

How Czechia Fulfils its Obligations under the Convention on the Rights of Persons with Disabilities

Human Rights Indicators-Based Analysis

Survey report, 2025

23 June 2025

Table of Contents

Mission of the Defender	5
Glossary of useful terms	7
List of abbreviations	12
Foreword	13
Summary	16
Recommendations	20
Monitoring the implementation of the Convention using human rights indicators	24
1. Recommendations of the Committee to the independent monitoring mechanisms under Article 33 (2) of the Convention	24
1.1 What should be monitored?	24
1.2 How to address the lack of reliable data?	25
2. Human rights indicators in the work of the Office of the United Nations High Commissioner for Human Rights	26
2.1 Quantitative, qualitative, subjective and objective indicators	26
2.2 Guiding principles for the development of human rights indicators	27
2.3 Sources for the development of indicators and criteria for their selection	30
2.4 How to conduct an evaluation	31
3. Recommendations of the EU Agency for Fundamental Rights	31
Method of data collection and evaluation	33
3.1 How we developed the individual indicators	33
3.2 How we collected data for the selected indicators	34
3.3 How we evaluated the data	35
3.4 How we describe the indicators in the thematic chapters	37
Equality and non-discrimination	39
4. Text of Article 5 of the Convention	39
5. Evaluation	40
5.1 The State has adequate legislation prohibiting discrimination on the basis of disability	41

5.2	The State is implementing an ambitious government strategy to ensure equality for people with disabilities	45
5.3	The State regularly collects and publishes data on the personal experience with discrimination on the part of people with disabilities across different areas of life	48
5.4	Societal respect for persons with disabilities is increasing	49
5.5	The State collects and publishes data on the numbers and outcomes of complaints alleging discrimination on the grounds of disability and makes them available in an accessible form	50
5.6	The number of lawsuits alleging discrimination on the grounds of disability is increasing	55
	Equal recognition before the law	57
6.	Article 12 of the Convention	57
7.	Evaluation	58
7.1	The State has a plan to transition from substituted to supported decision-making	58
7.2	Restriction of legal capacity does not lead to an infringement of the fundamental rights	61
7.3	The proportion of alternatives to the restriction of legal capacity relative to the total of all decisions on support measures is increasing	65
7.4	The regulation of support measures for decision-making is in accordance with the principles of Article 12	68
7.5	There are effective tools for advance expressions of will	72
	Living independently and being included in the community	77
8.	Text of Article 19 of the Convention	77
9.	Evaluation	78
9.1	The State has a deinstitutionalisation strategy for residential social services and psychiatric hospitals	79
9.2	The State collects detailed data on the clients of residential social services and long-term patients in psychiatric hospitals	82
9.3	The number of persons with disabilities living in institutional settings is declining	84
9.4	Effective statutory safeguards are in place to prevent long-term institutionalisation without the individual's consent	86

9.5	An independent complaints mechanism is in place to address the quality of healthcare service provision in psychiatric hospitals and the provision of residential social services	89
9.6	The State has a strategy to provide affordable housing for people with disabilities leaving institutions	94
	Work and employment	98
10.	Text of Article 27 of the Convention	98
11.	Evaluation	99
11.1	The employment of people with disabilities is comparable to the employment in the mainstream population	100
11.2	People with disabilities work predominantly in the open labour market	101
11.3	Accessibility of public sector employers is increasing	108
11.4	People with disabilities do not experience discrimination in employment	110
11.5	The State effectively supports the employment of people with disabilities	112
	Conclusion	115
	References	117
	List of legislation and case law	121

Mission of the Defender

Since 2001, the Defender has been defending individuals against unlawful or otherwise incorrect procedure of administrative authorities and other institutions, as well as against their inactivity. The Defender may peruse administrative and court files, request explanations from the authorities and carry out unannounced inquiries on site. If the Defender finds errors in the activities of an authority and fails to achieve a remedy, the Defender may inform the superior authority or the public.

Since 2006, the Defender has acted in the capacity of the national preventive mechanism pursuant to the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Defender systematically visits facilities where persons are restricted in their freedom, either *ex officio* or as a result of dependence on the care provided. The purpose of the visits is to strengthen protection against ill-treatment. The Defender generalises his or her findings and recommendations in summary reports on visits and formulates standards of treatment on their basis.

Recommendations of the Defender concerning improvement of the conditions ascertained and elimination of ill-treatment, if applicable, are directed both to the facilities themselves and their operators as well as to central governmental authorities.

In 2009, the Defender assumed the role of the national equality body. The Defender thus contributes to the enforcement of the right to equal treatment of all persons regardless of their race or ethnicity, nationality, sex/gender, sexual orientation, age, disability, religion, belief or worldview.

For that purpose, the Defender provides assistance to victims of discrimination, carries out surveys, publishes reports and issues recommendations with respect to matters of discrimination, and ensures exchange of the available information with the relevant European bodies.

Since 2011, the Defender has also been monitoring the detention of foreign nationals and the performance of administrative expulsion.

In January 2018, the Defender became a monitoring body for the implementation of rights recognised in the Convention on the Rights of Persons with Disabilities, also helping European Union citizens who live and work in the Czech Republic. The Defender provides them with information on their rights and helps them in cases of suspected discrimination on grounds of their citizenship.

The special powers of the Defender include the right to file a petition with the Constitutional Court, seeking the annulment of a secondary legal regulation; the right to become an enjoined party in Constitutional Court proceedings on the annulment of a law or its part; the right to lodge an administrative action to protect a general interest or to file an application to initiate disciplinary proceedings with the president or vice-president of a court. The Defender may also recommend that a relevant public authority issue, amend or cancel a legal or internal regulation. The Defender advises the Government to amend laws.

The Defender is independent and impartial, and accountable for the performance of his or her office to the Chamber of Deputies, which elected him or her as the Defender. The Defender has one

elected deputy, who can be authorised to assume some of the Defender's competences. The Defender regularly informs the public of his or her findings through the media, Internet, social networks, professional workshops,

roundtables and conferences. The most important findings and recommendations are summarised in the Annual Report on the Activities of the Public Defender of Rights, submitted to the Chamber of Deputies.

Glossary of useful terms

Ableism – a value system which considers that a valuable life can only be lived with certain typical physical and mental characteristics. A strictly defined appearance, functioning and behaviour is required, and a disability is considered a misfortune that inevitably leads to suffering and disadvantage, and universally devalues the person's life. This leads to the general assumption that the quality of life of people with disabilities is very low, they have no future to look forward to and they can never live a happy and fulfilled life.

Accessibility – a fundamental requirement that serves to remove barriers to the effective exercise of the rights of people with disabilities and enables them to live independently. It comprises accessibility of buildings and other publicly accessible spaces, including workplaces, information as well as services available or provided to the public. The right to accessibility is regulated in detail in Articles 9 and 21 of the Convention on the Rights of Persons with Disabilities. The Committee issued a detailed [commentary](#) on Article 9 of the Convention.

Affirmative action – a measure aimed at preventing or compensating for disadvantages resulting from a person's membership of a protected group. A typical example of affirmative action is the 4% mandatory quota for the employment of people with disabilities.

Anti-discrimination lawsuit – a legal action brought by a plaintiff seeking a remedy under the Anti-Discrimination Act. The plaintiff can claim refrainment from discrimination, remedying the consequences of discrimination, just satisfaction and financial compensation for non-material damage.

Assistance in decision-making – one of the support measures that can be used by a person over 18 years of age who has difficulties in making independent legal acts. This is a less severe measure than the restriction of legal capacity. The role of a support person can be assumed by another individual or a legal entity, such as a social service or a non-profit organisation. A client can have multiple support persons. A support person does not make decisions for the client, cannot represent them and prohibit them from taking legal action. The relevant person enters into a support agreement with the support person, which is subject to court approval.

Attribute – the function of an attribute is to make the content of a human right more concrete and capture its essence. A single human right may have multiple attributes that arise from a detailed interpretation of a rule contained in an article of an international human rights treaty. Thus, there can be multiple attributes and multiple indicators for an article. The development of an attribute is based on the precise determination of a right vested in an individual or an obligation binding the State. An attribute provides a link between the description of a legal rule, on the one hand, and an indicator, on the other. For example, the right to living independently and being included in the community (Article 19 of the Convention) has the following three attributes (according to the [Bridging the Gap](#) model indicators): 1. choice of independent living, 2. support services, 3.

accessibility and responsiveness of mainstream services to the needs of people with disabilities.

Benchmark – a reference value against which we compare the measured facts. Synonyms used in specialised dictionaries include terms such as “reference point” or “standard”.

Benchmarking – a method of continuous improvement that involves comparing an observed fact to a certain benchmark in order to find and achieve best practice.

Declaration in anticipation of incapacity – a possibility to determine how one’s affairs are to be managed in the event that one loses their legal capacity. A declaration can be made by a person who is in the early stages of a disease with a prognosis of disturbing their legal capacity (e.g. Alzheimer’s disease), or by a healthy person who wants to make arrangements in case of an emergency (e.g. a severe head injury). It may take the form of a public deed (notarial deed) or a dated private deed confirmed by two witnesses.

Deinstitutionalisation – a process in which institutional care for people with disabilities is transformed into community care. The aim is to improve the lives of people with disabilities and enable them to live a normal life comparable to that of their peers. Deinstitutionalisation involves controlled closure of institutions and development of community social services.

Easy-to-read format – a simplified form of writing (in terms of graphics and content), adapted to the needs of people with intellectual disabilities (e.g. using short sentences in the active voice, employing pictures or symbols, etc.).

Guardian – a form of substituted decision-making where a court-appointed guardian decides for another person in legal matters. A guardian can be appointed for a person with restricted legal capacity but also for a person whose legal capacity has not been restricted. They take care of any legal matters identified by the court, the extent being determined for each person individually. Some of the guardians’ duties are laid down directly by the Civil Code.

Guardianship council – a group of people close to a person under guardianship (family, friends, an organisation that supports them in the long term). The role of the council is to support and, at the same time, monitor the activities of the guardian. A guardianship council can only be established by a court.

Human rights indicator – specific information about the status or circumstances of an object, event, activity or outcome that can be related to human rights standards; addresses human rights principles and concerns about compliance; the information contained in the indicator can be used in assessing compliance with human rights and monitoring their enforcement. For example, there are indicators concerning the legislation in the field of healthcare (structural indicator), the number of judicial staff trained on alternatives to the restriction of legal capacity (process indicator) and the number of employees with disabilities working in the public sector (outcome indicator).

Human rights model of disability – this model sees disability primarily as a human rights and social justice issue, not as an individual problem or medical deficiency. It emphasises

that people with disabilities have the same rights as other members of society and that society has a duty to ensure that these rights are respected. The model focuses on overcoming discriminatory practices and removing barriers in access to justice, equality and opportunity for all.

Indicator – an observable fact (a material object, characteristic, process) that manifests the existence of another fact that is not directly observable. For example, if there is a force affecting a body, this is indicated by the body's deformation, and a genetic mutation in an animal is indicated by the different colour of its coat. It serves as a crucial tool for navigating and gaining a deeper insight into reality.

Legal capacity – the capacity to acquire rights and to bind oneself to obligations (i.e. to act legally) by one's own legal acts. A person acquires full legal capacity when they reach the age of 18, which is the legal age when a person can enter into any contract, acquire every kind of rights and assume every kind of obligations.

Medical model of disability – a model based on the biological or organic causes of disability and leading to medically oriented care. It focuses on rehabilitation, health treatment, therapy and prevention. The medical model views disability as a direct consequence of illness. It overlooks the physical, cultural, environmental and political factors that can contribute to an individual's disadvantage.

Open labour market – sometimes also referred to as the regular labour market. The open labour market is made up of various employers (corporations, government or non-profit organisations), most of which are subject to the duty to employ people with disabilities under the Employment Act.

Patient confidant – a form of support in legal decision-making for patients who have been admitted to a healthcare facility (hospital) without their consent. The role can be performed by a natural or legal person (e.g. a social service). The patient has the right to discuss their affairs with their confidant in private, without other people being present. No decision or contract is required to appoint a confidant; it is sufficient to notify the healthcare provider.

Person under guardianship – a person for whom a court has appointed a guardian. Some of their rights are laid down in the Civil Code.

Public sector – for the purposes of the survey, this term includes, in particular, organisational units of the State (Section 3 of the Act on the Property of the Czech Republic and its Representation in Legal Relations), territorial self-governing units (municipalities, towns, administrative regions), State funds, contributory organisations, and public schools of all levels. These are mostly entities that were not established for profit.

Reasonable accommodation – necessary and appropriate modifications and adjustments which do not constitute an undue or excessive burden and which are made where the particular case so requires in order to ensure that a person with a disability can exercise or enjoy all human rights and fundamental freedoms on an equal basis with others. Denial of reasonable accommodation may result in indirect discrimination.

Representation by a household member – a support measure for a person with a mental disorder that prevents them from taking legal actions independently. Representation by a household member must be court-mandated, which makes it different from a power of attorney, which can be granted by the principal. In these scenarios, the court does not restrict the relevant person's legal capacity and the representative is usually a close person representing the given individual solely in every-day matters.

Sharing of the burden of proof – in anti-discrimination disputes, the burden of proof (the obligation to prove allegations) lies with both the plaintiff and the defendant. The plaintiff must prove that the defendant treated them less favourably than others. However, nobody can prove the motivation of the other party. Therefore, the burden is on the defendant to prove that they treated the plaintiff less favourably for a reason that is not included among the prohibited reasons (e.g., disability). This procedure of taking evidence is regulated in Section 133a of the Code of Civil Procedure.

Sheltered labour market – according to the definition contained in the Employment Act, sheltered labour market consists of employers for whom persons with disabilities make up over 50% of their total staff and with whom the Labour Office of the Czech Republic has concluded a written agreement on their recognition as employers in the sheltered labour market. Companies in this regime are often referred to as “sheltered workshops” or “social enterprises”.

Special beneficiary – a natural or legal person (authority, social service or non-profit organisation). This concept can be used by a person who cannot receive social security benefits because of their disability or whose restricted legal capacity leads them to not use their benefits for the intended purpose or to harm the interests of those to whom they are supposed to provide maintenance and support. The special beneficiary merely receives the benefit and uses it for the person for whom they have been appointed by an official decision. The special beneficiary is not a legal representative and therefore cannot conclude contracts, for example.

Sub-indicator – partial information on compliance with an obligation or situation regarding the protection of a human right. Several sub-indicators can be combined to form a single comprehensive indicator for a specific article of a human rights treaty. They increase the accuracy of the State's progress assessment, as they capture multiple levels of an obligation. For example, if one wishes to verify whether the State properly implements the right to work and employment, it can be useful to establish whether people with disabilities are predominantly working in the open labour market. This indicator can be broken down into several sub-indicators (e.g. the number of people working in the sheltered labour market over a certain period of time or the share of employers who met the 4% quota under the Employment Act in a certain period of time exclusively by directly employing people with disabilities and not by purchasing goods and services or by paying levies to the State budget).

Supported decision-making – support in legal acts which is required in cases where a person has difficulty taking legal acts due to their disability or adverse health status. The type and extent of the support should always depend on the needs of the client, their wishes and their situation. Support can be provided by a close person, a social care

assistant or social service worker, a patient confidant or a support person (based on a support agreement). The opposite of supported decision-making is substituted decision-making, where one's decisions are made by another person (typically a guardian).

Trans-institutionalisation – the process of moving care for people with disabilities from one type of institution to another, for example from psychiatric hospitals to residential social services or from homes for people with disabilities to retirement homes. This phenomenon sometimes occurs during deinstitutionalisation efforts when adequate services are not available in the community.

Universal design – design of products, equipment, programs and services that ensure that these can be used to the greatest extent possible by all people without the need for customisation or specialised design. Universal design does not exclude support aids for certain groups of persons with disabilities, where necessary.

List of abbreviations

CJEU – Court of Justice of the European Union

Convention – Convention on the Rights of Persons with Disabilities

Defender – Public Defender of Rights

EC – European Commission

EU – European Union

FRA – EU Agency for Fundamental Rights

Government Board – Government Board for Persons with Disabilities (formerly Government Committee for Persons with Disabilities)

Committee – UN Committee on the Rights of Persons with Disabilities

MoJ – Ministry of Justice

MoLSA – Ministry of Labour and Social Affairs

N/A – not applicable, not available or no answer. This abbreviation is used if data is not available for measurement.

OHCHR – Office of the High Commissioner for Human Rights

Foreword

The Convention on the Rights of Persons with Disabilities has been part of the Czech legal system since 2009. It is an international human rights treaty founded on an ambitious vision and innovative obligations. Compliance with the Convention requires sustained effort and collaboration across all levels of national governance. At the time of its ratification, a thorough comparison between the Convention's provisions and the domestic legal framework, one that would fully consider the legitimate aspirations of persons with disabilities that underpin the Convention, would likely have revealed that the Czech Republic had a considerable journey ahead to meet many of its obligations.¹ This journey entails not only reform of the legal regulations and institutional practice but, above all, a profound shift in thinking and in society's approach to persons with disabilities **as rights holders and equal participants in all aspects of life.**

More than fifteen years after the ratification of the Convention², we must ask: How can we tell whether we are successfully implementing it? Has the situation of persons with disabilities in the Czech Republic improved since 2009? Who should independently assess this progress? Which legal commitments should such an assessment focus on? And what data and information should inform it?

For a long time, these fundamental questions remained unanswered. In 2018, the legislature entrusted the Public Defender of Rights with the role of an **independent monitoring mechanism under Article 33 (2) of the Convention**. The Defender is expected to conduct impartial, objective, and thorough evaluation of the State's implementation of the Convention and report on the findings. At the Defender's Office, we engaged in thorough discussions on the methodology and scope of this evaluation – on how it should be conducted, which methods should be employed, and which obligations should be prioritised. We invited members of the [Defender's Advisory Body](#) on the Protection of the Rights of Persons with Disabilities, two experts from the [EU Agency for Fundamental Rights](#) (FRA), and representatives of central administration bodies and other institutions to actively participate in these discussions³. We extend our sincere thanks to all of them for their support and valuable contributions.

