



Czech Republic Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

The main legal act regulating the governance and provision of social care and support services (SCSS) in Czech Republic is the Social Services Act No. 108/2006 Coll. The Act stipulates that the SCSS are administrated by the Ministry of Labour and Social Affairs (MoLSA) together with its regional and municipal offices as well as regional and municipal authorities. Furthermore, according to this Act, social services can be provided by the MoLSA and public organisations established by the Ministry, territorial self-governing units and legal entities established by them, other legal entities and physical persons. Many social services in the Czech Republic are provided by non-profit, non-governmental and church organisations as well as civil associations at local level.

SCSS can be provided only on the basis of a formal authorization by regional authorities. Social service providers apply and, if successful, are registered in an electronic register administered by the MoLSA. In cases when the provider is the MoLSA, the Ministry itself that grants the authorization. Registered SCSS providers can run several centres located in different cities and towns.

SCSS providers are entitled to receive a subsidy from the State. This contribution is provided through the MoLSA which sets aside finances for each region in the country. Regional administrations then redistribute the finances to the contracted providers. The amount of this financial support differs from region to region, depending on how many providers the region has. Most of the time, this contribution does not cover the budget needed, thus obliging SCSS providers to seek additional financial support from sponsors, donors and foundations. The Social Services Act determines which social services are paid and which are provided free of charge. Each SCSS provider can offer one or several of the social services listed in the Social Service Act. SCSS providers may specialise in a specific disability and limit the service provision to a certain age, e.g. there are day care centres focusing visually impaired people, people with mental disability, or children and young people up to 26-year-old. Many providers do not specialize and offer their services to any disabled person, irrespective of his / her age or type of disability.

Early Childhood Intervention

In the Czech Republic, early childhood intervention is regulated by the Social Services Act No. 108/2006 Coll. The main early childhood intervention in terms of social service is so-called early care which encompasses 'educational, training and vocational activities, mediation of contact with social environment, socio-therapeutic activities, and assistance in the exercise of rights and legitimate interests.' Early care services are provided free of charge for the users. Their provision is ensured by early care centres (Social Services. Act No. 108/2006 Coll.). The early care providers are mostly non-governmental, non-profit organisations providing support to families with children with development delays or/and disabilities during their first years of life, i.e. from birth until the age of seven. As of October 2019, there were 49 registered early care providers. Some of them run several subsidiary centres across the country. The early care services are not distributed equally. While some regions have only one or two early care providers, the number of providers in other regions is higher, amounting to a maximum of seven providers¹ (Register of Social Service providers, 2019). In 2015, there were 9,400 children aged from one to seven receiving a care allowance. Since this excludes children under one year that are not entitled to receive an allowance, and given a lack of statistics, it is estimated that overall there were some 10,970 children in need of a support and around 3,500 families that were using the early care service. This is approximately one third of all children that may be in need of this service. The main reason for this discrepancy is a lack of awareness about early care service among parents and society in general but also among officials at the Ministries and other public offices with whom the parents are in touch at first (AVAST, 2016).

Early care intervention is provided mostly as a mobile service, i.e. at the family's home and alternatively as ambulant service, i.e. in the early care centre's premises. Children are accepted to the early care centres only on the basis of their parents' or legal representatives' demand. Parents should choose the centre according to its disability specialisation and location.

¹One provider may run several centres, i.e. if there is two providers in the region, it does not mean there are only two centres providing early care.

Often, centres refuse to accept children due to a different type of disability than the centre specialises in. In such cases, the centres recommend another centre providing early care which would suit the child's conditions. Awareness about what centres exist and what type of centre is right for a given child is lacking. For this reason, among others, some centres set up hotlines where parents can call and receive contact details for early care providers with different specialisations (AVAST, 2016). Some centres are overloaded and unable to accept new children immediately. In such cases, the centres have waiting lists where waiting periods may range from one to three months on average (interviewed official from an early care centre). The objective of early care is to provide support to disabled children during their first years of life in the presence of their parents. That is also why this service is mostly mobile. It is ensured by early care consultants employed by the centres. Consultants visit the families and children at their home where they provide support and consultation to both, parents and children. Beside pedagogical, advisory and psychological support, they might also assist with securing a personal assistant for the child at kindergarten, if needed. The idea of the early care centres is to support children with disabilities and their families until they reach the age of primary school education, which starts by the school year following the day of reaching the age of six, at the latest at the age of eight. Some centres, however, organise meetings and excursions/field trips for children who are already out of early education and care (e.g. until age of twelve), with the objective to provide additional support. These are free of charge, parents just pay for food and accommodation (interviewed official from an early care centre).

