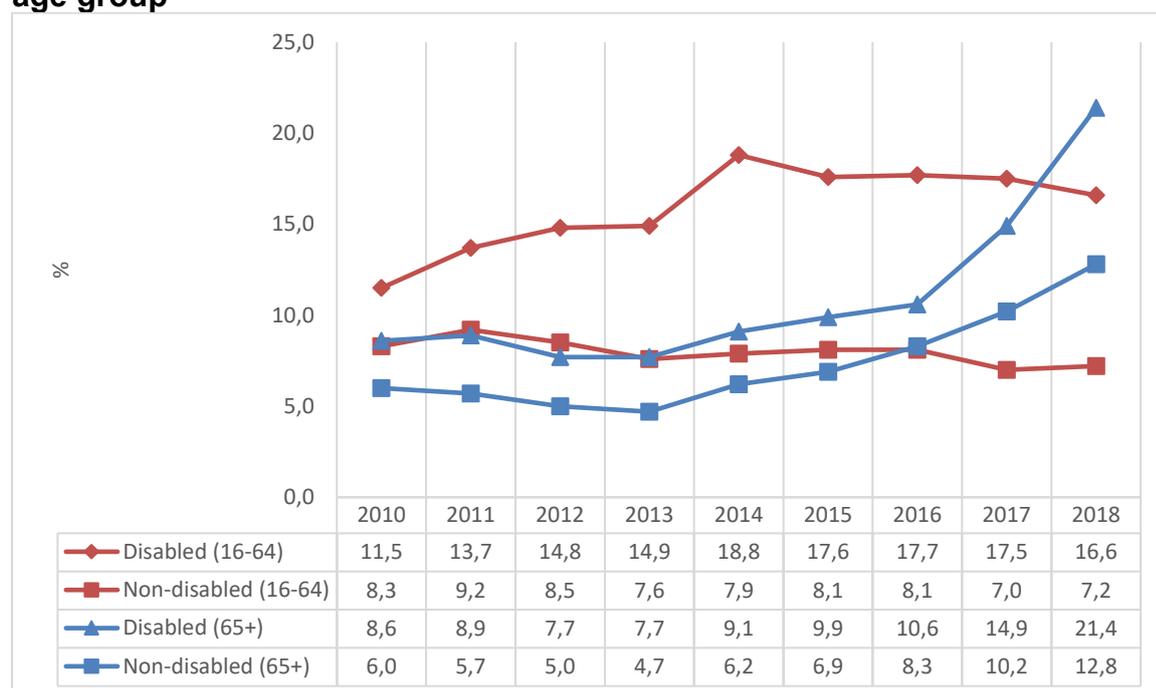


Table 13: Overall risk of household poverty or exclusion by disability and age (aged 16+)

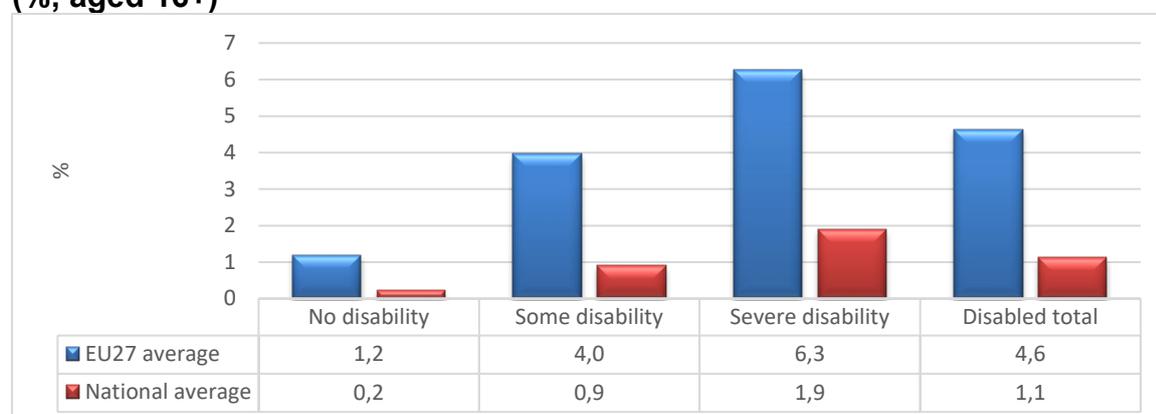


Source: EU-SILC 2018 Release 2020 version 1 (and previous UDB)

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, 3-year average (% , aged 16+)

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

Note: due to large variations an average of three years is indicated. 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 2018 are consistent with the 3-year mean values.