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- 1 Cf. the submission report to the Parliament, Senate Document No. 67 in the seventh electoral term (2008–2010), which essentially points out that our legislation already sets high standards for the protection of human rights of persons with disabilities, that no need for its amendment has been identified, and that the upcoming recodification of the Civil Code will provide for representation of persons with disabilities in legal proceedings.
 - 2 The Czech Republic's ratification instrument was deposited with the Secretary-General of the United Nations, the Convention's Depositary, on 28 September 2009. According to its Article 45 (2), the Convention entered into force for the Czech Republic on 28 October 2009. The Convention was published in the Collection of International Treaties under No. 10/2010 Coll.
 - 3 In 2021, we organised our first ever [international seminar](#) (link to a press release in the Czech language) in co-operation with the Office of the Government and the EU Agency for Fundamental Rights, where we discussed the importance of indicators and the first draft developed by my predecessor in office, Mgr. Monika Šimůnková.

This survey report, which you are now reading, is the result of several years of work and, we trust, careful and considered reflection. In the following sections, you will find an overview of the main findings and key recommendations addressed to Czech authorities. We also explain in detail the methodology we used to collect and evaluate the data. We consider transparency essential, not least because the current situation **is far from optimal**. Given the report's extensive scope, allow me to offer just **three** other **remarks**.

First, the report employs **human rights indicators** recommended for national monitoring bodies by both the [UN Office of the High Commissioner for Human Rights](#) and the [FRA](#). We thus join colleagues in Bulgaria, Denmark and the Netherlands, who have adopted a similar approach to monitoring implementation of the Convention. Our work also builds on the [monitoring](#) in the area of protection against discrimination we carried out between 2020 and 2023. This report outlines how we could begin to operate systematically as a national human rights institution as of 1 July 2025. We also stress that the indicators selected are not set in stone. We will continue to reflect on how best to capture the lived realities of persons with disabilities so that the effort to measure their situation yields meaningful and reliable insights.

Second, this report serves as a **symbolic “Point Zero”**, covering **the period from 2010 to 2024**, which means that future monitoring reports will refer to the data contained herein as a baseline. We anticipate that the monitoring cycle will be four to five years. The publication of this report does not signal an end to our surveys in the field of disability rights – as you will soon discover, in evaluating many of the selected obligations, we often relied on data collected through our own research, as no other relevant data were available. It would be neither wise nor efficient to forgo this valuable source of information.

Finally, we note that, in the initial phase, indicators have been developed for **four Articles of the Convention**. Specifically, we focused on those most often reflected in the everyday lives of persons with disabilities and those with which we have the most extensive **practical experience**. These guarantee persons with disabilities the right to live free from discrimination (Article 5), to receive the necessary support in exercising legal capacity (Article 12), to choose where and with whom they live (Article 19), and to work on an equal basis with others (Article 27). In the near future, we aim to develop indicators for accessibility of the environment and information (Articles 9 and 21), the right to education (Article 24), and an adequate standard of living and social protection (Article 28). We followed the FRA's recommendation that the most effective approach is to begin with a limited number of articles and gradually expand the scope. Our findings are a **symbolic invitation to dialogue extended to the responsible authorities as well as other stakeholders**. Many of the shortcomings we identify are likely already known to them, yet others may offer new insights or a clearer understanding of the broader context. We also present a number of concrete **recommendations** for their consideration.

In 2024, we marked the 15th anniversary of the Convention's ratification. And yet, we continue to seek answers to a fundamental question: why do the rights of persons with

disabilities still fail to receive the priority they deserve, despite the size of this population⁴ and the historical debt society owes them as a marginalised group? The publication of this report represents a unique opportunity for **the State to begin mapping the situation more systematically and to make the existing data more accessible to the broader public**. This report also serves as a key reference document in our communication with the [UN Committee on the Rights of Persons with Disabilities](#), in the context of the review and discussions regarding the Czech Republic's Combined Second and Third Periodic Report in Geneva. The findings made within the survey may also be of use to organisations advocating for the rights and interests of persons with disabilities, as well as to the academic sector. The main findings and recommendations from this report will be made available in the Czech Sign Language, in an easy-to-read format, and in English, under the [Research](#) section of our website and in the Defender's Opinions Register ([ESO](#), website available in Czech).

To all those reading this report, I wish you a thought-provoking experience.

JUDr. Vít Alexander Schorm
Deputy Public Defender of Rights

4 According to the data of the Czech Statistical Office for 2025, the Czech Republic has a population of persons with disabilities of 1,313,000. This is 15% of the total population.

Summary

Following from human rights indicators, we assessed how the **State is fulfilling four key articles of the Convention**: non-discrimination, equality before the law, independent living and inclusion in the community, and work and employment. The level of compliance with each obligation is expressed as a percentage to ensure clarity and accessibility. Full compliance with all obligations under a given article is represented as 100% – an **ideal situation** that has not yet been achieved in the Czech Republic.

We concluded that, on average, the State complies with these selected articles of the Convention at a level of **38%**.

Equality and non-discrimination	49%
Equal recognition before the law	28%
Living independently and being included in the community	40%
Work and employment	36%

The State received the **highest score** for compliance with non-discrimination on the grounds of disability (49%), and the **lowest score** for compliance with the obligation to ensure equal recognition before the law (28%). None of the articles assessed exceeded the symbolic threshold of 50%, according to our criteria.

Our findings indicate **significant and long-standing shortcomings** in implementing all of the monitored articles of the Convention. The pace of the necessary reforms remains unsatisfactory.

Moreover, precise and detailed assessment of the State's compliance with the Convention is, in many cases, hindered by a **lack of reliable data**, which the State is obliged to collect and publish.

What exactly did we find in relation to each of the individual obligations?

Article 5 – Equality and non-discrimination

- The State complies with the prohibition of discrimination on the grounds of disability at a level of **49%**.
- Societal respect for persons with disabilities has increased over the years, and individuals are more frequently asserting their rights in civil courts when facing disability-based discrimination.

- However, the State does not regularly collect data on the experience with discrimination on the part of persons with disabilities, and is therefore unable to adopt effective measures for their protection.
- Persons with disabilities may encounter barriers when they attempt to file a complaint with an administrative authority, especially in terms of the physical environment or in communication. For example, not all authorities are located in accessible buildings or have the capacity to communicate in sign language.
- The anti-discrimination legal framework contains numerous shortcomings, and the impact of the government's strategy to promote equal opportunities for persons with disabilities cannot be properly measured. Moreover, adequate funding to support implementation is lacking.

Article 12 – Equal recognition before the law

- The State complies with equal recognition of persons with disabilities before the law at a rate of **28%**.
- In 2014, the Civil Code partially changed the system of support in legal actions (alongside guardianship, we have the concepts of assistance in decision-making and representation by a household member). Currently, there is no strategy or plan aimed at a full transition from substitute to supported decision-making (abolition of the concept of restricting a person's legal capacity and of the concept of guardianship).
- Courts still may issue decisions to prevent a person from exercising certain fundamental human rights, such as entering into marriage or partnership, exercising parental responsibility, or deciding on the provision of health services. The possibility to restrict the right to vote in elections will only be abolished as of 1 January 2026.
- The new mechanisms (assistance in decision-making and representation by a household member) have not led to a gradual reduction in the number of court decisions restricting legal capacity or appointing a guardian. Since 2014, courts have decided to restrict legal capacity in approximately 80% of cases, and only opted for other types of support in 20% of cases.
- The existing mechanisms of decision-making support only partially fulfil the requirements of Article 12 of the Convention. Most of these mechanisms remain inaccessible to persons with disabilities who do not have a close individual willing to provide such support. Nonetheless, it can be said that all mechanisms are designed as sufficiently low-threshold to be accessible to all individuals, regardless of the nature or degree of their disability.
- The State allows individuals to make advance decisions regarding their affairs in the event that they lose the capacity to express their will (i.e., declarations in anticipation of incapacity and advance directives). However, several barriers hinder a more widespread use of these mechanisms. There is no central registry for declarations in anticipation of incapacity and advance directives. and the legal framework does not guarantee that a person's wishes will be respected when the time comes.

Article 19 – Living independently and being included in the community

- The State complies with the right to live independently and be included in the community at approximately **40%**.
- In recent years, it has adopted several institutional transformation plans. However, none of these includes a commitment to full deinstitutionalisation, nor do they establish a ban on the construction of new institutions or on the admission of new residents into existing ones.
- The State collects only partial data on persons with disabilities living in institutional settings. Publicly available data, for example, does not reveal how many institutionalised individuals have their legal capacity restricted or how many require high levels of support.
- More than half of the individuals leaving institutional social care services transition to other residential facilities. The overall number of persons with disabilities living in institutional settings is not showing a decline in the long term.
- While the legal framework contains certain safeguards against long-term institutionalisation, it remains contrary to Article 19 of the Convention as it still allows individuals to be placed in institutional settings on the basis of disability.
- Residents of social care facilities and patients in psychiatric hospitals whose rights have been violated may access free complaints mechanisms. However, these mechanisms exhibit certain shortcomings from the perspective of international human rights obligations.
- The State has adopted several housing policy frameworks aimed at increasing the availability of affordable housing, which however fail to adequately address the specific needs of persons with disabilities who are either exiting institutions or at risk of long-term institutionalisation and disability-based segregation. As of the end of the monitoring period, the Housing Support Act had not been adopted.

Article 27 – Work and employment

- The State complies with the right to work and employment at an estimated rate of **36%**.
- Compared to the mainstream population, persons with disabilities are employed in only about half as many cases. A similar disparity exists as regards self-employed persons with disabilities.
- Persons with disabilities face significant challenges in finding a job. The proportion of job seekers among persons with disabilities is nearly three times higher than among the mainstream population. Labour market inequalities have a disproportionate impact on women with disabilities.

- Although most persons with disabilities are employed in the open labour market, there has been a sharp increase in the number of persons with disabilities working in the sheltered labour market – their numbers nearly doubled between 2014 and 2022.
- The proportion of employers who fulfil the 4% employment quota for persons with disabilities by directly employing them has remained stagnant over time.
- A significant number of public sector employers remain inaccessible to employees with disabilities, impeding their effective inclusion. Moreover, the State does not collect data on the inclusiveness of public employers towards employees or job seekers with disabilities.
- The proportion of individuals who express no objection to having a colleague with a disability in their immediate workplace environment is increasing.

Recommendations

This section of the survey report addresses the following questions: What measures can the State take to improve future compliance with the rights of persons with disabilities under the Convention? What data should the State collect and publish in order to provide objective evidence that the desired changes are gradually taking place?

For each article of the Convention, we present **two sets of recommendations**.

The first set of recommendations (A) relates to **the core issue at hand**; the second set (B) concerns **statistics and data collection** in accordance with [Article 31 of the Convention](#). Further details and explanations of specific indicators are provided in the relevant sections of the present report.

Article 5 – Equality and non-discrimination

(A) Core issues

- Amend the Anti-Discrimination Act and the Code of Civil Procedure (Indicator [5.1](#)).
- Adopt an ambitious government strategy for 2026–2030 (Indicator [5.2](#)).
- Conduct and financially support awareness-raising and educational activities aimed at promoting respect for persons with disabilities and their needs (Indicator [5.3](#)).
- Improve the accessibility of inspection bodies (the State Labour Inspection Authority, Czech Trade Inspection Authority, and Czech School Inspection Authority) to ensure that individuals can submit complaints alleging discrimination on the grounds of disability or health status and receive a statement on their complaint on an equal basis with others (Indicator [5.5](#)).

(B) Statistics and data collection

Include the following tasks in the government strategy for 2026–2030:

- Conduct at least two surveys to capture the personal experience of persons with disabilities regarding discrimination on the grounds of disability or health status (Indicator [5.3](#)).
- Collect and publish data on complaints alleging discrimination on the grounds of disability or health status, including the outcomes of their assessment (Indicator [5.5](#)).
- Collect and publish data on the numbers and outcomes of civil and administrative lawsuits alleging discrimination on the grounds of disability or health status (Indicator [5.5](#)).

Article 12 – Equal recognition before the law

(A) Core issues

- Adopt a plan for the full transition from substituted to supported decision-making, which should include:
 - designation of a body responsible for the implementation and co-ordination of the plan (Indicator [7.1](#));
 - setting a deadline for the abolishment of restrictions on legal capacity across all areas of legal actions (Indicators [7.1](#) and [7.2](#));
 - establishment of a contact point to provide information on support measures, and to support, train, supervise and guide support persons (Indicators [7.1](#) and [7.4](#));
 - provision of financial support for the delivery of professional decision-making assistance and other support measures (Indicators [7.1](#) and [7.4](#)).
- Review the existing legal framework and current practice in the use of supported decision-making mechanisms and advance expression of will (advance directives), and propose legislative, methodological, or other measures to improve their accessibility and effectiveness (Indicators [7.3](#), [7.4](#) and [7.5](#)).

(B) Statistics and data collection

Collect, evaluate and annually publish data on the use of support measures (Indicators [7.1](#) and [7.3](#)).

Article 19 – Living independently and being included in the community

(A) Core issues

- Commit, without delay, to full deinstitutionalisation of all residential institutions in which children and adults with disabilities are placed on a long-term basis, including a prohibition on the construction of new institutions and the maintenance of existing institutional facilities, and a moratorium on the admission of new residents (Indicators [9.1](#) and [9.3](#)).
- Adopt the Housing Support Act to guarantee access to housing for persons with disabilities, including those transitioning from institutional settings (Indicator [9.6](#)).
- Review the legal framework and existing practice, and where necessary, propose legislative, methodological or other measures in the areas of (a) legal safeguards against long-term institutionalisation, and (b) complaints mechanisms (Indicators [9.4](#) and [9.5](#)).
- Ensure effective participation of persons with disabilities, including those with a lived experience of institutional care, in the development of all laws, policies, and measures concerning independent living (Indicator [9.1](#)).

(B) Statistics and data collection

Collect, assess and annually publish data on:

- trans-institutionalisation within a single sector (e.g. the number of clients transferred from residential homes for persons with disabilities to retirement homes, and *vice versa*) as well as across sectors (e.g. the number of patients discharged from long-term psychiatric hospitalisation into residential social care services, and *vice versa*) (Indicators [9.1](#) and [9.2](#));
- the level of support needs, legal status, and mother tongue of persons living in institutions, taking into account the increased vulnerability of those who are dependent on care, placed under guardianship, or speak a different mother tongue (Indicator [9.2](#));
- the place of residence of patients in psychiatric hospitals by administrative region, and where they are discharged to, where this does not constitute a case of trans-institutionalisation (Indicator [9.2](#)).

Article 27 – Work and employment

(A) Core issues

- Implement a multi-year systemic project aimed at significantly promoting the employment of persons with disabilities in the open labour market (Indicator [11.1](#)).
- Conduct a review to determine whether financial resources allocated to support persons with disabilities in the sheltered labour market are effectively facilitating their transition to the open labour market (Indicator [11.2](#)).
- Reinstate the working group of the Government Board for persons with disabilities on the employment of persons with disabilities (Indicator [11.2](#)).
- Amend the Employment Act to ensure that employers in the open labour market are sufficiently incentivised to employ persons with disabilities (Indicator [11.2](#)).

(B) Statistics and data collection

Include the following tasks in the government strategy for 2026–2030:

- conduct another Czech Statistical Office sample survey focusing on the employment situation of persons with disabilities (Indicator [11.1](#));
- expand the Czech Statistical Office sample survey to collect data on the employment rate of persons living in institutional settings (Indicator [11.2](#));
- begin collecting and publishing data on the number of individuals officially recognised as having a disability (disability grades 1 to 3) and those with health-related disadvantages (Indicator [11.2](#));
- start collecting data on the sex of employees working in the sheltered labour market (Indicator [11.2](#));
- publish data on the employment of persons with disabilities in both the public and private sectors (Indicator [11.2](#));

- begin collecting data on the earnings of persons with health-related disadvantages within the Average Earnings Information System (Indicator [11.2](#));
- map the physical accessibility and inclusive practices of public sector employers and publish an accessibility index of public employers' buildings (Indicator [11.3](#));
- monitor in the database of job seekers maintained by the General Directorate of the Labour Office the average registration period of job seekers with disabilities compared to the mainstream population over a defined period (Indicator [11.5](#));
- monitor in the unemployment database maintained by the General Directorate of the Labour Office the proportion of newly unemployed persons with disabilities compared to the mainstream population over a defined period (Indicator [11.5](#)).

Monitoring the implementation of the Convention using human rights indicators

In the introductory theoretical chapter, we will first provide a detailed description of the recommendations made by the Committee to independent national monitoring mechanisms established under [Article 33 \(2\) of the Convention](#). We will then summarise the most relevant methodology developed by the [Office of the United Nations High Commissioner for Human Rights](#) and the [European Union Agency for Fundamental Rights](#) regarding human rights indicators. This chapter will provide the necessary context for the chapters that follow, focusing on the individual articles of the Convention.

1. Recommendations of the Committee to the independent monitoring mechanisms under Article 33 (2) of the Convention

1.1 What should be monitored?

When deliberating on the key question of **what should be monitored** at the national level, one should consider the position of the Committee,⁵ stating that all programmes and policies concerning the rights of persons with disabilities should be designed, implemented, evaluated, and monitored by the State taking into account the **human rights model of disability**. The State should focus on identifying and bridging the gaps that prevent

- persons with disabilities from enjoying their rights on an equal basis with others;
- infringe on duty bearers to fully discharge their legal obligations *vis-à-vis* persons with disabilities.

The twin-track approach means that the monitoring mechanism should focus on determining how people with disabilities are affected by both disability-specific policies (e.g. in the area of social security) as well as mainstream policies (in the area of housing, transport, healthcare or education).

The monitoring activities should not only focus on the **results or outcomes** of strategies and policies, but should also take into account the **structural frameworks** and **related processes** that the State has put in place to achieve such results. This creates a direct link

5 United Nations Committee on the Rights of Persons with Disabilities. *Rules of procedure. Annex-Guidelines on independent monitoring frameworks and their participation in the work of the Committee on the Rights of Persons with Disabilities*. CRPD/C/1/Rev.1. United Nations: Geneva, 2016, paras 13 and 39. Online, PDF. Available [here](#).

with the categorisation of our indicators into structural, process, and outcome indicators (see Chapter [2.2](#) for further details).