Early childhood education is provided in mainstream and special kindergartens, most of which are public institutions financed and administrated by State and the country regions. Pre-school education is aimed generally at children aged from three to six. Pre-school education is obligatory from the age of five until reaching the age of primary school. Children with disabilities are accepted into kindergartens upon the director's decision who decides on the basis of the recommendation received from an advisory school facility and a medical statement. School advisory facilities issue a recommendation explaining the supportive actions / assistance the child in question should receive (Educational Act No.561/2004. Coll.). The most common support provided to children is in the form of a pedagogical assistant who is assisting the teacher. In the years leading up to 2019, the number of pedagogical assistants in kindergartens has increased. While in 2016 there were 2,298 assistants, in 2017 this number was already 2,963 (RAABE). In 2017/2018, there were 10,788 children with disability placed (including autistic, behavioural and development disordered children) in kindergartens, i.e. 2.97% of the total number of children in kindergartens. The majority of children with disabilities (65%) are placed in special kindergartens / classes (7,014 from 10,788) (Ministry of Education, Youth and Sports, 2018). Nevertheless, the percentage of children with special needs in mainstream kindergartens has increased from 20% in 2007/2008 to 35% in the 2017/2018 school year (Czech Statistical Office, 2018).

Families and children in their first years of life can make use of other services provided generally for persons with disabilities irrespective of their age. Such services include paid daily and weekly centres aimed for people with reduced self-sufficiency. In case of small children these centres might be used as a guarding facility replacing kindergarten or school while parents are at work, offering a sort of respite care. These centres provide a complex of social care as well as educational, activation and social-therapeutic activities (see more in the sections "Day care" and "Living support"). Another service available for persons with disabilities, including children, is personal assistance which is a mobile, paid service. In case of children, assistants provide mainly educational and leisure activities (this service is described in the section "Living Support").

Education Support

In the Czech Republic, education is regulated by the Educational Act No. 561/2004 Coll. and falls under the responsibility of the Ministry of Education, Youth and Sports. Since its adoption, the Educational Act has been amended several times with a view to make education more inclusive and to facilitate equal access to education for all.

Children with disabilities may be educated in both public and private specialised and mainstream schools. The maximum number of children with disabilities requiring special educational needs (se speciálními vzdělávacími potřebami) in mainstream schools is five per class and cannot exceed one third of the total number of students in the class. Children with special needs are entitled to receive the following type of support free of charge:

- guidance provided by school or school advisory facility;
- modification and adjustment of the organisation, content, evaluation, forms and methods of education and school services;
- extension of secondary and/or tertiary vocational education by up to two years;

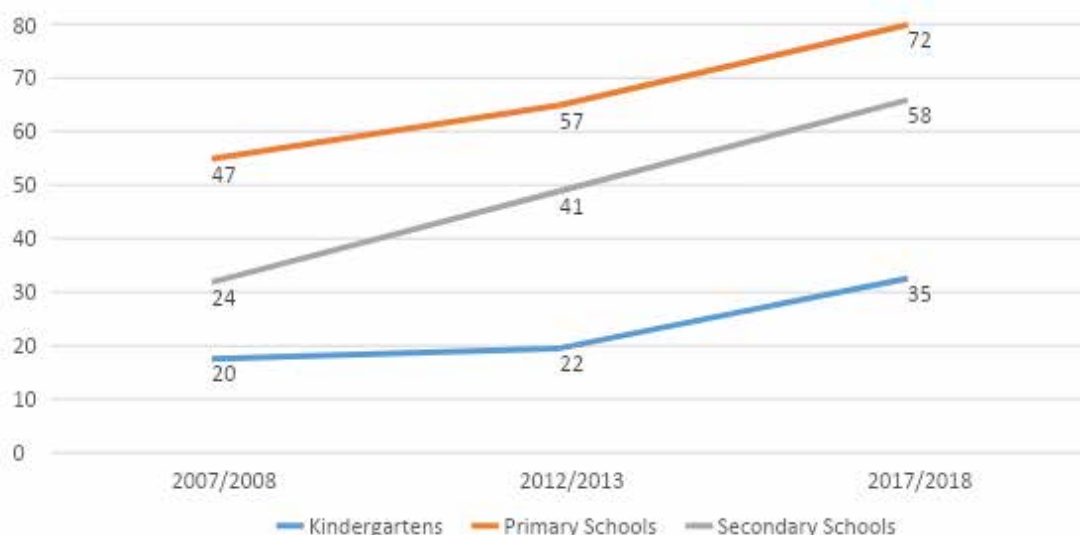
- adjustment of conditions of admission to education and completion of education;
- use of compensatory aids, special textbooks and special teaching aids;
- use of communication systems of deaf and deafblind persons, Braille, and other supporting or replacement communication systems;
- adjustment of the expected educational outcomes within the limits set by the Framework Education Programs and accredited education programs;
- an individual education plan;
- use of a teaching assistant;
- use of another pedagogical worker, interpreter of the Czech sign language, transcriber for deaf students or another person providing support to child, pupil or student during their time in school;
- provision of services in premises that are technically adjusted (Educational Act No. 561/2004 Coll.).