7.2.1 Alternative sources of poverty or health care data in Czechia

The EU-SILC data provides a comprehensive and reliable source concerning poverty or 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.⁴⁴

National surveys or studies may offer additional information.

7.3 EU data relevant to disability and education

Table 16: Early school leaving rates, by disability status (aged 18-24 and 18-29)⁴⁵

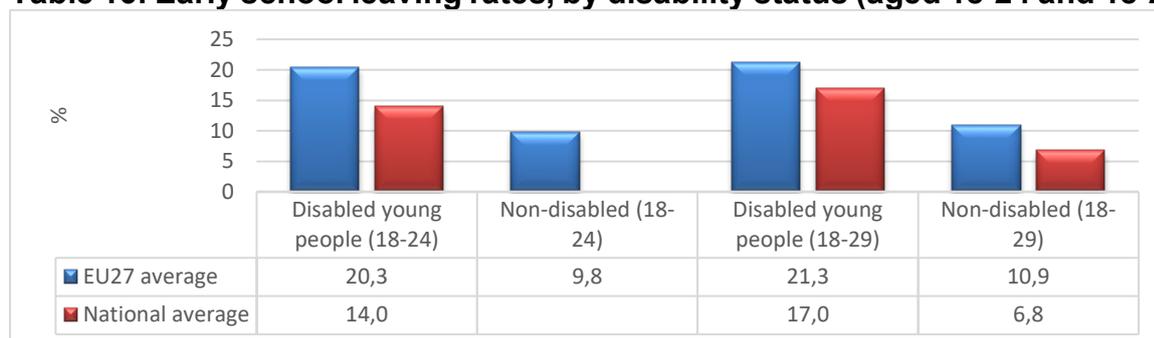
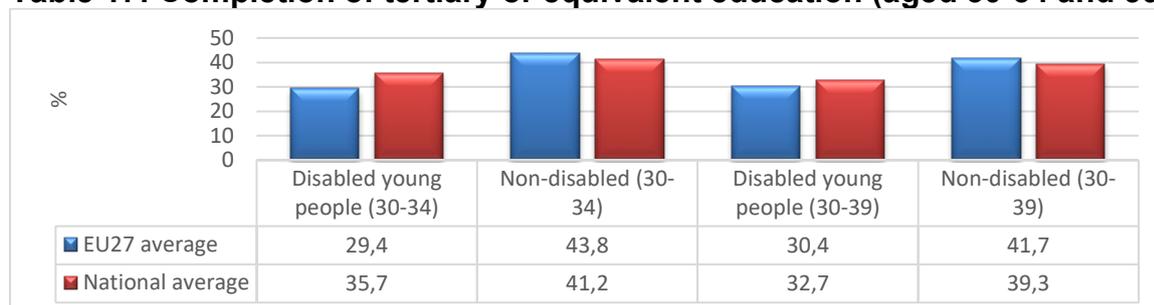


Table 17: Completion of tertiary or equivalent education (aged 30-34 and 30-39)



Source: EU-SILC 2018 Release 2020 version 1 (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.

7.3.1 Alternative sources of education data in Czechia

Disability data is not included in the core European Labour Force Survey, but education and training indicators were disaggregated from ad hoc modules conducted in 2001 and 2011. These can be found in the Eurostat disability database.⁴⁶ Similar caution is needed with this data.

⁴⁴ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

⁴⁵ 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.

⁴⁶ Eurostat Health Database, <https://ec.europa.eu/eurostat/web/health/data/database>.

Some administrative data is also provided in the European Agency's Statistics on Inclusive Education (EASIE), concerning the population of enrolled students identified with special educational needs in Czechia.⁴⁷

Table B: Persons with disabilities by highest educational attainment, sex and age (%)

	total	men	women	15–34	35–49	50–64	65–79	80 and more
basic including without education	23.4	15	30.1	47.7	21.3	16.2	20.3	33.8
secondary without GCSE	44.2	54.7	35.9	28.2	47.4	54.9	44.1	32
high school with graduation	24.9	21.9	27.3	18.1	25	23.7	26.8	25
higher professional and university	7.5	8.4	6.7	6	6.3	5.2	8.8	9.3

Source: Sample survey of people with disabilities - 2018⁴⁸

⁴⁷ European Agency for Special Needs and Inclusive Education, *Statistics on Inclusive Education*, <https://www.european-agency.org/data/data-tables-background-information>.

⁴⁸ <https://www.czso.cz/csu/czso/vyberove-setreni-osob-se-zdravotnim-postizenim-2018>.

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