In this context, the Committee notes that the monitoring of the Convention includes, *inter alia*:

- developing a system for assessing the impact of the implementation of legislation and policies;
- **developing indicators and benchmarks**; and
- maintaining databases containing information on practices related to the implementation of the Convention.

1.2 How to address the lack of reliable data?

- The Committee acknowledges that the development of a comprehensive system (including the development of indicators) poses certain **challenges** at the national level. These include:
- **limited availability of reliable data** by State Party institutions;⁶
- lack of data disaggregated by sex, age or type of disability;
- **the variety of methods and systems in place for assessing disability** in different regions and in different public administration bodies;
- the lack of or insufficient **participation of persons with disabilities** and their representative organizations in the design and implementation of national census and household surveys;
- the fact that data collection systems are often based on outdated approaches to disability, such as the **medical model of disability**.

According to the Committee, these barriers prevent policy-makers and decision-makers from properly **assessing** the situation of persons with disabilities and hinder the inclusion of persons with disabilities in the design and implementation of mainstream or disability-specific strategies and policies.

The responsibility for improving systems to collect and analyse data and thereby monitor the implementation of the rights enshrined in the Convention **does not** rest solely with the national monitoring mechanism. The Committee refers to **collective, co-ordinated and continuous efforts** by national statistical offices, the focal points and co-ordination mechanisms appointed under Art. 33 (1) of the Convention, United Nations agencies, international co-operation entities, regional organizations, independent monitoring

6 According to the Committee's observations, data on the situation of persons with disabilities have not been systematically and regularly collected in national statistics systems. Baselines, indicators and benchmarks have not been regularly used or reflected in data collection and analysis efforts at the national level.

frameworks, civil society organizations and people with disabilities through their representative organizations.

The Committee recalls that several UN agencies have already developed indicators and welcomes, in particular, **the development of human rights indicators** suitable for monitoring the rights of persons with disabilities to monitor the implementation of the Convention. The Committee therefore encourages the independent monitoring mechanisms to take into account the human rights indicators developed by **the Office of the UN High Commissioner for Human Rights**.

The use of indicators to monitor a State's compliance with its obligations under the Convention is by no means uncommon today. Ideally, their use should foster an exchange of views among different stakeholders on various occasions. The State may, for example, use indicators when evaluating its own strategy or when verifying whether the conditions for drawing funds from the State budget have been met.

2. Human rights indicators in the work of the Office of the United Nations High Commissioner for Human Rights

The Office of the United Nations High Commissioner for Human Rights (OHCHR) introduced its **Conceptual Framework of Human Rights Indicators** in **2006**. Their detailed description was then provided in a [guide](#) from **2012**.

OHCHR defines human rights indicators in very general and abstract terms, as *“specific information that indicates a state or level of an object, event or activity that can be related to human rights norms and standards”*. Indicators allow the State to better assess its own progress in the field of human rights protection. OHCHR also recalls that an indicator is merely a tool that cannot replace judicial or quasi-judicial and other comprehensive assessments. Users need to be aware of this limitation.

In the passages that follow, we aim to bring greater clarity and accessibility to the rather abstract definition put forward by the Committee.

2.1 Quantitative, qualitative, subjective and objective indicators

While the OHCHR defines quantitative indicators narrowly, as equivalent to “statistics”, qualitative indicators are understood to encompass any information expressed in narrative form. Quantitative indicators can facilitate qualitative assessment by measuring the extent of certain events through figures, proportions, and indices, whereas qualitative information provides broader context and enables better understanding of the data obtained through statistics. Both quantitative and qualitative indicators may be based on either objective information or subjective assessment.

Examples of indicator combinations are provided below.

Indicator	Objective	Subjective
Quantitative	expressed by a number that is based on a directly observable or verifiable fact or event Example: the proportion of people whose legal capacity has been restricted by a court decision	expressed as a number based on a perception, opinion or judgment (often using a scale) Example: the proportion of people who would have no objection to a person with a disability holding the highest elected office in the country
Qualitative	expressed through a narrative describing a directly observable or verifiable object, fact or event Example: the government has adopted/not adopted a strategy regarding the closure of large-scale institutions	expressed through a narrative based on perception, opinion, or judgment Example: the job-seeker's opinion on the effectiveness of support provided by the Czech Republic's Labour Office in securing a job in the open labour market

2.2 Guiding principles for the development of human rights indicators

The OHCHR has also formulated **core principles** for the development of indicators, which are universally applicable across all human rights matters, presented as a “**conceptual framework**”. This framework was taken into account in the preparation of our survey report, and we dedicate a brief section to it in this chapter.

All indicators must be grounded in the **content** of the relevant human right (i.e. the rights conferred on individuals and the corresponding obligations imposed on the State), as set out in the applicable international treaty. All human rights are to be treated **equally** in the process of indicator development, where the OHCHR stresses the interdependence and indivisibility of fundamental, civil, political, economic, social and cultural rights. Indicators should primarily assess how **duty-bearers** (i.e. the State and its bodies) are fulfilling their obligations. They should also capture the **efforts** made by the State to meet these obligations. Some obligations are **cross-cutting in nature**⁷ (i.e. they appear in nearly all human rights instruments), which means certain indicators may be repeated. The most important recommendation is to follow a **two-step process** in developing indicators. The OHCHR recommends first identifying the **attributes** of a particular human right. Examples of attributes related to Article 5 of the Convention (equality and non-discrimination) include the following:⁸

7 The OHCHR refers to key attributes such as the prohibition of discrimination, participation, accountability, access to legal remedies, the rule of law, and good governance, among others.

8 We quote from the draft illustrative indicators on Article 5 of the Convention produced by the [Bridging the Gap](#) project.

- Equality and protection from disability-based discrimination
- Reasonable accommodation
- Specific measures to achieve de facto equality

Based on the indicators, the OHCHR proposes to **develop structural, process and outcome indicators** that reveal how the State is meeting selected obligations.

Structural indicators mainly refer to the legislative framework, but also include strategic documents. They express the extent to which the State has adopted its commitments under the Convention and translated them into actual legislation and strategies.

Process indicators map the means and instruments used by the State to implement the rights of human beings (right-holders). It measures the ongoing efforts of the State and its bodies to turn the obligations into the desired outcomes.

Outcome indicators show the actual impact of structural and process measures on the living conditions of people (individuals or groups defined by common characteristics). They tell us about the effectiveness of the tools, the resources deployed and the extent to which human rights are being implemented in everyday reality. Multiple structural, process and outcome indicators can be created for a single attribute. We illustrate the combination of the different attributes and indicators through this table with practical examples:⁹

⁹ For the sake of economy, we present only one indicator from each category for each attribute. The indicators have been slightly modified for clarity. A comprehensive overview of the attributes and indicators regarding the Convention can be found on the [Bridging the Gap](#) website. The materials are available in English, French and Spanish.

		Attributes		
		Equality and protection from disability-based discrimination	Reasonable accommodation	Specific measures to achieve de facto equality
Indicator type	Structural	Adoption of a government strategy to promote equality for people with disabilities	Existence of a specific thematic chapter in the government strategy on technical support and financial provision for the adoption of a reasonable accommodation	Legislation or governmental strategies allow for affirmative action on the grounds of disability
	Process	Implementation of awareness-raising campaigns and activities aimed at the general public concerning the importance of non-discrimination on grounds of disability	Existence of a separate budget chapter to cover the costs incurred in connection with the adoption of a reasonable accommodation	Existence of a specific budget chapter for the implementation and monitoring of the impact of the affirmative action taken
	Outcome	Proportion of population reporting having personally felt discriminated against in the previous 12 months (disaggregated by age, sex, disability and area)	Total number of requests for a reasonable accommodation and number of requests granted and denied (disaggregated by age, sex, disability of the applicant)	Number of people with disabilities supported by the State under the affirmative action scheme (disaggregated by type of measure, sex, age, type of disability, or by sector – public or private).

2.3 Sources for the development of indicators and criteria for their selection

The OHCHR supports the development of indicators that are fact-based or use objective methods of data collection and presentation. It recommends combining different sources and data collection methods to achieve a more comprehensive and credible assessment of the human rights situation.

The OHCHR proposes to draw on the **following four sources**:

- Data on the incidence of human rights violations
- Socio-economic and other administrative data (including census data)
- Perception and opinion surveys
- Expert judgments

When selecting data sources for indicator development, it is important to make sure that the authors have followed basic **ethical rules** (self-identification, participation and privacy) when collecting the data.¹⁰

Of the many indicators offered for each human right (see above), the OHCHR recommends selecting and using those that meet the criteria of the **RIGHTS** model.¹¹ This means that the indicator used to measure the performance of a human rights obligation is:

- relevant and reliable;
- created independently of the entity whose activities it evaluates;
- globally understandable, adaptable to the circumstances and disaggregated by discrimination grounds;
- anchored within the human rights protection system;
- methodologically transparent, timely and time-bound;
- simple and specific.

10 The first rule requires that people have the opportunity to self-identify when confronted with a question concerning their sensitive personal data (typically the existence of a disability). If the data collection affects certain populations (including vulnerable and marginalised groups), the second rule of ethics states that the nature of the data collected should be discussed with them in advance and based on a decision in which they actively participate. Part of the decision is to understand the implications of the possible use of the data collected. Privacy requires that data collection must be subject to robust safeguards to prevent any misuse of sensitive data.

11 The model is named after the first letters of each characteristic: **R**elevant and reliable; **I**ndependent in its data-collection methods from the subject monitored; **G**lobal and universally meaningful but also amenable to contextualization and disaggregation by prohibited grounds of discrimination; **H**uman rights standards centric, anchored in the normative framework of rights; **T**ransparent in its methods, timely and time-bound; **S**imple and specific. These characteristics are captured in the bullets that follow.

2.4 How to conduct an evaluation

The OHCHR does not specify how exactly to approach the evaluation of the indicators. Where indicators (typically process or outcome indicators) are based on socio-economic data, the OHCHR suggests combining the **three approaches**. The first is based on measuring the **average** for the whole population. The second is the measurement of **gaps** (which group is the most restricted in the exercise of rights). The third is an approach based on measuring **inequality** (how differences between groups of people have increased or decreased over time).

3. Recommendations of the EU Agency for Fundamental Rights

The EU Agency for Fundamental Rights (FRA) also has long-standing experience in using indicators. In the past, it has developed indicators for the protection of the rights of [children](#) and the [Roma minority](#) across the EU.

After the EU acceded to the Convention in 2010, it launched its own [monitoring framework](#). In fact, there are **four institutions** involved in monitoring the EU's compliance with the Convention: The European Parliament, the European Ombudsman, the non-profit organisation European Disability Forum and the aforementioned FRA. The EU has not yet developed indicators for all articles of the Convention.

The FRA itself has so far focused most closely on the right to living independently and being included in the community (see the [Indicators](#) on Article 19 of the Convention) and on the participation in political and public life in the context of elections to the European Parliament (see the [Indicators](#) on Article 29 of the Convention). The FRA **follows** the recommendations of the OHCHR, including the division of indicators into structural, process, and outcome indicators. Additional indicators will be developed as part of the EU Strategy for the Rights of Persons with Disabilities 2021–2030.¹²

In 2023, the FRA published a **Guide**¹³ for national monitoring mechanisms established under Article 33 (2) of the Convention. The Guide explains that indicators “*break down legal standards into measurable elements and clearly defined questions or lines of enquiry, into which quantifiable data and information are fed.*” It stresses that the indicators support evidence-based policymaking grounded in human rights, enabling the identification of gaps and tracking of progress over time. According to the FRA, it is not important whether an indicator is labelled as process or outcome-based, but whether it captures a relevant aspect of a specific human right.

The FRA also notes that the data collected through the indicators can also be used at EU level (e.g. in the evaluation of the Strategy for the Rights of Persons with Disabilities 2021–

12 European Commission. Directorate-General for Employment, Social Affairs and Inclusion. *Union of equality – Strategy for the rights of persons with disabilities 2021-2030*. Publications Office, 2021. Online, PDF. Available [here](#).

13 EU Agency for Fundamental Rights (FRA). *Implementing the UN Convention on the Rights of Persons with Disabilities. Human rights indicators. Guidance for independent national monitoring frameworks*. Luxembourg: Publications Office of the European Union, 2023. Online, PDF. Available [here](#).

2030, the [European Pillar of Social Rights](#) or Member States' reports on the fulfilment of the "enabling conditions" set out in the [EU Common Provisions Regulation 2021–2027](#)).¹⁴

The FRA also outlines in the Guide which data from pan-European surveys can be used by national mechanisms to develop indicators and provides examples from individual Member States that have already started to use indicators to monitor compliance with selected commitments.

14 Regulation (EU) 2021/1060 requires Member States to have a national framework to ensure implementation of the Convention. This framework must include, inter alia, "*objectives with measurable goals [and] data collection and monitoring mechanisms*". This is necessary to meet the horizontal enabling condition "*Implementation and application of the Convention in accordance with Council Decision 2010/48/EC*". This enabling condition applies to all the specific goals mentioned in the Regulation.

Method of data collection and evaluation

In this chapter, we provide a detailed explanation of how we developed the individual indicators, how we collected the relevant data, and how we subsequently assessed it. We also describe how we structured the presentation of indicators in the thematic chapters.

3.1 How we developed the individual indicators

Our objective was to create a set of indicators to be used as a tool for the **long-term and systematic** monitoring of the Czech Republic's level of compliance with the Convention.

We drew upon the definitions and recommendations of the OHCHR and the FRA (see Chapter 2), taking inspiration from the illustrative indicators developed by experts within the [Bridging the Gap](#) project in 2018.

We chose to focus on **four articles of the Convention** that most significantly intersect with the lives of persons with disabilities and in which we already possess substantial practical experience: Article 5 – Equality and non-discrimination, Article 12 – Equal recognition before the law, Article 19 – Living independently and being included in the community, and Article 27 – Work and employment.

To understand the normative content of the articles and to appropriately determine their **attributes** (see Chapter 2.2), we considered a **wide range of sources**: general comments, reports and recommendations of the Committee (including its decisions on individual complaints), legislation and explanatory memoranda, case law, academic literature, strategic documents, and survey reports.¹⁵

We undertook to ensure that the indicators for each article of the Convention are:

- standardised (following a consistent structure);
- written in plain language;
- balanced (comprising structural, process, and outcome components);
- focused on practical issues that affect the everyday lives of persons with disabilities;
- transparent (publicly available);
- easy to evaluate (based on open data from public institutions and authorities);
- accompanied by a clear explanatory commentary;
- easily measurable (expressed as a score or percentage);
- time-bound (and therefore capable of being revised in light of legislative, economic, or social developments);

¹⁵ See the list of legislation, case law and literature at the end of this survey report.

- discussed with the Defender's Advisory Body on the Rights of Persons with Disabilities (participation principle).

For each of the articles listed above, we developed **5 or 6 main indicators**, some of which consist of additional **sub-indicators**. The reason for this is to obtain as accurate a picture as possible of the degree to which the Convention is being implemented. While it is desirable for each article to be accompanied by indicators of all three types – structural, process, and outcome – we consider it more important to use indicators that are contextually **appropriate** to the situation prevailing in the Czech Republic. For this reason, we did not develop a process indicator for Article 12 (Equal recognition before the law), and there is no structural indicator for Article 27 (Work and employment).

For each indicator or sub-indicator, we formulated a set of assessment criteria, which we subsequently evaluated according to whether we consider them to be fulfilled, partially fulfilled, or not fulfilled. The evaluation consists of assigning points, or fractions thereof, according to the degree to which the criteria are met. The numbers of criteria differ across the indicators/sub-indicators. The points awarded for individual criteria are added together, and the sum is then converted into a percentage score reflecting the extent to which the criteria meet the maximum possible score established for that particular indicator or sub-indicator.¹⁶

The degree of implementation of each given article of the Convention is then calculated as the average of the percentage values representing all the indicators associated with that article.¹⁷

3.2 How we collected data for the selected indicators

A key prerequisite for the evaluation of indicators is the **availability** of reliable and up-to-date information. We collected the necessary data from a variety of sources, including:

- the Czech Statistical Office's Sample Survey of Persons with Disabilities (2018);
- the European Commission's Eurobarometer surveys on discrimination (2015, 2019, and 2023);
- annual reports of the Defender and selected administrative bodies.

Our aim was to use **publicly available data** as much as possible. However, in many cases, the necessary information was only obtained upon request from the relevant authorities, as it was not accessible through public databases or other information channels. These included data from the Ministry of Justice, the Ministry of Labour and Social Affairs, the

16 This is the method if the indicator consists of sub-indicators having the same weight. For example, each of the five sub-indicators of Indicator [11.2](#) can be scored up to a maximum of one point. This procedure allows us to convert the total sum of points (for all sub-indicators) into a proportion (percentage) representing the level of fulfilment of the indicator as a whole. The only exception is Indicator [5.5](#), which is the only one consisting of two sub-indicators, each with a **different maximum score**. In order to avoid a distortion of results that would arise if the overall level of fulfilment of the indicator were calculated by summing the points achieved, we calculate this indicator as a composite indicator by averaging the two individual resulting proportions.

17 For example, if five indicators for a particular article are met at 10%, 20%, 30%, 40% and 50%, the overall implementation of the article will be 30% ($150/5 = 30$).

General Directorate of the Labour Office, the State Labour Inspection Authority, the Czech Trade Inspection Authority, the Czech Statistical Office, the Czech Social Security Administration, and the Institute of Health Information and Statistics.

In some instances, we encountered a **lack of data** necessary for evaluating specific indicators, leading us to revise or omit certain sub-indicators. We regard the absence of such data as a significant and systemic issue that hampers both our own monitoring efforts and, more critically, those of the State in fulfilling its obligations under the Convention. Specifically, **there is no** regular and reliable data collection concerning:

- the experience with discrimination on the part of persons with disabilities;
- the numbers of complaints submitted to selected administrative authorities or civil lawsuits brought for disability-based discrimination;
- the accessibility of the complaints process for persons with disabilities;
- the degree of needs of the persons living in institutional settings;
- the number of individuals officially recognised as having a first-, second-, or third-degree disability or as having a health-related disadvantage;
- the number of patients discharged from long-term psychiatric hospitalisation into residential social services;
- the accessibility of public sector employers to persons with disabilities;
- the length of time for which job seekers with disabilities are registered with the database of the General Directorate of the Labour Office.