The school advisory facility provides a recommendation on the type of help a given child should receive and therefore each child receives different kinds of support. Very often, the support comes in form of a teaching assistant who is assisting the main teacher in the class. One teaching assistant may be assigned for one or more children. The number of teaching assistants in all three educational levels (pre-school, primary and secondary) has increased during the last years (School and education assistants portal).

Apart from the special schools, children with special needs are placed in special classes established within the mainstream schools on the basis of the Educational Act. This is the case of children with mental, physical, visual or hearing impairment, severe speech defects, severe learning disabilities, severe developmental and behavioural disorders, multiple disabilities or autism. Children can be accepted into the above mentioned classes after being recommended to by a school advisory facility and on the basis of their own request or the request of their legal representatives (Educational Act. No. 561/2004 Coll.). This entails having a special education plan and methods as well as being placed in a smaller group of children given their educational needs are very specific (Elementary School Stochov and Plzeň). In cases of severe mental disabilities, special school workers can educate children at their home (Educational Act. No. 561/2004 Coll.).

Over the past years, the proportion of children with special needs in mainstream schools has increased. In 2017/2018 school year, children with disabilities (including autism and development and behavioural disorders) made up approximately 10.3 % and 5.5% of total number of children in primary and secondary schools respectively (Ministry of Education, Youth and Sports, 2018). The graph below shows the increase in integration of children with special needs into mainstream schooling facilities.

Figure 1. Percentage of children with special needs integrated in mainstream kindergartens, primary and secondary schools in 2007/2008, 2012/2013 and 2017/2018



Source: Monthly journal of Czech statistical office available at <http://www.statistikaamy.cz/2018/09/deti-se-specialnimi-potrebami-ve-skolkach-i-skolach-pribyva/>

Employment Support

Employment of people with disabilities is regulated mainly by the Employment Act No. 435/2004 Coll. In addition, the Czech Republic adopted a non-binding National Plan for the promotion of equal opportunities for people with disabilities valid for the period from 2015 to 2020. In general, people with disabilities can participate in both open and sheltered employment. Sheltered employment is provided by employers operating in the sheltered labour market, i.e. employers with more than 50% of their staff being persons with disabilities. Every employer, irrespective of in which type of employment s/he operates, can create (a new job is created specifically for a person with disabilities) or set aside (an already existing post becomes a job position specifically aimed for a person with disability) a post specifically aimed at a disabled person within the workplace. In either case, such a post is established upon a written agreement between the employer and the responsible regional Labour Office. The latter makes a contribution to the employer for the necessary equipment and maintenance costs incurred by the establishment of this protected working positions. The sheltered post is designated only for people with disabilities and must be operated for at least three years. In the course of the three years, several people with disabilities can be employed at the post. Moreover, employers in the open market are entitled to receive a subsidy from the Labour Office for employing a person with disability (Employment Act No. 435/2004 Coll.).

The sheltered labour market is comprised of employers where disabled people make up more than 50% of the total number of employees. Employers must have an agreement with the responsible Labour Office recognising their position in the sheltered labour market. Such businesses are colloquially called sheltered workshops. Employers in the sheltered market are entitled to ask the responsible Labour Office for a compensation amounting to 75% of salaries and wages disbursed monthly to employees with disabilities. The maximum amount of a monthly compensation is CZK 12 000 (around EUR 469) per employee with a disability (Employment Act No. 435/2004 Coll.).

As of 2012, there were more than 1 million people with disabilities living in the Czech Republic of which 500,000 are heavily disabled. Albeit there is a lack of detailed statistical data on employment of people with disabilities and the available information is mostly based on the data from 2010 and 2013 statistical analysis, it is estimated that the unemployment rate of disabled people is around 9%. Around 40,000 are registered as job seekers. As of 2010, 114,300 people with disabilities were employed. It is estimated that 70,000 – 90,000 work in the open and 35,000 in sheltered employment. Those who are neither employed nor registered as job seekers are either beyond their productive working age or without motivation to work. Some of them might be employed in a grey economy, i.e. working without a contract (CVIV Ostrava, 2016). The following graph shows the changes in number of job seekers and available vacancies from 2009 to 2018.

Figure 2. Number of job-seekers with a disability and number of vacancies for people with disabilities registered at the employment office



Source: Czech Statistical Office, Public database, available at: https://vdb.czso.cz/vdbvo2/faces/cs/index.jsf?page=vystup-objekt&pvo=ZAM09&f=TABULKA&z=T&katalog=30853&str=v170&c=v3~3__RP2018

People with disabilities employed in the open labour market have a right to receive a special support in the form of counselling and (re)training programmes focused on skills related to communication, presentation, job search and IT. In 2016 and 2017 there was an increase in number of people engaged in the counselling programmes (ANED, 2018). Regional MoISA offices are responsible for preparation of disabled people for employment in the open market which is done through so-called vocational rehabilitation. For these purposes, Labour Offices might contract services of specific centres, NGOs, educational institutions or other social service providers. Vocation rehabilitation is a free of charge service comprising both theoretical and practical preparation for employment. Some employers offer practical work preparation directly at their workplaces for which they are eligible to receive a contribution from the Labour Office. After the end of the vocation rehabilitation, people with disabilities should be able to work on their own and sustain their jobs. Despite of a slight increase in the number of people with individual rehabilitation plans, this still remains low with 325 individual rehabilitation plans prepared in 2016 (ANED 2017). Overall data on the effectiveness of these practices are scarce.

Employers with more than 25 employees are required to employ people with disabilities at a rate of 4% of their total workforce. Besides direct employment, they can commission products and services from businesses and organisations from the sheltered labour market (those where 50% of the workforce are persons with disabilities). Another option to fulfil this requirement is to buy directly from self-employed people with disabilities. Alternatively, an extra annual fee can be paid to the State budget. The amount of the fee is calculated as 2.5 times the average annual wage for each disabled person that should be employed. A combination of the above-mentioned options is possible (Employment Act No. 435/2004 Coll.). Direct employment is less preferable option (ANED, 2016). For not abiding any of these options, the employer can be fined up to CZK 1 million (around EUR 39,193) (podnikatel.cz, 2019).

People with disabilities who cannot be employed in neither the open or sheltered labour market can make use of so-called social therapeutic workshops. These are ambulant services provided free of charge with the objective to improve work habits and skills of disabled people and thus increase their employment prospects (Social Services Act No. 108/2006 Coll.). These services are very often provided by providers of day care centres and long-term institutional facilities (see the sections on “Day Care” and “Living Support” below) usually during working days and hours at the centres’ premises. Some of these centers also provide social rehabilitation services enhancing the general self-sufficiency of disabled people (Register of Social Services Providers).