We consider this type of information to be especially critical. We therefore recommend that public authorities prioritise the collection of such data in order to enable the future inclusion of these areas within **process or outcome indicators** (see the Chapter on [Recommendations](#)).

The wide range of information sources also posed several challenges, the most notable of which was the **inconsistent definition of “persons with disabilities.”** In some sources, a subjective self-identification approach was applied, others employed a medical model (i.e. based on diagnosis) or economic criteria (e.g. recipient of disability pension). These definitional inconsistencies are discussed in greater detail in the evaluation of each individual indicator.

3.3 How we evaluated the data

Our method differed for structural, process, and outcome (sub-)indicators.¹⁸

¹⁸ For the differences between the types of indicators, see Chapter [2.2](#).

3.3.1 Structural indicators

The evaluation of **structural indicators** is based on content analysis of relevant documents. In the first stage, we examined whether legislative or strategic documents addressing a specific aspect of the Convention exist at all. In the second stage, we proceeded to a more detailed content assessment, drawing not only on the text of the Convention itself but also on the General Comments and decisions of the Committee. We did not assess the correctness or relevance of the Committee's legal interpretations or their practical feasibility, as this does not fall within our statutory mandate. It is the responsibility of the executive authorities to propose how a specific obligation under the Convention should be implemented in the Czech context, and of the legislature to adopt any binding rules where necessary.

In evaluating structural indicators, we focused on several areas that we consider essential for the implementation of the Convention. We determined the total number of areas the relevant strategic document should address, or the qualitative standards that relevant legislation should meet. The documents were then scored according to whether the given area was regulated and, if so, whether it included the content we considered necessary (1 point / 0 points). The total number of points awarded was compared to the maximum possible score and used to calculate the level of fulfilment of the given indicator as a proportion. See Indicators [5.1](#), [7.1](#) or [9.1](#) for examples.

3.3.2 Process and outcome indicators

Process and outcome indicators can be assessed in three different ways.

First, they can be viewed similarly to structural indicators. A typical example is evaluating whether the State does or does not collect certain data (1 point / 0 points) on a monitored area. See Indicator [5.3](#).

The second method of evaluation involves determining the extent to which a **benchmark** (usually representing the situation of the **mainstream population**) is met. In such cases, we assess the degree to which the measured value (typically reflecting the situation of people with disabilities) reaches the benchmark. Ideally, the monitored value should fully align with the benchmark, **meeting it at 100%**. For instance, the employment rate of persons with disabilities should, ideally, be equal to that of the mainstream population. In reality, these values usually differ, so we present the proportional fulfilment of the benchmark, which we then convert into a score.¹⁹ See Indicators [11.1](#) or [11.2](#).²⁰

19 For example, if the employment rate for the mainstream population is 80%, the employment rate for people with disabilities should ideally be the same (80%). This means that the observed value (characterising the employment rates among people with disabilities) should ideally be equal to the benchmark. In that case, the monitored value would reach 100% of the benchmark, which can also be expressed as **one point gained** (out of a maximum of one). If, on the other hand, the employment rate of people with disabilities is lower, for example 40%, then this value represents only half of the benchmark (40% is half of 80%), which corresponds to the indicator being met at the rate of **50%**. Thus, the score for the indicator is **0.5 points** out of the maximum of one point.

20 In cases where the evaluation of an indicator is based on the percentage fulfilment of a benchmark, the percentage value is subsequently converted into a point-based score. This score is then transferred into a

The third method of evaluation is used in cases where it is not possible to work with a benchmark (i.e., comparing values characterising the mainstream population), for example, when monitoring the increase or decrease in the number of people living in institutions. In such cases, we focused on the **trends in the monitored phenomenon over time**, evaluating its decreasing or increasing tendency (1 point / 0 points). See Indicators [5.4](#) or [9.3](#).

In some cases, however, the trend was not clearly increasing or decreasing; rather, the value fluctuated during the monitored period. In these situations, we used the **method of a moving average** to better identify whether any trend was present. This method consists of averaging each pair of consecutive values in a time series (data sequence).²¹ This allowed us to assess the data sequence, recognise a trend (or the absence of one), and assign an appropriate score. For example, a **decreasing** number of people with restricted legal capacity carries **1 point**, while a stagnating or **increasing** number carries **0 points**. See Indicator [9.3](#).

For certain indicators tracking developments over time, the question arises of how we determine whether the optimal value has already been reached or whether further improvement is still realistically achievable. An example of this is Indicator [5.4](#). (Societal respect for persons with disabilities is increasing). In such cases, we rely on international comparisons. Using Eurobarometer data, for instance, we compare the State's results with other EU Member States to identify the currently highest achievable result.

At the beginning of this chapter, we noted that the indicators we present are time-bound. We anticipate that future legislative, economic, or social developments may necessitate adjustments to these indicators, the addition of new sub-indicators, or their replacement with more suitable alternatives in subsequent monitoring cycles.

3.4 How we describe the indicators in the thematic chapters

At the beginning of each thematic chapter, we present the full wording of the relevant article of the Convention. We include a link to the article in the Czech Sign Language and in easy-to-read format. We also state at least one attribute that we derived from the article in accordance with OHCHR methodology.

Next, we present an overview table showing the overall evaluation (in the form of absolute numbers and percentage shares),²² showing how the State is implementing the respective

summary table for each article of the Convention. However, it is also again expressed as a percentage in that table. To avoid undesirable distortions in the results, we round the scores in these cases to three decimal places.

- 21 For example, if the number of hospitalisations in facility X fluctuated year by year between 2015 and 2018 as follows: 100, 80, 100, and 60, it is not immediately clear whether this indicates a consistent decrease or increase in the number of patients. However, if we calculate the average of each pair of consecutive values (i.e. the pairs 100 and 80; 80 and 100; 100 and 60), we obtain a new series of numbers (90, 90, 80), which indicates a downward trend, a gradual decrease in the number of patients.
- 22 Where the percentages for individual indicators are not whole numbers, the results are rounded to one decimal place in the summary table. From these individual percentage evaluations, we then calculate the overall level of implementation (fulfilment) of the specific article of the Convention, which we subsequently round to whole percentage value.

article of the Convention. The table also includes the names of the main indicators, which are usually phrased as sentences with an active verb (*"The State has..."*; *"There are tools..."*; *"People with disabilities work..."*).

Each indicator is then described in detail. Some core indicators are divided into sub-indicators (see Indicator [5.5](#) or [11.2](#)). In the description, we state both the maximum possible number of points and the number of points achieved.

In the descriptive evaluation, we thoroughly describe the reasoning and the data and information used to arrive at the result.

At the end of each thematic chapter, we pose and answer the question of how we will know in the future that the State is improving in upholding the rights of persons with disabilities compared to the immediately preceding period.

Equality and non-discrimination

4. Text of Article 5 of the Convention

1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.
3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

[Article 5 in the Czech Sign Language.](#)

[Article 5 in easy-to-read format](#) (in Czech, slide 9).

Following from the text of Article 5 of the Convention, we derived the **following attribute**: “Equality and protection from disability-based discrimination,” for which we created a total of **six indicators**.

5. Evaluation

Indicator	Number of points achieved/maximum	%
1. The State has adequate legislation prohibiting discrimination on the basis of disability (structural indicator)	3/10	30.0%
2. The State is implementing an ambitious government strategy to ensure equality for people with disabilities (structural indicator)	1/5	20.0%
3. The State regularly collects and publishes data on the personal experience with discrimination on the part of people with disabilities across different areas of life (process indicator)	0/1	0.0%
4. Respect for people with disabilities is increasing (outcome indicator)	1/1	100.0%
5. The State (a) collects and publishes data on the numbers and outcomes of complaints alleging discrimination on the grounds of disability; and (b) enables their submission in an accessible form (process indicator)	(a) 7/16 (b) 19/40	45.7%
6. The number of lawsuits alleging discrimination on grounds of disability is increasing (process indicator)	1/1	100.0%
Overall rate of compliance with Article 5		49%

5.1 The State has adequate legislation prohibiting discrimination on the basis of disability

5.1.1 Detailed description of the indicator

Adequate legislation is defined by the following criteria:

- a definition of disability aligned with Article 2 of the Convention;
- prohibition of all forms of discrimination (including perceived, associative, multiple and intersectional discrimination);
- prohibition of discrimination in all important areas of life (e.g. work, services, housing, healthcare, education);
- duty to adopt reasonable accommodation towards people with disabilities in all important areas of life (e.g. work, services, housing, healthcare, education);
- right to implement affirmative action on the grounds of disability;
- availability of legal remedies against discrimination, including public lawsuits (*actio popularis*);
- obligation to share the burden of proof in court proceedings concerning discrimination, regardless of the area of life;
- effective, proportionate, and dissuasive sanctions for breach of the prohibition of discrimination;
- broad legal standing to lodge a legal remedy against discrimination (individuals, legal persons – associations, equality bodies);
- existence of an equality body dealing with complaints concerning discrimination on grounds of disability, issuing recommendations, and carrying out surveys and awareness-raising activities.

Each criterion is evaluated separately as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **10**

The Czech Republic currently scores **3** points.

Degree of fulfilment: 30%

Table 1: The State has adequate legislation prohibiting discrimination on the basis of disability – evaluation of the criteria

Criterion	Evaluation
Definition of disability	0
Forms of discrimination	0
Areas of life	1
Reasonable accommodation	0
Affirmative action	1
Legal remedies	0
Burden of proof	0
Sanctions	0
Legal standing	0
Equality body	1
Total	3 points

5.1.2 Descriptive evaluation

Section 5 (6) of the Anti-Discrimination Act²³ sets out a definition of disability that reflects the social model of disability as articulated in Article 2 of the Convention.²⁴ However, this definition applies solely within the scope of the Anti-Discrimination Act and does not

23 “For the purposes of this Act, disability shall mean a physical, sensory, mental, psychological or some other impairment which precludes or may preclude the right of persons to equal treatment in the areas defined by this Act; this must be a long-term disability which lasts, or according to the findings of medical science is expected to last, for at least one year.”

24 Tomšej, J. et al. *Zákon o rovném zacházení a o právních prostředcích ochrany před diskriminací a o změně některých zákonů (antidiskriminační zákon). Praktický komentář. (Act on Equal Treatment and Legal Remedies for the Protection Against Discrimination and on Amendment to Certain Laws (the Anti-Discrimination Act). Practical Commentary.)* First edition. Wolters Kluwer, 2023, p. 149.

extend to other legislation (such as the Employment Act).²⁵ Furthermore, the definition imposes a restrictive condition whereby the disability must last, or be expected to last according to medical science for at least one year. This requirement is not included in the Convention and is indeed questionable in light of case law of the Court of Justice of the European Union (CJEU).²⁶

The Anti-Discrimination Act contains prohibitions on direct and indirect discrimination, harassment, sexual harassment, victimisation, instruction and incitement to discriminate. Failure to adopt reasonable accommodation is considered a special form of indirect discrimination. The Act also prohibits perceived discrimination. However, it does not contain a prohibition on associative, multiple and intersectional discrimination.²⁷ The lack of provisions on associative discrimination has had a negative impact on case law. While the Supreme Court has applied the prohibition of associative discrimination,²⁸ the Constitutional Court maintains that discrimination can only occur in respect of persons who have “allegedly been discriminated against”.²⁹ We recommended on several occasions that a ban on discrimination by association be enshrined in the law, but to no effect.³⁰ The adoption of the prohibition of multiple and intersectional discrimination is recommended to States Parties by the Committee in its General Comment.³¹

The prohibition of discrimination applies across all key areas of life for every individual (such as work and employment, services, education, housing, healthcare, and others). It is applicable in both horizontal relationships between private individuals (typically between employees and employers, or consumers and businesses), and vertical relationships (between the State or self-governing bodies and individuals).

25 The Employment Act contains definitions of a person with a disability and a person with a health-related disadvantage in paragraphs 2 and 3, respectively, of Section 67. The definition is based on the medical model of disability and is linked to the term “invalidity” (officially recognised disability).

26 Judgment of the Court of 1 December 2016, Case C-395/15, *Daouidi v Bootes Plus SL*.

27 Multiple discrimination refers to a situation in which a person is discriminated against on the basis of multiple grounds (protected characteristics), where the discrimination would occur even if the individual were affected by only one of those grounds. Intersectional discrimination refers to a combination of protected characteristics that together create a unique and unjust situation warranting protection – one that would not arise if the person were affected by only a single protected characteristic. For more details, see Šabatová, A. *et al. Diskriminace – sborník stanovisek veřejného ochránce práv. (Discrimination – Collection of the Defender’s Opinions.)* The Office of the Public Defender of Rights and Wolters Kluwer, 2019, p. 58.

28 The Supreme Court recognised the legal standing of the legal guardians of a deceased girl with epidermolysis bullosa to bring an anti-discrimination action. See the judgment of the Supreme Court of 13 December 2017, File No. 30 Cdo 2260/2017.

29 Resolution of the Constitutional Court of 27 November 2018, File No. II. ÚS 3464/18, [usoud.cz](https://www.usoud.cz).

30 The Public Defender of Rights. *Summary Report on Activities of the Public Defender of Rights in 2014*. Office of the Public Defender of Rights, 2015. Online, PDF. Available [here](#), p. 11.

31 UN Committee on the Rights of Persons with Disabilities. *General comment No. 6 (2018) on equality and non-discrimination*. Online, PDF. Available [here](#), point 19, p. 6.

The duty to adopt reasonable accommodation is limited solely to the areas of work³² and services intended for the public. It does not extend to other areas mentioned in the Anti-Discrimination Act, such as membership in trade unions or professional chambers, nor to areas covered by the Convention, such as access to justice or participation in political and public life.

The Anti-Discrimination Act allows for affirmative action. A typical affirmative action measure in favour of people with disabilities is the mandatory quota (4%) for the employment of people with disabilities under the Employment Act.³³

People can defend themselves against disability-based discrimination by bringing a lawsuit.³⁴ They can also lodge a complaint with the relevant inspection body or the Defender. Another option is to resolve the dispute through mediation. However, the legal system does not allow for the filing of a public action (*actio popularis*), despite past initiatives aimed at granting a legal standing to bring such an action to the Defender³⁵ and, subsequently, also to non-governmental organisations.³⁶

The Code of Civil Procedure does not allow the burden of proof to be shared in situations where a person claims discrimination on grounds of disability in the areas of services, education, housing, and healthcare.³⁷ We have been unsuccessfully recommending changes to the law on several occasions since 2013.³⁸

Pursuant to Section 10 (2) of the Anti-Discrimination Act, the courts provide victims of discrimination with pecuniary compensation for non-pecuniary damage only if other means of redress (e.g., refraining from discrimination, removing its consequences, or apology) are insufficient.³⁹ However, this contradicts EU law⁴⁰ and CJEU case law.⁴¹ According to the judgments, victims of discrimination should, in principle, always be

32 Section 3 (2) of the Anti-Discrimination Act refers to “access to a particular employment, to the performance of an occupational activity or to promotion in employment or other advancement, in order to benefit from employment counselling or to participate in other professional training.”

33 Section 81 of the Employment Act.

34 Section 10 of the Anti-Discrimination Act (action in civil justice), Section 65 of the Code of Administrative Justice (action against an administrative decision).

35 Government bill amending Act No. 349/1999 Coll., on the Public Defender of Rights, as amended, and other related laws. Chamber of Deputies document No. 379/0. 7th Electoral Term (2013–2017). Delivered to the Deputies on 5 January 2015. Available (in Czech) [here](#).

36 Bill submitted by Deputy Monika Červíčková and others, amending Act No. 198/2009 Coll., on equal treatment and legal remedies for protection against discrimination and on amendment to certain laws (the Anti-Discrimination Act), as amended. Chamber of Deputies document No. 424/0. 8th Electoral Term (2017–2021). Delivered to the Deputies on 13 March 2019. Available (in Czech) [here](#).

37 Cf. Section 133a of the Code of Civil Procedure.

38 The Public Defender of Rights. *Annual Report on the Activities of the Public Defender of Rights in 2022*. Office of the Public Defender of Rights, 2023. Online, PDF. Available [here](#), p. 19.

39 Cf. the Survey conducted by the Public Defender of Rights “Decision-making of Czech courts in discrimination disputes 2015–2019” of 24 September 2020, File No. 61/2019/DIS, Available [here](#).

40 Article 15 of Directive 2000/43/EC, Article 17 of Directive 2000/78/EC, Article 14 of Directive 2004/113/EC.

41 Judgment of the Court of Justice of 10 April 1984, Case C-14/83, Von Colson and Kamann.

compensated in money and the compensation should be effective, proportionate and have a dissuasive effect. We have proposed a change to the legislation on a number of occasions over several years, but to no effect.⁴² Academic literature notes that Section 10 (2) of the Anti-Discrimination Act is obsolete.⁴³ However, there is still no ruling of a supreme court that would confirm this legal opinion.

Protection against discrimination on the grounds of disability is available only to individuals – natural persons. Legal entities (such as associations advocating for the rights of persons with disabilities that experience discrimination in the area of service provision) are not entitled to seek legal redress. This authority is not vested in the Public Defender of Rights, i.e. the national equality body, either, despite the mandate to receive complaints regarding disability-based discrimination, issue recommendations, conduct research, and carry out awareness-raising activities.⁴⁴

5.1.3 What milestones will indicate progress in the implementation of Article 5 of the Convention in relation to Indicator 5.1?

Progress will have been achieved once the State has adopted an amendment to the Anti-Discrimination Act and related legislation, introducing (at least some of) the missing legal provisions that are essential to ensuring effective protection against discrimination on the grounds of disability.

5.2 The State is implementing an ambitious government strategy to ensure equality for people with disabilities

5.2.1 Detailed description of the indicator

The State has adopted and is implementing a multi-year, ambitious government strategy that includes specific and measurable objectives concerning equal treatment and non-discrimination on the grounds of disability.

The strategy meets the following criteria:

- it addresses all key articles of the Convention (Articles 5, 9, 12, 19, 24, 25, 27, and 28);
- persons with disabilities are involved in its development, adoption, and monitoring of its implementation;
- it provides targeted responses to the recommendations of international bodies and organisations (particularly the Committee);

42 The latest text concerning this issue: The Public Defender of Rights. *Annual Report on the Activities of the Public Defender of Rights in 2023*. Office of the Public Defender of Rights, 2024. Online, PDF. Available [here](#), p. 12.

43 Boučková, Pavla *et al.* *Antidiskriminační zákon. Komentář (Anti-Discrimination Act. Commentary)*. Prague: C. H. BECK, 2016, p. 373.

44 Section 1 (5) and Section 21b of the Public Defender of Rights Act.

- it includes specific tasks and measures, measurable targets, allocated financial resources, and a reasonable timeframe for the implementation of the tasks and measures;
- the implementation of tasks and measures, the achievement of targets, use of financial resources, and adherence to deadlines are subject to critical evaluation by an independent auditor / the Defender / a coalition of civil society organisations.

Each criterion is evaluated separately as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **5**

The Czech Republic currently scores **1** point.

Degree of fulfilment: 20%

Table 2: Ambitious government strategy including specific and measurable objectives – evaluation of the criteria

Criterion	Evaluation
Key articles of the Convention	1
Participation of persons with disabilities	0
Response to recommendations from international bodies	0
Specific tasks, measurable objectives, financial resources, reasonable timeframe	0
Independent monitoring	0
Total	1

5.2.2 Descriptive evaluation

It is a positive development that successive governments have regularly adopted national strategies to promote equal opportunities for persons with disabilities.⁴⁵

⁴⁵ National Plan for Support and Integration of Citizens with Disabilities 2006–2009, National Plan for Creating Equal Opportunities for Persons with Disabilities 2010–2014, National Plan on Promoting Equal Opportunities for Persons with Disabilities 2015–2020, National Plan on Promoting Equal Opportunities for Persons with Disabilities 2021–2025. The materials are available (in Czech) [here](#).

[The current National Plan on Promoting Equal Opportunities for Persons with Disabilities 2021–2025](#) (available in Czech) reflects the rights enshrined in the Convention and addresses all the key articles listed above.

Persons with disabilities were involved in the development of the Plan, albeit to a limited extent.⁴⁶ They also monitor its implementation through their representation in the [Government Board for Persons with Disabilities](#) (Government Board), whose role includes annual review of the Report on the Implementation of the Plan's Measures, which is publicly available.

The National Plan does not respond to recommendations of international bodies. The Committee recommended in relation to Article 5 that the duty to adopt reasonable accommodation be extended to other areas beyond employment and services for the public. The Plan does not reflect this recommendation. The same applies to recommendations on recognising multiple and intersectional discrimination, which the Plan fails to address.

Many of the measures in the Plan are overly general (e.g. according to Measure 1.1.1, all ministries and the Office of the Government are to ensure that no State administration measure results in direct or indirect discrimination and that proposed solutions respect the principle of universal design). These are also difficult to assess (e.g. the indicator of this measure being fulfilled is the absence of any discriminatory impact). It is not clear who is responsible for evaluating whether a particular measure has a discriminatory effect. Moreover, many tasks are to be implemented on a continuous basis, but deadlines for key deliverables are repeatedly being postponed, and the Plan does not specify funding details for the implementation of the relevant activities.⁴⁷

The Government Board draws up a report on the implementation of the measures contained in the National Plan every year, but no independent shadow report currently exists to monitor how the State actually fulfils the Plan.

5.2.3 What milestones will indicate progress in the implementation of Article 5 of the Convention in relation to Indicator 5.2?

Progress will have been achieved when the State has adopted an ambitious national strategy for the period 2026–2030, developed with the participation of a broader range of groups representing persons with different types of disabilities. The strategy must reflect recommendations made by international bodies and set out specific and measurable objectives relating to equal treatment and non-discrimination on the basis of disability. The implementation of the strategy and its measures must be evaluated independently of

46 The Czech National Disability Board was involved in a working group to prepare a new national plan for persons with disabilities. Some other organisations, such as the Czech Association of People with Hearing Impairments, Inclusion Czech Republic, United Organisation of the Blind and Partially Sighted, etc.) also participated in the drafting process and sent proposals for measures or took part in some of the meetings. However, the number of organisations representing the rights of people with disabilities that could be involved is much wider. There is no evidence that self-advocates have been involved in the preparation of these plans in the past.

47 General budget and funding information is provided on page 83 of the Plan.

the Government, for example by the Public Defender of Rights or a coalition of civil society organisations advocating for the rights and interests of persons with disabilities.

5.3 The State regularly collects and publishes data on the personal experience with discrimination on the part of people with disabilities across different areas of life

5.3.1 Detailed description of the indicator

The State collects and publishes, in accessible formats, personal experience of persons with disabilities concerning discrimination across different areas of life. The data collection meets the following essential criteria:

- it is conducted exclusively within the population of persons with disabilities;
- respondents include persons with disabilities living in institutional settings;
- it encompasses individuals with various types of disabilities, of different ages, sex/gender, socio-economic backgrounds, and from diverse regions;
- it appropriately combines interview surveys with structured interviews;
- it focuses on key areas of every person's life (work and employment, goods and services, housing, healthcare, education, etc.);
- it captures experience regarding all prohibited forms of discrimination;
- it examines whether the relevant individuals sought redress and with what outcome;
- it is repeated at regular intervals (e.g. every 4–5 years).

These criteria are evaluated together as either fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **1**

The Czech Republic currently scores **0** points.

Degree of fulfilment: 0%

5.3.2 Descriptive evaluation

For a visible societal shift towards non-discrimination of persons with disabilities to occur, it is essential to carry out extensive information, education, and awareness-raising campaigns targeting society as a whole. This requires an understanding of the types of discrimination most commonly experienced by persons with disabilities, the underlying causes of the discrimination, and its specific manifestations.

No public authority in the Czech Republic regularly monitors data on discrimination subjectively experienced on the grounds of disability. Non-governmental organisations likewise lack the capacity and necessary financial resources to carry out such activities.

The Defender's Office surveyed the experience of discrimination on the grounds of disability in 2015 and published the results in the survey report "[Discrimination in the](#)

Czech Republic: Victims of Discrimination and Obstacles in Access to Justice". However, since the survey was conducted among the general population rather than exclusively among persons with disabilities, the results cannot be used for the purposes of monitoring compliance with Article 5 of the Convention.

The experience of discrimination on the grounds of disability among the population of people with disabilities was surveyed by the Czech National Disability Council in their research published in 2012 (available in Czech), which showed that 62% of people with disabilities had experienced some form of discrimination. More recent data is not available.

The European Commission surveys the general public about the perceived prevalence of discrimination on the grounds of disability through the Eurobarometer survey. The Czech Statistical Office (available in Czech) gathers data among persons with disabilities regarding discrimination due to disability in the labour market. However, this data is collected only from individuals living in private households and excludes those in institutional settings (e.g. residential care homes for persons with disabilities). The Statistical Office's data has been used for monitoring the fulfilment of the obligations under Article 27.

5.3.3 What milestones will indicate progress in the implementation of Article 5 of the Convention in relation to Indicator 5.3?

Progress will have been achieved (and 1 point awarded) when the State has begun collecting and publishing, in accessible formats, personal experience of persons with disabilities regarding discrimination across different areas of life. The survey design must comply with the requirements set out in paragraph 5.3.1. Societal respect for persons with disabilities is increasing

5.3.4 Detailed description of the indicator

The proportion of people who would have no objection to a person with a disability holding the highest elected political office. If the proportion of people increases compared to the previous survey, the State will receive 1 point.

Maximum score: **1**

The Czech Republic currently scores **1** point.

Degree of fulfilment: 100%

Table 3: Societal respect for persons with disabilities – Eurobarometer data

Criterion	2015	2019	2023
The proportion of people who would have no objection to a person with a disability holding the highest elected political office	57%	73%	77%

5.3.5 Descriptive evaluation

Respect for persons with disabilities in prominent public roles reflects the general public's perception of persons with disabilities. It indicates the extent to which society views persons with disabilities as active members of the community.

This indicator is regularly measured by the European Commission through the Eurobarometer survey and we were therefore able to compare data from three separate survey waves. However, while the wording of the question has remained consistent since 2012, the response scale used in that year differed, which means that this report could only include data from 2015 onward. It is reasonably expected that the Eurobarometer survey will continue to be conducted at regular intervals.

In response to the question concerning a person with a disability holding the highest elected political office, respondents in the Czech Republic indicated in 2015 that they were completely comfortable with this situation (32%) or quite comfortable (25%). We merged these two groups because the range of responses offered in subsequent attitude surveys (in 2019 and 2023) was narrower.

5.3.6 What milestones will indicate progress in the implementation of Article 5 of the Convention in relation to Indicator 5.4?

Progress will have been achieved if there has been a steady increase in the proportion of people who would have no objection to a person with a disability holding the highest elected political office. If the proportion stagnates or declines, the State will receive no points in the evaluation. For more details on the evaluation of the trends in monitored phenomenon, see paragraph [3.3.2](#).

5.4 The State collects and publishes data on the numbers and outcomes of complaints alleging discrimination on the grounds of disability and makes them available in an accessible form

5.4.1 Detailed description of the indicator

The indicator is broken down into two sub-indicators. The first examines whether, through its institutions, the State regularly collects and publishes data on the numbers of complaints regarding disability-based discrimination and whether it provides information on the outcomes of these complaints. The second sub-indicator assesses whether the process of submitting a complaint to these institutions is accessible to persons with disabilities.

For the first sub-indicator (collection and publication of data on the numbers of discrimination complaints), we assessed the activity of four public authorities: the Public Defender of Rights, the State Labour Inspection Authority, the Czech Trade Inspection Authority, and the Czech School Inspection Authority. We verify whether the above-mentioned authorities

- collect and publish data on the numbers of complaints alleging discrimination on grounds of disability;

- collect and publish data on the outcomes of complaints alleging discrimination on grounds of disability.

Each criterion (4 in total for each authority) is evaluated separately as fulfilled (1 point) or not fulfilled (0 points).

Maximum score for the first sub-indicator: **16**

The Czech Republic currently scores **7** points.

Rate of fulfilment of the first sub-indicator: 43.8%

Table 4: Collection and publication of data on complaints and their outcomes – evaluation of the criteria

Criterion	Office of the Public Defender of Rights	State Labour Inspection Authority	Czech Trade Inspection Authority	Czech School Inspection Authority
Collection of data on the numbers of complaints received	1	0	1	1
Publication of the numbers of complaints received	1	0	0	0
Collection of information on the outcomes of the complaints received	1	0	1	1
Publication of information on the outcomes of the complaints received	0	0	0	0
Total for the public authority	3	0	2	2
Total	7			

The second sub-indicator (accessibility of the procedure for submitting a complaint of discrimination) examines whether persons with disabilities:

- obtain the necessary information on the possible submission of a complaint on accessible websites (including information in the Czech Sign Language, with subtitles or in an easy-to-read format);

- can submit a complaint orally in an accessible building and room;
- can be provided with simultaneous transcription or interpreting into the Czech Sign Language by the relevant governmental authority when filing an oral complaint, if they so request;
- receive a response from the authority in an accessible format (a text document in Braille, easy-to-read format, video recording in the Czech Sign Language).

Each criterion (10 in total for each authority) is evaluated separately as fulfilled (1 point) or not fulfilled (0 points).

Maximum score for the second sub-indicator: **40**

The Czech Republic currently scores **19** points.

Rate of fulfilment of the second sub-indicator: 47.5%

Table 5: Accessibility of the procedure for lodging and handling complaints concerning disability-based discrimination with selected authorities – evaluation of the criteria

Criterion	Office of the Public Defender of Rights	State Labour Inspection Authority	Czech Trade Inspection Authority	Czech School Inspection Authority
Barrier-free building and room for submitting an oral complaint	1	0	0	0
Answer in Braille	1	0	0	1
Accessible website	0	1	1	1
Information in the Czech Sign Language and with subtitles	0	0	0	0
Accepting complaints in the Czech Sign Language	1	1	0	0
Answer in the Czech Sign Language	1	0	0	1
Information in an easy-to-read format	1	0	0	0
Answer in an easy-to-read format	1	0	0	1
Simultaneous transcription when making an oral complaint	1	1	0	1
Provision of interpretation into the Czech Sign Language when making an oral complaint	1	1	0	1
Total for the public authority	8	4	1	6
Total	19			

Fulfilment rate for the indicator as a whole: 45.7%⁴⁸

⁴⁸ This is the only indicator composed of two sub-indicators, each with a different maximum score. To avoid distortion of the results, this indicator is calculated as a composite by averaging the two percentage-based results of the sub-indicators (see also footnote No. 16).

5.4.2 Descriptive evaluation

In assessing both components of this indicator, we drew upon our own analysis of official websites and publicly available documents, as well as responses provided by the selected authorities following our formal request.

As for the collection and publication of information on complaints and their outcomes, three out of the four authorities examined collect data on complaints in which individuals allege discrimination on the grounds of disability. The only authority that does not collect such data is the State Labour Inspection Authority. The Czech School Inspection Authority collects information on complaints where the alleged ground of discrimination is “health status,” a category that includes disability. The Defender is the only institution that publishes the numbers of complaints received in its annual reports.⁴⁹ All the institutions except the State Labour Inspection Authority process data on the outcomes of complaints through automated systems.⁵⁰ However, none of the authorities publish information on the outcomes, such as whether the complaints were deemed justified or whether disability-based discrimination was found.

The evaluation of accessibility in the complaints procedure is based solely on self-assessment by the respective authorities. It has not been verified through user testing by persons with disabilities (physical, visual, hearing or intellectual). Therefore, the current evaluation may change in light of future research or testing results (for instance, if it is shown that the information provided is inaccurate). The inspection authorities, which – unlike the Defender – have offices in all administrative regions report difficulties in ensuring physical accessibility, as some of their premises are located in rented buildings that are not barrier-free. None of the authorities have yet received a request to provide a response in Braille and, in fact, only two of them (the Defender and the Czech School Inspection Authority) have a procedure in place for how they would respond to such a request. The administrative authorities report that information about their mandates and the procedure for filing and handling complaints is available on their websites. These websites are reportedly compatible with screen readers and magnification software. The Defender underwent an audit which found deficiencies on the authority’s website as regards its accessibility for people with visual impairments.

No authority has converted information about its mandate and the procedure for filing and handling complaints into a video interpreted into the Czech Sign Language or supplemented with captions. Only two of the authorities are prepared to accept complaints submitted in the Czech Sign Language and to respond using the same means of communication. Three of the authorities stated that they would provide real-time transcription or interpretation into the Czech Sign Language if a person wished to submit a complaint orally. Only the Defender provides information about his [mandate in an easy-to-read format](#) (in Czech). All the authorities stated that they strive to respond to all

49 With the exception of the data for 2010–2011, which is not publicly available. All information is available here: <https://www.ochrance.cz/en/vystupy/annual-report/>.

50 The State Labour Inspection Authority records the outcomes in their inspection reports or decisions on administrative offences. However, these outcomes are not entered into the internal system in a way that would allow for the identification or retrieval of cases specifically concerning disability-based discrimination.

complainants in a comprehensible manner; however, none have yet received a request for a response in an easy-to-read format. The Czech School Inspection Authority would follow the [methodology of the Ministry of the Interior](#) (in Czech) in such a case, while the Defender would co-operate with non-governmental organisations specialising in the preparation of easy-to-read materials. The State Labour Inspection Authority and the Czech Trade Inspection Authority did not specify any established procedure.

5.4.3 What milestones will indicate progress in the implementation of Article 5 of the Convention in relation to Indicator 5.5?

Progress will have occurred if the selected authorities responsible for addressing discrimination on the grounds of disability improve their data collection and publication practices concerning complaints alleging disability-based discrimination. This includes not only recording and publishing the numbers of complaints received but also disclosing their outcomes. In addition, progress requires that these authorities enhance the accessibility of the complaints procedure for persons with physical, hearing, visual, and intellectual disabilities. All the authorities must establish clear procedures for responding to accessibility-related requests from persons with diverse support needs.

5.5 The number of lawsuits alleging discrimination on the grounds of disability is increasing

5.5.1 Detailed description of the indicator

This indicator monitors whether, over time, there is an increase in the number of lawsuits alleging discrimination on the grounds of disability filed with civil or administrative courts. If the number of such lawsuits rises compared to the previous research survey, the State will receive 1 point. For a detailed explanation of how the development of this phenomenon over time is assessed, see Chapter [3.3.2](#).

Maximum score: **1**

The Czech Republic currently scores **1** point.

Degree of fulfilment: 100%

Table 6: Number of disability-based discrimination lawsuits filed

Criterion	2010–2014	2015–2019
Number of civil lawsuits alleging discrimination on the grounds of disability	9	14
Number of administrative actions alleging discrimination on grounds of disability	2	N/A

5.5.2 Descriptive evaluation

In assessing the numbers of anti-discrimination lawsuits filed before civil courts, we rely on two surveys conducted by the Defender: [Discrimination in the Czech Republic: Victims of Discrimination and Obstacles in Access to Justice](#) (2015),⁵¹ and [Discrimination in the Czech Republic: Victims of Discrimination and Obstacles in Access to Justice](#) (2020). The table above reflects new cases brought before civil courts of the first instance during the monitoring period. The number of lawsuits has increased, which we consider a positive development, as it indicates that a growing number of persons with disabilities have been able to overcome barriers to access to justice and assert their claims before an independent judiciary. It should be noted, however, that the actual number of cases may be higher, since the data collection depended on our ongoing monitoring activities and the recollection of individual judges who provided us with decisions related to disability-based discrimination. At the time of the data collection, the publication of court decisions pursuant to the Ministry of Justice decree had not yet had a significant impact on the number of accessible rulings.⁵² Additionally, a number of cases may have been adjudicated within the framework of administrative justice.⁵³ This area was examined only in our 2015 survey; neither we nor any other institution (e.g., universities) mapped its development in the years 2015–2019.

5.5.3 What milestones will indicate progress in the implementation of Article 5 of the Convention in relation to Indicator 5.6?

The number of civil and administrative court actions alleging discrimination on the grounds of disability will have increased, indicating that persons with disabilities are gaining better access to justice. If the number stagnates or declines, the State will receive zero points in the assessment.