Day Care

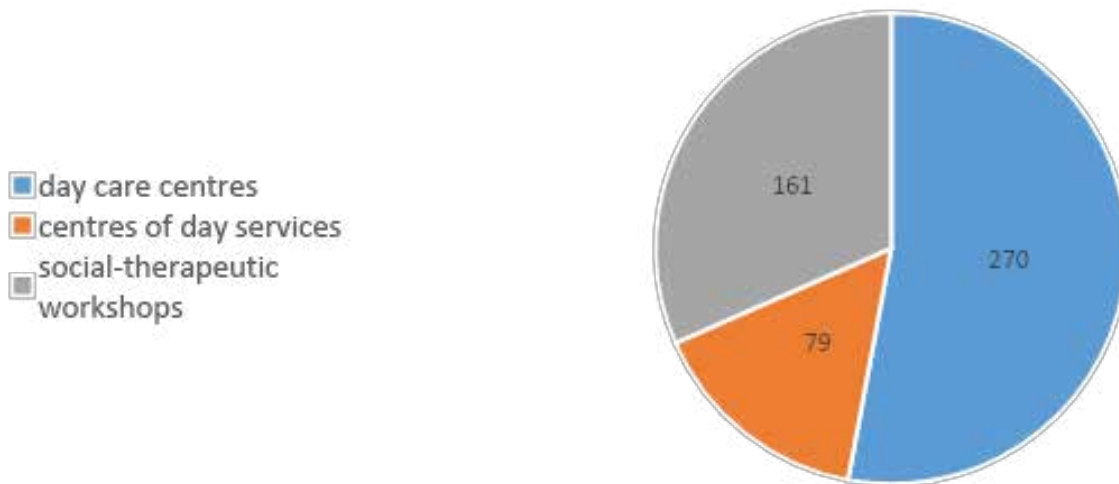
Day care for people with disabilities is primarily provided in day care centres and centres of day services.² Even though the Social Services Act lists day care and day services centres as two separate social services, in practice they are both ambulant and paid, offering the same type of care and pursuing the same objective – to enhance the self-sufficiency of people with disabilities. These centres are mostly non-governmental, non-profit organisations falling under regional governance. They are financed partially from the state budget but their costs are to a large extent covered through sponsor donations and fees paid by clients for the provided services. The Social Service Act stipulates the maximum amount of the fee to be CZK 120 (around EUR 4,7) per hour of provided social worker assistance for a specific person. Day care as well as daily services centres have limited capacities in terms of the number of people they can accept. Nevertheless, it was acknowledged by a director of a day care centre that they rarely experience a situation when all clients come at the same time during the same day. That is also why people are usually able to get in without waiting (interviewed official from a day care centre). Each centre decides on the admissibility criteria, including type of disability and age. Day care centres and centres of daily services offer the following support and activities:

- assistance with the handling of common self-care acts;
- assistance with personal hygiene or arranging conditions for personal hygiene;
- provision of food or assistance with arranging the provision of food;
- pedagogical, educational and activation activities;
- mediation of contact with the social environment;
- social therapeutic activities;
- assistance with asserting rights, interests and personal matters.

²Day care centres refer to “denní stacionáře” and centres of day services to “centra denních služeb”

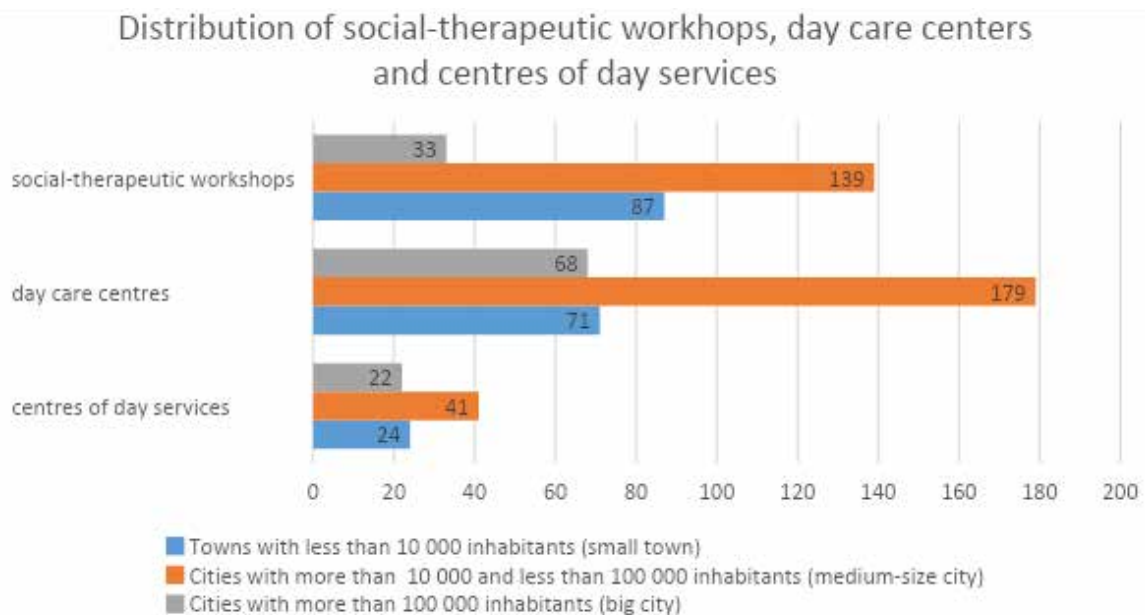
Social therapeutic activities are provided through workshops where people with disabilities can acquire basic working skills and habits. The workshops are free of charge, except for food, transport and other facultative services that can be procured. Activities can include gardening, ceramics, household chores such as cleaning, ironing, cooking, care for animals, small reparations, but also excursions to workplaces either in open or sheltered labour markets (Social Services Act No. 108/2006 Coll.).

Figure 3. Number of day care centres, centres of day services and social-therapeutic workshops registered in the register of social providers as of October 2019



Source: Register of social services providers, available at <http://iregistr.mpsv.cz/>

Figure 4. Number of social-therapeutic workshops, day care centres and centres of day services in small, medium-size and big cities³



Source: Register of social services providers in Czech Republic, available at <http://iregistr.mpsv.cz/>

³In many cases, social-therapeutic workshops are part of day care, weekly care and day services centres

Last but not least, people with disabilities can make use of so-called social rehabilitation. These services can be mobile, ambulant or residential and include specific activities aimed at achieving self-sufficiency and independence for persons with disabilities. Within this service, persons with disabilities have at their disposal training on skills for handling self-care, mediation of contact with the social environment, pedagogical, educational and activation activities as well as other activities leading to social integration and assistance with asserting their rights and personal matters (Social Services Act No. 108/2006 Coll.). They can also learn skills that would help them in their future work. As of October 2019, some 305 entities were registered as providers of social rehabilitation services (Register of Social Services Providers). Social rehabilitation is provided as a free of charge service, with the exception of its residential form where the accommodation and food are paid (for more on residential care see the section “Long-Term Institutional Care”). This service can be provided at special training places, at the workplace of the client, at the premises of the providers or at the client’s home (Social Services Act No. 108/2006 Coll.).

Living Support

People with disabilities receive living support primarily through independent mobile and / or ambulant services. Persons with disabilities can choose between sheltered housing, personal assistance, care services and independent living support service. Personal assistance, care service and independent living support service are all very similar in nature, differentiated by the extent and type of care included in the given service. These services are most of the time provided by providers running different social care centres, e.g. day and weekly care centres or centres of day services (see for example section on “Day Care”). That is why most of them are non-profit, non-governmental organisations but also church organisations or centres established by municipalities. The majority of the financial resources come from the state budget disseminated through the MoLSA to the individual regions. The second source of finances are the users’ fee payments since all three services are paid, with the maximum fee a provider can charge for a given service being specified by law. One provider can offer one or several living support services (Social Services Act No. 108/2006 Coll., Register of Social Service Providers).

According to the register of social services providers, as of October 2019 there were 216 providers of personal assistance, 705 providers of care services and 58 providers of independent living support service.

Table 1. Differences between personal assistance, caring service and support of independent housing

		Personal assistance	Care service	Independent living support
Type of service	ambulant		✓	
	mobile	✓	✓	✓
Type of care and activities included in the service	Assistance with the handling of personal self-care	✓	✓	
	Assistance with personal hygiene or arranging conditions for personal hygiene	✓	✓	
	Provision of food or assistance with arranging the provision of food	✓	✓	
	Assistance with running a household	✓	✓	✓
	Mediation of contacts with the social environment	✓	✓	✓
	Pedagogical, educational and activation activities	✓		✓
	Assistance with asserting rights, interests and personal matters	✓		✓
	Social therapeutic activities			✓

Source: Social Services Act No. No. 108/2006 Coll.

Sheltered housing is another form of a living support provided mostly by organisations established by municipalities and church organisations, but also non-profit organisations and private entities, e.g. limited liability companies. As of December 2019, there were 219 providers of sheltered housing services (Register of Social Service Providers). The aim of the sheltered housing is to support people with disabilities to live independently, according to their own ideas and on their own responsibility. Sheltered housing is provided in the form of apartments for one or several people. They receive support from personal assistants. Sheltered housing is a paid service with the price ranging according to the type of apartment and personal assistant a given person needs (Society for the Support of People with Intellectual Disabilities, 2019). The Social Services Act establishes the maximum amount for the price of housing, food and personal assistance. Users can pay part of the fee from their care allowance whose amount is calculated on the basis of the degree of “care dependence”. This includes the ability of people to conduct the following activities: mobility, orientation, communication, self-feeding, clothing, washing, toileting, household tasks, taking care of their health, and personal activities. The degree of the care dependence is assessed by social workers employed by the MoLSA during home visits, i.e. when people are in their natural environment and by a medical doctor of the Medical Assessment Service. There are four levels of dependency: slight, medium-heavy, heavy and total dependence (MoLSA, 2019). In reality, the degree of dependence is often undervalued and assessed at a lower degree than it is, thus corresponding to lower amounts of the care allowance. Therefore, the care allowance usually does not cover the total amount for the service (interviewed official from a weekly care centre). To a large extent, sheltered housing providers are financed by the state budget, through regional subsidies. Users’ fees constitute another part of their income. Nevertheless, sheltered houses have limited capacities and applicants for this service usually wait several months for group housing and up to a year for individual housing (interviewed official from a weekly care centre and Pardubice Municipality 2016).