51 The 2015 survey also mentions disability-related decisions of administrative courts. The 2020 survey only looked at court decisions in civil court proceedings. Therefore, we only follow the cases in the civil branch of the judiciary.

52 Decree No. 403/2022 Coll., on the publication of court decisions.

53 These cases may involve decisions made by civil service bodies and officials in relation to employees with disabilities – such as civil servants, members of security forces, or professional soldiers – or by school principals in relation to students with disabilities, for example in cases of denial of admission to education.

Equal recognition before the law

6. Article 12 of the Convention

1. States Parties reaffirm that persons with disabilities have the right to recognition everywhere as persons before the law.
2. States Parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life.
3. States Parties shall take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity.
4. States Parties shall ensure that all measures that relate to the exercise of legal capacity provide for appropriate and effective safeguards to prevent abuse in accordance with international human rights law. Such safeguards shall ensure that measures relating to the exercise of legal capacity respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests. These safeguards must also be proportionate to the degree to which the measures affect the rights and interests of that person.
5. Subject to the provisions of this article, States Parties shall take all appropriate and effective measures to ensure the equal right of persons with disabilities to own or inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit, and shall ensure that persons with disabilities are not arbitrarily deprived of their property.

[Article 12 in the Czech Sign Language.](#)

[Article 12 in easy-to-read format](#) (in Czech, [slides 17–18](#)).

From Article 12 of the Convention, we derived the following **two attributes**, “Legal capacity” and “Supported decision-making”, and created a total of **five indicators** for them.

7. Evaluation

Indicator	Number of points achieved/maximum	%
1. The State has a plan to transition from substituted to supported decision-making (structural indicator)	1/5	20%
2. Restriction of legal capacity does not lead to an infringement of the fundamental rights (structural indicator)	3/10	30%
3. Proportion of alternatives to the restriction of legal capacity relative to the total of all decisions on support measures (outcome indicator)	0,21/1	21%
4. The legal regulation of supported decision-making mechanisms is in accordance with the principles of Article 12 (structural indicator)	24/48	50%
5. There are effective tools for advance expression of will (structural indicator)	2/10	20%
Overall rate of compliance with Article 12		28%

7.1 The State has a plan to transition from substituted to supported decision-making

7.1.1 Detailed description of the indicator

The implementation of Article 12 requires extensive changes not only in relation to the relevant legal regulation but also in the practice of the courts and other persons involved in the system supporting adults in legal actions. The system of substituted decision-making has a long tradition in our country. In order for change to occur, the State needs to have a plan with concrete steps and deadlines for their implementation. It is essential that the plan includes the following elements:

- **Responsible body:** The State must determine a specific department or intersectoral body responsible for implementing and co-ordinating the plan and the areas in which decision-making support takes place.

- **Contact point:** The State must establish a contact point for providing information on support measures and offering assistance, training, methodological guidance and oversight of support persons.
- **Moratorium:** The plan must include a specific date from which it will no longer be possible to restrict the legal capacity of a person.
- **Data collection:** In order to monitor the implementation of the plan, the State must collect and publish information on the use of support measures.
- **Financial support:** The State provides a funding method for professional assistance in decision-making.

Each criterion is evaluated separately as fulfilled (1 point), partially fulfilled (0.5 points) or not fulfilled (0 points).

Maximum score: **5**

The Czech Republic currently scores **1** point.

Degree of fulfilment: 20%

Table 7: Supported decision-making transition plan – evaluation of the criteria

Criterion	Evaluation
Responsible body	0
Contact point	0
Moratorium	0
Data collection	1
Financial support	0
Total	1

7.1.2 Descriptive evaluation:

Although the State implemented a partial reform of decision-making support in 2014, full implementation of Article 12 has not yet been achieved. Furthermore, there is no government strategy or plan that would lay out concrete steps to transition from substituted to supported decision-making.

We have long been pointing out the absence of a co-ordinating authority for all support measures,⁵⁴ as individual tasks are divided among the Ministry of Justice, the Ministry of the Interior and the Ministry of Labour and Social Affairs. However, their activities are neither mutually interlinked nor co-ordinated.

There is also no central point to provide assistance for, and review of, support persons and to offer information about support measures for those in need or for their families and other close persons. For public guardians, these services are partly performed by the public guardianship methodologists at the regional offices, who provide them with support and also partly oversee their work.⁵⁵ The exercise of guardianship is overseen by the guardianship court; however, their role is often limited to receiving complaints from third parties or to checking annual reports on the exercise of guardianship. The Defender may also inquire into how public guardians perform their duties, as this area involves the exercise of delegated competence.

There is no State strategy or plan that includes a time-bound commitment to end interferences with legal capacity.

The Ministry of Justice collects data on court decisions concerning support measures and publishes them in Statistics and Reporting on the msp.gov.cz portal.⁵⁶

Currently, professional assistance in decision-making is mostly provided by individuals or social service organisations. However, assistance is not a social service, so it cannot be paid for through care allowances, direct payments from the provider or subsidy programmes. It does not fall under State administration, either, so it cannot be financed by contributions from the State budget. This means that non-profit legal entities performing the role of a support person must remunerate their employees for this activity from other sources.

7.1.3 What milestones will indicate progress in the implementation of Article 12 of the Convention in relation to Indicator 7.1?

Progress will have been achieved if the State has adopted a plan to transition from substituted to supported decision-making. The plan must identify a responsible body, a contact point and a specific date from which individuals may no longer be restricted in their legal capacity. Last but not least, it must provide funding for assistance in decision-making.

54 The latest text concerning this issue: The Public Defender of Rights. *Annual Report on the Activities of the Public Defender of Rights in 2022*. Office of the Public Defender of Rights, 2023. Online, PDF. Available [here](#). The Government merely instructed the Minister of Labour and Social Affairs (through its Resolution No. 419 of 26 June 2024) to analyse the current situation concerning the guardianship of persons whose guardian is not a public guardian, as well as support measures in cases where an adult's legal capacity is impaired. Based on this analysis, and in co-operation with the Minister of Justice, the minister is to develop methodological guidelines for monitoring and supporting these individuals.

55 Cf. Section 67 of Act No. 129/2000 Coll., on administrative regions.

56 Available online (in Czech) from: <https://justice.cz/web/msp/statisticke-udaje-z-oblasti-justice>.

7.2 Restriction of legal capacity does not lead to an infringement of the fundamental rights

7.2.1 Detailed description of the indicator

When an individual's legal capacity is restricted, this step is often justified by their inability to manage property or enter into contracts independently. In reality, however, such a restriction affects many other aspects of the individual's life, also impacting their fundamental rights.⁵⁷ To properly implement Article 12, it is essential to amend all legal provisions that result in automatic restrictions of the exercise of these rights or allow for their restriction in the context of proceedings on legal capacity.⁵⁸

For the purposes of this indicator, we monitor the following areas:

- Procedural capacity in administrative proceedings and in proceedings before courts
- Decision-making on the placement in social services and healthcare services
- Decision-making on the provision of healthcare services and on integrity interferences
- Freedom of movement and residence, right to choose one's nationality
- Freedom of expression
- Marriage and partnership
- Parental responsibility, adoption and determination of paternity
- Right to vote and the exercise thereof
- Right to stand for election and the exercise thereof
- Making a will

Each criterion is evaluated separately as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **10**

The Czech Republic currently scores **3** points.

Degree of fulfilment: 30%

57 Survey conducted by the Public Defender of Rights "Crossroads of autonomy. Practice of the courts in deciding on support measures" of 17 June 2020, File No. 61/2018/OZP, p. 49–51, [eso.ochrance.cz](https://www.eso.ochrance.cz) (in Czech).

58 UN Committee on the Rights of Persons with Disabilities. *General comment No. 1 (2014) Article 12: Equal recognition before the law*. Online, PDF. Available [here](#).

Table 8: Restriction of legal capacity does not lead to an infringement of human rights – evaluation of the criteria

Criterion	Evaluation
Procedural capacity in administrative proceedings and in proceedings before courts	0
Decision-making on the placement in social services and healthcare services	0
Decision-making on the provision of healthcare services and on integrity interferences	0
Freedom of movement and residence, right to choose one's nationality	1
Freedom of expression	1
Marriage and partnership	0
Parental responsibility, adoption and determination of paternity	0
Right to vote and the exercise thereof	1
Right to stand for election and the exercise thereof	0
Making a will	0
Total	3

7.2.2 Descriptive evaluation

Until 2011, the Code of Administrative Justice specified that only individuals with full legal capacity possessed procedural capacity. This restrictive provision was abolished by the Constitutional Court.⁵⁹ However, the current legislation still ties procedural capacity in

⁵⁹ Judgment of the Constitutional Court of 13 April 2011, File No. Pl. ÚS 43/10, usoud.cz (in Czech).

administrative and court proceedings to the degree of a person's legal capacity.⁶⁰ Therefore, courts are allowed to explicitly restrict a person's procedural capacity or to dismiss procedural acts taken by individuals whose legal capacity has been restricted in relation to the matter at hand. Moreover, legal capacity still tends to be restricted in practice in dealings with public authorities and courts.⁶¹ This point cannot be considered fulfilled.

Neither the Healthcare Services Act nor the Social Services Act has a separate provision concerning the capacity to make decisions on the provision of services. It is therefore necessary to use the general legal regulations of the Civil Code as a legal basis in this matter.⁶² In practice, courts commonly restrict individuals' legal capacity to make decisions about the provision of social or healthcare services.⁶³ **The Committee demands that a person's legal capacity must not be restricted in any area of legal decision-making**, i.e. a person with a disability must be able to decide about their hospitalisation, treatment or stay in a social services facility, either on their own or with support.

Currently, the law assumes that if a person's legal capacity has been restricted in the relevant areas, the informed consent to hospitalisation will be given or the social services will be signed by their guardian, unless court approval is required. There are certain soft as well as hard safeguards against hospitalisation or placement in residential social care without consent. The former include, in particular, the right of a patient with restricted legal capacity to be informed about their health status and the proposed individual treatment⁶⁴ or the obligation of the social service provider to inform about all aspects of the service provided in an understandable manner.⁶⁵ Hard safeguards include, for example, the obligation of the provider of healthcare⁶⁶ or social services⁶⁷ to inform the court that the patient or client does not consent to their placement or continued stay in the relevant facility, and in particular the special court proceedings in which the court reviews whether the conditions for the placement or stay without the patient's or client's consent have been met.⁶⁸ However, since this area may be subject to restriction of legal capacity, and a court may therefore preclude a person from making a decision about their hospitalisation or placement in a residential social service, we do not consider this point to be fulfilled.

60 Article 29 (1) and (2) of the Code of Administrative Procedure, Article 33 (3) of the Code of Administrative Justice and Article 20 (1) of the Code of Civil Procedure.

61 Survey conducted by the Public Defender of Rights "Crossroads of autonomy. Practice of the courts in deciding on support measures" of 17 June 2020, File No. 61/2018/OZP, p. 49–51, [eso.ochrance.cz](https://www.eso.ochrance.cz) (in Czech).

62 Sections 38–65 of the Civil Code.

63 Survey conducted by the Public Defender of Rights "Crossroads of autonomy. Practice of the courts in deciding on support measures" of 17 June 2020, File No. 61/2018/OZP, p. 49–51, [eso.ochrance.cz](https://www.eso.ochrance.cz) (in Czech).

64 Section 31 (5) in conjunction with Section 31 (1) of the Healthcare Services Act.

65 Section 88 (b) of the Social Services Act.

66 Section 40 (1) of the Healthcare Services Act.

67 Section 91 (b) of the Social Services Act.

68 Section 75 *et seq.* of the Special Court Proceedings Act.

Decision-making on treatment, much like decision-making on hospitalisation, is subject to the general legal provisions contained in the Civil Code. Although the Healthcare Services Act sets out the conditions under which treatment without consent may be provided, including treatment of a patient with restricted legal capacity,⁶⁹ as noted above, courts continue to restrict legal capacity specifically in the context of healthcare services.⁷⁰ Given the long-term practice, this point cannot be considered fulfilled.

The right to choose one's nationality and freedom of movement and residence is guaranteed to all without distinction.⁷¹ These rights are not subject to any restriction of legal capacity. This point is therefore fulfilled.

Similarly, freedom of expression is guaranteed by the constitutional order⁷² and cannot be restricted by a decision on legal capacity. This point is also fulfilled.

The law provides that only a person whose legal capacity has not been restricted may enter into a marriage.⁷³ The same condition applies to partnership.⁷⁴ Since the law directly refers to the possibility of restricting legal capacity in this area, this point is not fulfilled.

In the past, a decision on restriction of legal capacity led to an automatic suspension of parental responsibility. The court then had to decide on the scope of the restriction of parental responsibility in proceedings concerning the custody of the relevant minor. Following the 2017 amendment to the Special Court Proceedings Act, a court that restricts the parents' legal capacity shall also initiate another set of proceedings, join them with the original case and decide both on the restriction of legal capacity and on the scope of parental responsibility,⁷⁵ or on whether the parent may retain the exercise of child care duties, rights and personal contact with the child.⁷⁶ A restriction of legal capacity does not automatically result in a restriction of parental responsibility, but it does lead to the automatic initiation of proceedings on parental responsibility. However, the court should only initiate such proceedings if it finds that the parent is not exercising their parental responsibility properly and if required by the child's best interest. An individual's legal capacity may also be restricted in the area of paternity declarations.⁷⁷ A mother or father whose legal capacity has been so restricted can only make a paternity declaration in person and in court. If the court finds that they are not capable of acting on their own, it may order that their guardian make the declaration on their behalf. The law automatically

69 Section 38 (4) of the Healthcare Services Act.

70 The Supreme Court also commented on this issue in its resolution of 27 March 2019, File No. 24 Cdo 2981/2018.

71 Article 14 of the Charter of Fundamental Rights and Freedoms.

72 Article 17 of the Charter of Fundamental Rights and Freedoms.

73 Section 673 of the Civil Code.

74 Section 4 (4)(b) of the Registered Partnership Act. From 1 January 2025, the same condition also applies to partnerships, see Section 655 (2) of the Civil Code.

75 Section 468a of the Special Court Proceedings Act.

76 Section 868 (2) of the Civil Code.

77 Section 780 of the Civil Code.

excludes all persons with restricted legal capacity from adoption.⁷⁸ As the legislation limits – in many ways – the ability of persons with restricted legal capacity to act in matters relating to parenthood, we do not consider this point to be fulfilled.

At the time of publication of this report, there are electoral laws in effect that make it possible to limit the exercise of the right to vote and stand as a candidate in the context of a decision on the restriction of legal capacity.⁷⁹ The restriction on the exercise of the right to vote and stand as a candidate must be explicitly stated in the court's decision on the restriction of legal capacity. It is not enough for the court to mention the lack of capacity to exercise it only within the reasoning.⁸⁰

In 2024, the Parliament passed a new Administration of Elections Act, which will make it impossible to restrict a person from exercising their right to vote from 1 January 2026. We therefore consider this point fulfilled.⁸¹

The right to stand as a candidate will continue to be governed by the same legal regulation after 1 January 2026, as it was before the adoption of the Administration of Elections Act. We therefore do not consider this point fulfilled.

The Civil Code continues to expressly allow for restriction of legal capacity in relation to making a will.⁸² The possibility to make a will is also restricted for people who are not expressly restricted in testamentary capacity but whose legal capacity has been restricted with respect to financial matters. This point cannot be considered fulfilled.

7.2.3 What milestones will indicate progress in the implementation of Article 12 of the Convention in relation to Indicator 7.2?

Progress will have been achieved if the State has adopted an amendment to the law and removed the possibility to restrict the exercise of human rights in the context of proceedings on legal capacity.

7.3 The proportion of alternatives to the restriction of legal capacity relative to the total of all decisions on support measures is increasing

7.3.1 Detailed description of the indicator

Proper implementation of Article 12 of the Convention requires the gradual replacement of the “substituted decision-making” system with other forms of support that respect each

78 Section 799 (1) of the Civil Code.

79 See Section 2 (b) of the Act on elections to the Parliament of the Czech Republic.

80 Cf. [Opinion of the civil and commercial division of the Supreme Court of 15 February 2017, Cpin 23/2016, published under No. 3/2017 of the Collection of Court Rulings and Opinions](#), also as R 3/2017 (in Czech).

81 Section 3 (5) of the Administration of Elections Act reads as follows: “A restriction of an individual’s legal capacity in terms of standing as a candidate is an obstacle to the exercise of this right. The right to vote cannot be restricted.”

82 Sections 1527 and 1528 of the Civil Code.

individual's autonomy in making decisions about their life.⁸³ Current legislation allows for alternative support measures that do not interfere with legal capacity, such as approval of assistance contracts,⁸⁴ representation by a household member⁸⁵ or the appointment of a guardian without a restriction of legal capacity.⁸⁶

The caseload of the district courts varies considerably from year to year, mainly due to the legal obligation to review decisions on restriction of legal capacity on a regular basis, usually every three to five years. Therefore, for this indicator, we assess periods of three years rather than individual years. We track the ratio of alternative support measures compared to all decisions on support measures and observe whether this ratio shifts in favour of alternatives. For completeness, we report the number of decisions on restoration of legal capacity, but we do not evaluate them.

Maximum score: **1**

The Czech Republic currently scores **0.21** points.

Degree of fulfilment: 21%

Table 9: Ratio of decisions on support measures not interfering with legal capacity (alternatives) to decisions on restriction of legal capacity for the years 2014–2022

	2014–2016	2017–2019	2020–2022
Total number of support measures – alternatives to legal capacity restrictions	7 065	7 910	6 013
Restriction of legal capacity⁸⁷	29 012	38 157	22 358
Ratio of alternatives / all decisions	20%	17%	21%

83 Cf. UN Committee on the Rights of Persons with Disabilities. *Concluding observations to the initial report of the Czech Republic* of 15 May 2015. Online, PDF, paragraphs 22–23. Available [here](#).

84 Section 45–48 of the Civil Code.

85 Section 49–54 of the Civil Code.

86 Sections 465 (1) and 469 of the Civil Code.

87 Decisions on the restriction of legal capacity also include decisions to extend the duration of the restriction and decisions to modify its degree.