In addition, interpreting services are available to people with communication disorders caused mainly by a sensory disability who are unable to communicate without assistance of another person. These services are mostly mobile (at the person’s home or in another place than the service provider’s premises) but can also be ambulant (at the premises of the service provider). The objective of this service is to secure an interpreter for a person with disability who wishes to communicate with a third person without command of sign language. This service is provided free of charge to the user in certain situations such as medical visits, matters related to the state administration and justice, and other necessary matters. Interpreting services are provided free of charge also to children in schools. In other situations, e.g. driving license examinations, the interpreting services are provided on the user’s own expense. As of today, there are 28 providers of interpreting services. Most of them are local non-profit organizations but also associations, unions, and health institutions running usually several centers in different cities, being partially financed from the state budget (Register of Social Services Providers).

Last but not least, people with severe disabilities are entitled to receive a one-time financial allowance for the purchase of assistive technologies and special equipment to support independent living. This includes guide dogs, digital reading devices, motor vehicles, etc. The amount and conditions are modified in the Act No. 329/2011 Coll.

Long-term Institutional Care and Respite Care

Long-term institutional care for people with disabilities is provided primarily in residences for people with disabilities. They are offered as a residential service where people stay throughout the whole year. It is a paid service. As in the case of sheltered housing, users can pay part of the fee from their care allowance (Social Services Act No. 2008/2006).

As of October 2019, there were 205 residences providers registered in the register of the social services providers. The providers are municipal and regional public providers, local church organisations and civic associations but also private institutions (Register of Social Service Providers, 2019). To a large extent they are financed by the state budget, through regional subsidies. Users’ fees and donations constitute another part of their income. As any other social provider, they need to have authorisation and be registered in the MoLSA register of social providers (for more details on social services providers see Introduction section). People with disabilities housed in residences have access to a complex personal care services as well as educational, activation and social-therapeutic activities (Social Services Act No. 108/2006). In general, residences are solely targeting persons with disabilities and do not cater to other groups such as elderly people without any disability. Very often, the residences cannot accept new clients due to the capacity limitations. In such cases, people are put on waiting list with usually very long waiting periods. This is due to the fact that it is a long-term institutional care

where people live several years. When people cannot be placed in any long-term institutional care facility, they often use the services of weekly care centres (see below) where they can stay during working days. In practice, many weekly care centres try to accommodate their opening conditions in favour of people needing 24/7 institutional care and allow them to come on Sundays (instead of Mondays) and leave on Saturdays (instead of Fridays), thus covering almost whole week (interviewed official from a day care centre).

Respite care is offered through a so-called relief service which is a paid service designated for people (carers / guardians) taking care of persons with disabilities, living in their own household rather than a special care facility. This service can be mobile, ambulant or residential. In case of a mobile relief service, a social worker would look after a person with disability at their home, including overnight if needed. Ambulant respite care is provided in already mentioned day care and daily services centres where people with disability can spend the day. Weekly care centres are one example of a residential respite care provider. They are open only during working days and function on the same basis as day care centres but also offer accommodation. The primary objective of the respite care service, whether it is mobile, ambulant or residential, is to give the usual caretaker the necessary rest and time for their own personal duties and activities during the week, while the person with disabilities is being taken care of by somebody else for a limited period of time (Society for the Support of People with Intellectual Disabilities, 2019). As of October 2019, there were 316 providers of respite care services registered in the electronic register of SCSS providers. As other social services providers, they are partially financed through regional subsidies coming from the state budget. Most of the time, these providers are non-profit and non-governmental organisations whose activities fall under and is controlled by the regional administrations (Register of Social Services Providers, Social Service Act No. 108/2006).

Leisure and Social-Life Support

People with disabilities older than one year have right to receive a disability card justifying their physical or mental conditions and entitling them to receive discounts and benefits. Cards are assessed and issued by the Ministry of Labour and Social Affairs or its regional offices on the basis of a medical confirmation from a general practitioner. There are three types of disability cards, depending on the disability degree. Each card provides a different scope of benefits mostly related to public, train and bus transportation, parking, entry prices to galleries, exhibitions, sport and cultural events (Ministry of Labour and Social Affairs). The following table provides overview of benefits each card holder is entitled to.