Table 10: Types of support measures not interfering with legal capacity 2014–2022

	2014–2016	2017–2019	2020–2022
Assistance contracts	155	129	143
Representation by a household member	1 388	447	454
Guardianship without a restriction of legal capacity	5 572	7 334	5 416
Total number of support measures – alternatives to legal capacity restrictions	7 065	7 910	6 013

Table 11: Number of decisions restoring a person's legal capacity in 2014–2022

	2014–2016	2017–2019	2020–2022
Restoration of legal capacity	2 154	3 321	241

7.3.2 Descriptive evaluation

The data comes from the Ministry of Justice. As shown in Table 9, the number of decisions on alternatives relative to all decisions on support measures has been relatively stable since 2014. The number of decisions on the individual alternatives has not changed much either. Guardianship without restriction of legal capacity remains the most frequently used alternative; it is used by the courts up to ten times more often than any other form of support. Assistance in decision-making is the least used alternative. Only around 50 assistance contracts are approved each year. Overall, in the last monitoring period, alternatives accounted for 21% of all decisions on support measures, i.e. 79% of the decisions resulted in a restriction of the person's legal capacity. The number of decisions on the restoration of legal capacity decreased significantly between 2020 and 2022. We were unable to determine the reason for this by the time this report was issued. In summary, the data certainly does not show a gradual replacement of restrictions on legal capacity with alternatives or the restoration of full legal capacity for individuals in need of support in decision-making.

7.3.3 What milestones will indicate progress in the implementation of Article 12 of the Convention in relation to Indicator 7.3?

Progress will have been achieved if there has been an increase in the ratio of alternatives to restriction of legal capacity (assistance contracts , representation by a household

member, guardianship without a restriction of legal capacity) and a decrease in the proportion of people with restricted legal capacity in the next monitoring period (2023–2025).

7.4 The regulation of support measures for decision-making is in accordance with the principles of Article 12

7.4.1 Detailed description of the indicator

Article 12 (3) of the Convention requires States to take measures to enable persons with disabilities to access the support they may need to exercise their legal capacity. Such measures must not only be enshrined in legislation but also fulfil certain characteristics in order to function as supported decision-making in practice.⁸⁸

The features of supported decision-making include:

- Availability – the support measure may also be used by a person who has no close persons or who lives outside large cities; information on the support measures is also available.
- Accessibility – the measure is “low-threshold”, access to it is not hindered by administrative or financial barriers or specific communication requirements.
- Voluntariness – a person can refuse the support.
- Respect for wishes and preferences – the support person acts on the basis of consultations with the person or according to the best interpretation of the person’s wishes and preferences. They never act against the expressed will of the person.
- Social model of disability – the possibility to make use of support is based on the needs of the person, not on the existence of a disability.
- Flexibility – the support is tailored to the needs of the individual.
- Recognition of support persons – the support persons can participate in the supported person’s actions, they cannot be excluded from decision-making by third parties, or third parties deal with them independently with respect to the wishes and preferences of the supported person.
- Supervision – the support is subject to regular review, the supported person or their close person can initiate the invalidation of a decision or cancellation of the support.

Each criterion is evaluated separately (for each decision-making support measure) as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **48**

88 UN Committee on the Rights of Persons with Disabilities. *General comment No. 1 (2014) Article 12: Equal recognition before the law*. Paragraph 29. Online, PDF. Available [here](#).

The Czech Republic currently scores **24** points.

Degree of fulfilment: 50%

Table 12: Decision support measures – evaluation of the criteria

Criterion	Assistance	Representation by a household member	Guardianship without a restriction of legal capacity	Guardianship council	Special beneficiary	Confidant
Availability	0	0	1	0	1	0
Accessibility	1	1	1	1	1	1
Voluntariness	1	1	0	0	0	1
Respect for wishes and preferences	1	0	0	0	0	1
Social model of disability	0	0	0	0	1	1
Flexibility	1	0	1	0	0	0
Recognition of support persons	1	1	1	0	1	1
Supervision	0	0	1	0	1	0
Total criteria fulfilled for the support measure	5	3	5	1	5	5
Total	24					

7.4.2 Descriptive evaluation

In order to evaluate the fulfilment of this indicator, we focused on support measures (mechanisms) that are regulated by law⁸⁹ and do not lead to interference with the person's legal capacity. These include assistance in decision-making,⁹⁰ representation by a household member,⁹¹ guardianship without restriction of legal capacity,⁹² the use of a guardianship council,⁹³ the appointment of a special beneficiary of pension, allowance for care, or social security benefits⁹⁴ and the use of a confidant for patients hospitalised without their consent.⁹⁵

Most of the support measures examined are based on the existence of a relationship of trust between the supported person and the support person (an individual). Therefore, these measures cannot be used by a person who does not have a close person able and willing to provide support. In the case of assistance in decision-making, the law does not exclude the appointment of a legal person as a support person; however, this measure can only be used if there is such a person operating in the vicinity of the person in need of support. The availability of "professional" support persons is not ensured in any way. Institutions at the place of residence of the supported person may only assume the role of a support person through two mechanisms – the appointment of a public guardian and the appointment of a legal person as a special beneficiary of pension or benefits. Only these two mechanisms can therefore be evaluated as available to all, regardless of their place of residence or social relations. The other mechanisms depend on whether the person has close people who are willing to provide support (decision-making support, representation by a household member, confidant) or whether there is an organisation in the vicinity that provides support (decision-making support).

Most of the mechanisms require a motion or a submission filed to a court or other authority. The court may also initiate proceedings for support measures on its own initiative, with the exception of proceedings for the approval of an assistance contract. All the above mechanisms may be applied on the basis of both a written and an oral submission. No court or administrative fee is required. The informal nature of the submission also makes it accessible to people with cognitive difficulties, people who have difficulty understanding written text or who use a language other than Czech or who rely on alternative means of communication. We therefore consider all mechanisms as

89 We are aware that in reality, support in legal acts is also provided through informal relationships or social service providers. However, as this type of support is not defined in any way, it cannot be evaluated in this indicator.

90 Section 45–48 of the Civil Code.

91 Section 49–54 of the Civil Code.

92 Section 465 *et seq.* of the Civil Code.

93 Section 472–484 of the Civil Code.

94 Section 64 (1) of the Pension Insurance Act, Section 118 of the Organisation and Implementation of Social Security Act, Section 20 of the Social Services Act, Section 20 of the Disability Benefits Act.

95 Section 107 (2) of the Civil Code.

sufficiently accessible. However, we find it necessary to add that there is a general lack of accessible information on the various mechanisms available.⁹⁶

The mechanisms of approval of assistance in decision-making, representation by a household member and the appointment of a confidant require the consent of the supported person (and an expression of their disagreement is sufficient to terminate the support). These three mechanisms therefore fulfil the requirement of voluntariness. On the contrary, a guardian or guardianship council may be appointed by the court not only without the person's consent but also against the person's will. The appointment of a special beneficiary usually requires the consent of the person in need of support, but can also take place without it in exceptional cases.⁹⁷ Therefore, the remaining three mechanisms do not fulfil the criterion of voluntariness.

Support persons and confidants cannot represent the supported person; a supporter may confirm a legal act taken by the supported person with their signature, a confidant may exercise procedural rights on the patient's behalf. Both confidants and supporters must act solely in accordance with the wishes and preferences of the supported persons. In contrast, both household members appointed as representatives and guardians represent the supported person in legal proceedings. The law requires them to consider the represented person's wishes; however, they may also act in the represented person's interests, in certain cases also against their will. The law does not lay down any criteria for guardianship councils to follow in their activities. As a result, decisions made by a guardianship council may at times disregard the wishes and preferences of the person under guardianship. Thus, the mechanism involving the appointment of a representative, guardian, guardianship council or special beneficiary do not fully meet the criterion of respect for the wishes and preferences of the supported person.

Only a person with a mental disorder can have a support person or representative from among the household members. Guardians are usually appointed by a court for persons whose health status makes it difficult for them to manage their property or defend their rights. However, the law also allows the appointment of a guardian for other reasons.⁹⁸ The same condition applies to the guardianship council – it can be established for any person under guardianship. A special beneficiary is intended not only for persons with disabilities; this mechanism can also be used for persons who cannot receive or properly use certain benefits for other reasons. A confidant is chosen by the patient; the law does not impose any requirements on the supported person that are related to their health status or disability. The use of the last two mechanisms does not depend on whether the supported person has a specific diagnosis or group of diagnoses, therefore only these meet the criterion of "social model of disability."

In terms of scope, assistance follows the wishes of the future supported person stipulated in the assistance contract. In the case of guardianship, the court determines the powers of

96 We tried to fill this information gap by publishing a leaflet describing the various options of support in legal acts. The leaflet is available [here](#) (in Czech).

97 See Section 118 (3) of the Organisation and Implementation of Social Security Act, Section 20 (2) of the Social Services Act, Section 20 (3) of the Disability Benefits Act.

98 Section 465 (1) of the Civil Code.

the guardian directly in the decision. The scope of the use of these two mechanisms is therefore determined on the basis of the individual needs of the supported person. On the other hand, the powers of persons appointed as representatives from among the household members, guardianship councils, special beneficiaries and confidants are laid down by the law and cannot be adapted with sufficient flexibility to the needs of the individual.

The powers of support persons, representatives from among the household members, guardians, confidants and special beneficiaries in dealing with third parties are also laid down by the law. The legislation recognises these persons as legitimate means of support. There is no such provision in respect of guardianship council members, who only act *vis-à-vis* the guardian, the person under guardianship and the guardianship court.

With regard to supervision, the law provides for the oversight of guardians and special beneficiaries by a court or other authority, meaning that these mechanisms meet the relevant criterion. In contrast, when it comes to assistance, representation by a household member and guardianship councils, supervision is limited to decisions about whether to approve or withdraw the support. They fulfil the criterion only partially and we will not award a point for them. As for confidants, the law does not provide for any form of supervision or safeguards.

7.4.3 What milestones will indicate progress in the implementation of Article 12 of the Convention in relation to Indicator 7.4?

Progress will have been achieved if the State has adjusted the various decision support measures to fulfil all eight criteria. In particular, the legislative changes must focus on the criteria of availability of assistance, representation by a household member and a confidant, and safeguards against their abuse. It must anchor the social model of disability for the measures mandated by a court, and it must explicitly ensure respect for the wishes and preferences of the supported person in cases involving representation by a household member, guardian, establishment of a guardianship council and appointment of a special beneficiary.

7.5 There are effective tools for advance expressions of will

7.5.1 Detailed description of the indicator

One important aspect of support under Article 12 (3) of the Convention is the ability of a person with a disability to express their wishes and preferences in advance in case they are unable to communicate their wishes to others in the future.

The tools for advance expressions of will must be based on the following principles:⁹⁹

99 UN Committee on the Rights of Persons with Disabilities. *General comment No. 1 (2014) Article 12: Equal recognition before the law*, paragraph 17. Online, PDF. Available [here](#).

- Accessibility – the tools are accessible to all without discrimination on grounds of disability, diagnosis or level of legal capacity. If necessary, support is available for the person to make an advance expression of will.
- Universality – an advance expression of will can be made concerning all areas of private life, except in areas that concern other persons or in areas that are beyond the person's control.
- Availability of information and support – the State publishes information about the possibilities for advance expression of will and support is available for people to be able to express their will.
- Freedom – the person who expresses their will in advance also decides in advance when the measure will take effect or when it will cease to be effective. Effectiveness is not linked to the assessment of the level of legal capacity.
- Publicity – the advance expression of will is recorded in a register to which the relevant decision-makers have access.

There are two tools that are used for advance expressions of will, specifically a declaration in anticipation of incapacity¹⁰⁰ and an advance healthcare directive.¹⁰¹ An advance healthcare directive can be used to make decisions about the provision of healthcare services, whereas a declaration in anticipation of incapacity can apply to all other areas of life. We evaluate these two tools together within the indicator.

Each criterion is evaluated separately (for each tool) as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **10**

The Czech Republic currently scores **2** points.

Degree of fulfilment: 20%

100 Pursuant to Section 38 *et seq.* of the Civil Code.

101 Pursuant to Section 36 of the Healthcare Services Act.

Table 13: Tools of advance expression of will – evaluation of the criteria

Criterion	Declaration in anticipation of incapacity	Advance healthcare directive
Accessibility	0	0
Universality	1	1
Availability of information and support	0	0
Freedom	0	0
Publicity	0	0
Total criteria fulfilled for the tool of advance expression of will	1	1
Total	2	

7.5.2 Descriptive evaluation

The possibility of using both mechanisms is restricted for people with (intellectual or psychosocial) disabilities. A person with restricted legal capacity cannot make an advance healthcare directive.¹⁰² Although the law does not stipulate this condition for declarations in anticipation of incapacity, scholarly literature implies that only individuals with full legal capacity can make such declarations.¹⁰³ These mechanisms also entail certain formal requirements, which may also pose barriers to accessibility. According to the law, even a formally invalid declaration in anticipation of incapacity should be taken into account if there is no reason to doubt the will of the person who made it.¹⁰⁴ In contrast, an advance healthcare directive that does not meet the formal requirements will not be respected.¹⁰⁵

¹⁰² Section 36 (6) of the Healthcare Services Act.

¹⁰³ On the declaration in anticipation of incapacity see Lavický, P. *et al. Občanský zákoník I. Obecná část (Civil Code I. General part) (Sections 1–654)*. Second edition. Prague: C. H. Beck, 2021, p. 162, marg. no. 13; on the advance healthcare directive see Buriánek, A. *et al. Zákon o zdravotních službách. Praktický komentář*. (Healthcare Services Act. Practical commentary.) Second edition. As regards Section 36. ASPI system. Wolters Kluwer, 2023 [retrieved on: 2023-7-13].

¹⁰⁴ Section 44 of the Civil Code.

¹⁰⁵ Section 36 (2), second sentence of the Healthcare Services Act.

Those who wish to make a declaration in anticipation of incapacity or an advance healthcare directive are not legally entitled to support in doing so. We therefore do not consider the accessibility criterion is fulfilled.

The law does not define the areas in which a declaration in anticipation of incapacity may be made – for example, it may concern the disposal of movable or immovable assets, the determination of the place of residence or placement in a social services facility.¹⁰⁶ The only area excluded from the scope of a declaration in anticipation of incapacity is healthcare, which must be addressed through an advance healthcare directive.¹⁰⁷ An advance healthcare directive may concern consent or refusal regarding the provision of any healthcare services or to the manner in which they are provided. The State fulfils the criterion of universality.

The relevant information and support are fragmented and not tailored to the needs of persons with disabilities. Some information about the declaration in anticipation of incapacity can be found in an article published on the [website](#) of the Notary Chamber of the Czech Republic and about the advance healthcare directive on the National Healthcare [Information Portal](#) operated by the Ministry of Health. In both cases, the information largely consists of a verbatim reproduction of the legal provisions, without any practical guidance or adaptation to the needs of people with disabilities (or legal laypersons). Some patient organisations offer clearer information about advance healthcare directives on their websites or in informational leaflets.¹⁰⁸

A person may use the support of a notary or some social services when making a declaration in anticipation of incapacity. However, no service, organisation or government body provides comprehensive advice and support to people who wish to make arrangements for their future through an advance expression of will. Information is more readily available for advance healthcare directives, whereas support is more commonly accessible for declarations in anticipation of incapacity. However, neither mechanism fully meets the qualitative standards required. We therefore do not award a point in this area.

The legal effects of a declaration in anticipation of incapacity is triggered when a person becomes legally incapacitated. There is an ongoing legal debate as to whether a court decision is necessary for this condition to be met.¹⁰⁹ However, a court will always be involved in cases where some other condition of effectiveness is set out directly in the

106 Čuhelová, as regards Section 38 [Content of the declaration in anticipation of incapacity]. In Lavický, P. *et al. Občanský zákoník I. Obecná část (Civil Code I. General part) (Sections 1–654)*. Second edition. Prague: C. H. Beck, 2021, p. 163, marg. number 15.

107 Ibid, marg. no. 67.

108 See, for example, the information on the umirani.cz portal available [here](#) or Krejčíková, H. *Dříve vyslovené přání. Manuál nejen pro pacienty. (Advance Directive. A Manual Not Only for Patients.)* Prague: Cesta domů, 2020 Online, PDF. Available [here](#) (in Czech).

109 See Svoboda, as regards Section 38 [Nature and content of the declaration in anticipation of incapacity]. In Švestka, J. *et al. Občanský zákoník: Komentář (Civil Code: Commentary), Volume I, (Section 1–654)*. ASPI system. Wolters Kluwer, 2019 [retrieved on: 2023-7-27] or Čuhelová, as regards section 38 [Content of the declaration in anticipation of incapacity]. In Lavický, P. *et al. Občanský zákoník I. Obecná část (Civil Code I. General part) (Sections 1–654)*. Second edition. Prague: C. H. Beck, 2021, p. 165, marg. number 43.

declaration in anticipation of incapacity¹¹⁰ or where the person has appointed a guardian within the declaration.¹¹¹ In contrast, the law does not specify when an advance healthcare directive takes effect; this is typically determined by the attending physician. An advance healthcare directive may be disregarded, even though the patient's prior wishes are clear, if either the patient fails to meet formal requirements or the physician unilaterally decides that it need not be respected.¹¹² The law also does not address situations where a patient wishes to revoke their advance healthcare directive but is no longer able to do so in writing. There is no legal mechanism that allows the patient or their relatives to challenge a physician's decision when there is a disagreement about the appropriate course of action. The legislation does not sufficiently address the situations outlined and raises more questions than it answers regarding the conditions under which advance expressions of will take effect and can be terminated.¹¹³ For this reason, we do not award a point in this case.

Declarations in anticipation of incapacity are entered into a special registry maintained by the Notary Chamber of the Czech Republic, but only if two conditions are met: a) the declaration in anticipation of incapacity is made as a public document (through a notary), b) the declaration in anticipation of incapacity includes the appointment of a guardian.¹¹⁴ Other declarations in anticipation of incapacity are not recorded. Advance healthcare directives, on the other hand, are not centrally registered; they are either kept by the patient or included in their medical records.¹¹⁵

7.5.3 What milestones will indicate progress in the implementation of Article 12 of the Convention in relation to Indicator 7.5?