Table 2. Overview of discounts and benefits for different disability cards holders

Disability degree (from least to most serious)	Priority at public authorities' offices	Public transport benefits	Trains and buses benefits	Discounts for companions or guide dogs	Discounts for galleries, sports and cultural events
1 st	Yes	Seating priority	n/a	n/a	n/a
2 nd	Yes	Seating priority + free of charge transport	75% discounts for domestic travels	n/a	yes
3 rd	Yes	Seating priority + free of charge transport	75% discounts for domestic travels	Free of charge public transportation	yes

Source: Ministry of Labour and Social Affairs <https://www.mpsv.cz/web/cz/-/priznani-prukazu-ozp>

Leisure time and social-life support activities for people with disabilities are provided by non-profit, non-governmental organisations and associations, public institutions as well as church organisations. They are financed partially by state budget and to a large extent by donors and voluntary contributions. In general, most of the centres providing social care services (daily and weekly care centres, day services centres, residences, sheltered houses) offer some sort of leisure and social-life support activities, whether they are games, sports or excursions. In terms of sports, there are several sport clubs for people with disabilities such as rafting clubs, sport clubs for wheel chair users, chair-hockey, chess or ski clubs. Sport clubs for physically disabled people are grouped together under the Czech Sports Organisation for Physically Disabled. In addition, there are associations and organisations grouping together people with disabilities, e.g. associations for people with autism or wheel chair users. They often provide some sort of social services e.g. organisation ALPA (Active Support for People with Autism) offers early care and social activation service as well as respite care but also organises paid summer camps for children with autism.

FUTURE TRENDS

The biggest planned change in legislation is an amendment of the Social Services Act already discussed in the Upper Chamber of the Czech Parliament in September 2019. The amendment is foreseen to bring changes in financing of social services and set new rules for their administration as well as reduce administrative burdens, targeting mainly caretakers and providers. The amendment should also tackle the registration of SCSS providers, typology and quality of social services. In terms of financing, the amendment would abolish the current system of state subsidies and introduce a new system based on three-year grants which would allow for a greater room for manoeuvre to the SCSS providers. The new system would also represent a preliminary stage before introducing a potential financing of social services on the basis of public insurance. Concerning the typology of social services, the amendment foresees to group together some services that are similar in nature into one, e.g. integrating centres of day services into daily centres (Institute for Social Policy and Research, 2019). From January 1, 2020 teaching assistants in special schools should be considered as standard positions rather than being a support measure with the objective to reduce the administrative burden of schools. A maximum amount of hours will be set up for teaching assistants. In special schools it will be 36 hours per week per assistant and in regular school between 32 and 36 hours. One more hour of teaching assistance will be added in elementary schools for children with severe speech disabilities (Ministry of Education, Youth and Sports, 2019).

The National Plan for the promotion of equal opportunities for people with disabilities 2015-2020 also casts several initiatives in different realms with the objective to enhance living conditions for persons with disabilities. In terms of education, the Czech Republic will continue to strive for a more inclusive educational system. This should be done through increased accessibility of disabled pupils and students to mainstream schools. Creation of better learning materials for students with special needs as well as improved methodological support of pedagogical staff are envisaged towards this end.

Concerning the employment of people with disabilities, the Czech Republic is committed to enhance the employment possibilities and conditions of disabled people through improved vocational rehabilitation. The objective is to increase the number of disabled people employed in the open labour market, thus securing their integration in society.

Another priority is to enhance independent housing of disabled people and improve their family life, with the purpose to decrease institutional care and increase individual, personal care provided in the natural environment – in the homes of persons with disabilities. The Czech Republic plans to make respite care services more accessible to family caretakers and to set up programmes supporting young people with disabilities to facilitate their leaving institutional care facilities after reaching the age of 18 or after the end of their preparation for a future profession. Other planned initiatives are to raise awareness among persons with disabilities about available social services and improve accessibility to high-quality assistance devices and equipment.

CONDUCTED INTERVIEWS

- Klára, Csirková, director, early care centre “I My”, 14 October 2019
- Rostislav, Horek, director of social services, day care centre “Lada”, 22 October 2019
- Lenka Zgarbová, social worker at weekly care centre “Domov Jitka”, 4 November 2019

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