Progress will have been achieved if the State has changed the legislation to improve accessibility of both tools, raise public awareness, and clearly establish that the individual concerned is the one who determines when these tools take effect. Information about both mechanisms must also be accessible to persons with disabilities.

110 Section 42 of the Civil Code in conjunction with Section 31 (a) of the Special Court Proceedings Act.

111 Provisions of Section 463 and 465 of the Civil Code.

112 Section 36 (5) (a) of the Healthcare Services Act.

113 See the various discussions in scholarly literature on declarations in anticipation of incapacity referenced above; for literature on advance healthcare directives see e.g. DOLEŽAL, A. Dříve vyslovená přání (advance directives). Právní a etické úvahy. (*Advance Directives. Legal and Ethical Considerations.*) Časopis zdravotnického práva a bioetiky (*Journal of Healthcare Law and Bioethics*), 2017, No. 2, pp. 1–15, or MATĚJEK, J. Dříve projevená přání pacientů: výhody a rizika. (*Advance Healthcare Directives: Benefits and Risks.*) Prague: Galén, 2012, p. 189, ISBN 978-80-7262-850-6.

114 Section 39 (3) in conjunction with Section 35a (1) (c) of the Act on notaries and their activities (Notarial Code).

115 Section 36 (4) of the Healthcare Services Act.

Living independently and being included in the community

8. Text of Article 19 of the Convention

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- a. Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

[Article 19 in the Czech Sign Language.](#)

[Article 19 in easy-to-read format](#) (in Czech, [slide 26](#)).

For Article 19 of the Convention, we derived the following **one attribute** “Protection from long-term institutionalisation”. We created a total of **six indicators** for this attribute.

9. Evaluation

Indicator	Number of points achieved/maximum	%
1. The State has a deinstitutionalisation strategy for residential social services and psychiatric hospitals (structural indicator).	3/10	30.0%
2. The State collects information on the clients of residential social services and long-term patients in psychiatric hospitals (process indicator).	7/16	43.8%
3. The number of persons with disabilities living in institutional settings is declining (outcome indicator)	0/3	0.0%
4. Effective statutory safeguards are in place to prevent long-term institutionalisation without the individual's consent (structural indicator)	4/8	50.0%
5. An independent complaints mechanism is in place to address the quality of healthcare service provision in psychiatric hospitals and the provision of residential social services (structural indicator)	8/16	50.0%
6. The State has a strategy to provide affordable housing for people with disabilities leaving institutions (structural indicator)	4/6	66.6%
Overall rate of compliance with Article 19		40%

9.1 The State has a deinstitutionalisation strategy for residential social services and psychiatric hospitals

9.1.1 Detailed description

Article 19 of the Convention enshrines the fundamental requirement that all people with disabilities should live in their natural environment.¹¹⁶ This requirement is met neither by “package” residential social services, i.e. services comprising both accommodation and support,¹¹⁷ nor by psychiatric hospitals (formerly mental institutions, particularly in the case of long-term patients who lack access to housing or adequate community-based social services), as psychiatric hospitals are excluded from the mainstream healthcare service system.¹¹⁸ Deinstitutionalisation implies the complete closure of institutions and their replacement by individualised support provided in the community. To properly monitor the deinstitutionalisation process, the State must adopt a strategy that will include the following minimum requirements:

- **Responsible body:** The State must determine a specific department or intersectoral body responsible for implementing and co-ordinating the transformation.
- **Commitment to full deinstitutionalisation:** The strategy contains a clear commitment to complete the transformation, i.e. to close all residential social services and psychiatric hospitals completely by the set date.
- **Prohibition of the construction and maintenance of institutions:** The strategy includes a clear commitment to stop the support and use of (national and European) funds to build new and maintain existing institutional services.
- **Moratorium:** The strategy envisages a specific date after which no new clients will be admitted to residential social services and by which all long-term patients (those hospitalised for more than 6 months) will have been discharged from psychiatric hospitals.¹¹⁹
- **Participation:** Service users or their representative organisations have been and are involved in the development and implementation of the strategy.

116 Implementation of Article 19 means that independent living is ensured for all people with disabilities. We are aware that people with disabilities may also live in institutions for children (e.g. children’s homes) and for the elderly (e.g. retirement homes), and in other institutions (secure preventive detention centres, prisons, asylum houses, etc.). However, we chose to focus on adults and services for adults in this monitoring period. Other target groups will be addressed in more detail in future monitoring waves or within indicators relating to other Articles of the Convention.

117 According to the Social Services Act, this means any social service provided in a residential setting.

118 For our purposes, this indicator covers only residential social services for people with disabilities (weekday respite centres, homes for people with disabilities, special regime homes for people with mental illnesses, sheltered housing) and psychiatric hospitals. The Convention requires the deinstitutionalisation of all institutions where people with disabilities are present; hence, these may also include children’s homes, retirement homes, etc.

119 With the exception of patients in inpatient forensic treatment.

The Czech Republic has adopted several plans for the transformation of social services in recent years. The last comprehensive strategy is the National Strategy for the Social Services Development for 2016–2025 (National Strategy).¹²⁰ The Psychiatric Care Reform Strategy for 2014–2023¹²¹ and, subsequently, the National Action Plan of Mental Health for 2020–2030 (National Action Plan) were adopted in the field of mental health care.¹²²

Each criterion is evaluated separately (for each strategy) as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **10**

The Czech Republic currently scores **3** points.

Degree of fulfilment: 30%

Table 14: Deinstitutionalisation plan – evaluation of the criteria

Criterion	Deinstitutionalisation of residential social services	Deinstitutionalisation of psychiatric hospitals
Responsible body	1	1
Commitment to full deinstitutionalisation	0	0
Prohibition of the construction and maintenance of institutions	0	0
Moratorium	0	0
Participation	0	1
Total criteria fulfilled for the given type of institutionalised care	1	2
Total	3	

120 [National Strategy for the Social Services Development for 2016–2025](#), approved by Government Resolution No. 245 of 21 March 2016 (in Czech).

121 [Psychiatric Care Reform Strategy](#), approved by the Minister of Health and the Working Group for Drafting the Strategy on 7 October 2013 (in Czech).

122 [National Action Plan of Mental Health](#), approved by Government Resolution No. 76 of 27 January 2020 (in Czech).

9.1.2 Descriptive evaluation

Social services and their development falls within the remit of the Ministry of Labour and Social Affairs, which is also responsible for the National Strategy.¹²³ The body responsible for the implementation of the National Action Plan is the National Board for Mental Health,¹²⁴ which is an interdepartmental permanent advisory, initiation and co-ordination body of the Government, chaired by the Minister of Health.

Both of the strategies mentioned above foresee a certain reduction in the capacities of some institutions, but neither contains a clear and time-bound commitment to end the support for all institutions and close them down. On the contrary, investments are still envisaged to achieve the “humanisation” (improvement of conditions) of existing institutions, and even to construct new ones. Also, neither of the strategies includes a moratorium on the admission of new clients to the institutions.

Both clients and organisations advocating for the rights of people with disabilities were represented in the development of the National Strategy and of the National Action Plan, but they were a minority compared to the number of other people involved. Moreover, the National Strategy does not explicitly envisage that clients should take part in the implementation of the Strategy. On the other hand, clients and their advocacy organisations are involved in the implementation of the National Action Plan and in the evaluation of the quality of healthcare services, and participate in destigmatisation campaigns organised within the Plan; the latter also declares support for State funding of the user movement. Two representatives of organisations representing mental health clients are also permanent members of the National Board for Mental Health.

9.1.3 What milestones will indicate progress in the implementation of Article 19 of the Convention in relation to Indicator 9.1?

Progress will have been achieved if the State has adopted plans comprising a commitment to close all residential social services and psychiatric hospitals by a set date, prohibiting the construction of new institutions and maintenance of existing ones, and setting a specific date from which no new clients or patients may be admitted to the institutions. People with disabilities and their advocacy organisations must be fully involved in the development and implementation of these plans.

123 Section 9 (1) of the Act on the establishment of ministries and other central government authorities of the Czech Republic.

124 The National Board for Mental Health replaced the previous Government Board for Mental Health, which had been established by Government Resolution No. 713 of 8 October 2019; specifically, the replacement occurred based on Government Resolution No. 952 of 16 November 2022.

9.2 The State collects detailed data on the clients of residential social services and long-term patients in psychiatric hospitals

9.2.1 Detailed description

The minimum requirement is that the State should track the numbers of people in institutional services over the years.¹²⁵ When collecting and evaluating data, the focus should be on groups of people who might be more severely affected by institutionalisation or more at risk of ill-treatment than others. These include women with disabilities, children and elderly people, people who are completely dependent on care, and individuals who use supported decision-making or have an appointed guardian. The State should also monitor the progress of deinstitutionalisation in each administrative region.

The State should break down the data by:

- sex – given the greater vulnerability of women in institutional care;
- age (children and juveniles) – given the greater vulnerability of children in institutional care and the impact of institutionalisation on children and juveniles;
- age (elderly people) – given the greater vulnerability of elderly people in institutional care;
- degree of need – given the greater vulnerability of people who are dependent on care. Dependence on care can be tracked by the dependence grade / allowance for care;
- legal status – given the greater vulnerability of people under guardianship and people using support in legal actions. The legal status of clients, i.e. the degree of their legal capacity or the use of support measures (restriction of legal capacity, a guardian appointed without the restriction of legal capacity, representation by a household member, assistance in decision-making), should be recorded by social and healthcare service providers;
- mother tongue – given the greater vulnerability of people with a different mother tongue due to language barriers and the (lesser) availability of social protection;
- administrative region – given the administrative regions' responsibility for planning the services according to the needs of the population;
- new place of residence – whether clients/patients leave institutional social and healthcare services for home, another institutional facility or another type of service.

Each criterion is evaluated separately (for clients of residential services and for long-term patients in psychiatric hospitals) as fulfilled (1 point) or not fulfilled (0 points).

¹²⁵ In simple terms, this indicator concerns only residential social services for people with disabilities and psychiatric hospitals with long-term patients. The Convention requires the deinstitutionalisation of all institutions where people with disabilities are present; hence, these may also include children's homes, retirement homes, etc.

Maximum score: **16**

The Czech Republic currently scores **7** points.

Degree of fulfilment: 43.8%

Table 15: Data collection – evaluation of the criteria

Criterion	Clients of selected residential social services	Long-term patients in psychiatric hospitals
Sex	1	1
Age (children and juveniles)	1	1
Age (elderly people)	0	1
Degree of need	0	0
Legal status	0	0
Mother tongue	0	0
Administrative region	1	0
New place of residence	1	0
Total criteria fulfilled for specific types of institutionalised care	4	3
Total	7	

9.2.2 Descriptive evaluation

The State collects information on the clients of residential social services and long-term patients in psychiatric hospitals. The scope of the data collected in the field of social services is specified in the relevant Methodological Guideline of the Ministry of Labour and

Social Affairs;¹²⁶ this data is published in the Statistical Yearbook of Labour and Social Affairs.¹²⁷

Information about patients in psychiatric hospitals can be found on the National Psychiatric Care Portal,¹²⁸ where psychiatric yearbooks are also posted. Data on long-term hospitalisations (exceeding 6 months) have been published since 2019.

The State collects information on the clients' and patients' sex and their age.¹²⁹ On the other hand, information on the degree of need and legal status is not collected. This makes it impossible to monitor whether measures to support deinstitutionalisation have a greater impact on any of the client or patient groups.

Data on the residence of clients by administrative region and information on the new place of residence (i.e. whether the client goes home, to another social service or to a healthcare facility) is collected by social services, but not by psychiatric hospitals.

9.2.3 What milestones will indicate progress in the implementation of Article 19 of the Convention in relation to Indicator 9.2?

Progress will have been achieved if the State has started to collect data on people with disabilities in residential social services and psychiatric hospitals in terms of their degree of need, legal status and mother tongue. Specifically, for psychiatric hospitals, the State must add data collected with regard to the administrative region where the individual concerned permanently resided prior to the hospitalisation and the new place of residence after being discharged (e.g. to a residential social service).

9.3 The number of persons with disabilities living in institutional settings is declining

9.3.1 Detailed description

Successful deinstitutionalisation of institutional services means that the number of people living in institutional settings is declining in the long term. This indicator tracks the final numbers of people in selected institutional facilities, including changes over time. However, we also need to monitor potential cases of “trans-institutionalisation”, i.e. situations where people are moving from one institution to another as part of the deinstitutionalisation effort. It is therefore also essential to track where the

126 Ministry of Labour and Social Affairs. *Methodological Guideline No. 6/2010 for reporting data on social services provided*. Prague, 2010. Online, PDF. Available [here](#) (in Czech).

127 Statistical yearbooks are published on the [website of the Ministry of Labour and Social Affairs](#) (in Czech).

128 This is a [special portal](#) managed by the national Institute of Health Information and Statistics (in Czech).

129 The settings of age categories differ for data collection on the clients of social services and patients in psychiatric hospitals. In the case of social services, data is collected for clients up to 18 and over 65 years of age; for patients in psychiatric hospitals, data is collected in age cohorts of up to 20 years and then in 10-year intervals. The last group consists of patients over 80 years of age. This indicator aims to gather data on vulnerable groups of children/juveniles and the elderly, and we consider it to be fulfilled despite this discrepancy.

clients/patients are going. Based on publicly available data, we monitor whether the following is decreasing:

- number of long-term patients in hospitals;¹³⁰
- number of clients in selected residential social services;
- the proportion of clients who have transitioned from long-term hospitalisation to residential services relative to the number of those who have moved to their natural environment;
- the proportion of clients who have left the selected residential social services for another residential social service relative to the number of those who have moved to their natural environment.

We conclude that the number of people with disabilities living in institutional settings is declining in the long term if there is a constant annual decrease. If the value fluctuates (first drops but then rises the following year), we evaluate the trend using a moving average. This method is based on averaging two consecutive values in a time series and their evaluation. The data is then evaluated in each category according to whether there is a declining trend (1 point) or not (0 points). We only evaluate those categories for which data is collected. N/A is indicated for categories where data is not collected.

Maximum score: **3**

The Czech Republic currently scores **0** points.

Degree of fulfilment: 0%

Table 16: Tracking the numbers of clients and patients in institutional services over time and by new place of residence

	2019	2020	2021	total score
Number of long-term patients	3 107	2 447	5 721	0
Number of clients in residential social services	35 860	34 524	36 980	0
Proportion of long-term patients moving to residential social services relative to the number of all clients leaving the institution	N/A	N/A	N/A	N/A
Proportion of clients moving to other residential social services relative to the number of all clients leaving the institution	49.4%	53.1%	53.4%	0

¹³⁰ This means hospitalisation for a period exceeding 6 months.

9.3.2 Descriptive evaluation

The number of persons with disabilities living in institutional settings is not showing a decline in the long term. While the data for 2019–2021 indicates a decrease in 2020 compared to the previous year, this – as shown by the data for the following year – cannot be considered a trend. If we apply the moving average method, this at best attests to a stagnation or even a slight increase in the number of people with disabilities living in institutional settings. Information on the new place of residence is not available for long-term patients being discharged from the hospital; hence, this indicator cannot be evaluated. In terms of clients of residential social services, we can see a slight increase in the proportion of those who move to another similar institution, instead of their natural environment.

9.3.3 What milestones will indicate progress in the implementation of Article 19 of the Convention in relation to Indicator 9.3?

Progress will have been achieved if the number of patients hospitalised in the long term or the number of clients in residential social services has decreased, or the proportion of clients leaving residential social services for their natural environment has increased.

9.4 Effective statutory safeguards are in place to prevent long-term institutionalisation without the individual's consent

9.4.1 Detailed description

Article 19 of the Convention provides for the right of every person with a disability to choose where and with whom they will live on an equal basis with others and the right not to be required to live in a particular living arrangement. To ensure this, the State must take appropriate measures, including effective legal safeguards to protect people with disabilities from long-term institutionalisation. This indicator does not evaluate the conditions for short-term placement of a person in an institution to avert an imminent threat, but rather safeguards aimed to avoid long-term institutionalisation. We analyse the legislation, i.e. whether it contains these specific elements:

- The right to live in the least restrictive environment: The legislation explicitly enshrines the right of every person with a disability to live in the least restrictive environment possible. This means that if the necessary care can be provided in the natural environment, the relevant person may not be forced to stay in an institution.
- Prohibition of long-term placement against one's will because of their disability: Disability may not be the sole condition or one of the conditions for long-term placement in a residential social service or institutional healthcare facility without the relevant individual's consent.
- Review by an independent body: If the person concerned disagrees with their placement in a residential social service or healthcare facility, they can ask an independent body (court) to review their case.

- Temporary nature: Hospitalisation or placement in a residential social service facility is always a temporary measure, which is subject to regular review by an independent body; alternatively, there must be another safeguard against long-term institutionalisation.

Each criterion is evaluated separately (for residential social services and for healthcare facilities) as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **8**

The Czech Republic currently scores **4** points.

Degree of fulfilment: 50%

Table 17: Safeguards against long-term institutionalisation – evaluation of the criteria

Criterion	Social services	Healthcare services
The right to live in the least restrictive environment	1	1
Prohibition of long-term placement against one's will because of their disability	0	0
Review by an independent body	1	1
Temporary nature	0	0
Total criteria fulfilled for the specific type of institutionalised care	2	2
Total	4	

9.4.2 Descriptive evaluation

Substantive and procedural safeguards against long-term institutionalisation of people with disabilities can be found in various pieces of national legislation: in the Charter of Fundamental Rights and Freedoms, and also in the Social Services Act, the Healthcare Services Act, the Civil Code, the Code of Civil Procedure, and the Special Court Proceedings Act. The Charter protects the right of every person to personal liberty and provides that individuals may only be deprived of their liberty on the grounds and in the manner specified by the law.¹³¹ Social and healthcare services should primarily be provided in the

¹³¹ Article 8 of the Charter of Fundamental Rights and Freedoms.

least restrictive environment possible. This principle can be found in the Social Services Act¹³² and the Healthcare Services Act.¹³³ We therefore award the State two points.

The individual concerned enters into a contract regarding their stay in a social service facility and the provision of social services.¹³⁴ A person may, in principle, only be hospitalised based on their written consent.¹³⁵ However, the legislation also describes certain situations when a person may be held in a social services facility or hospital without their consent or against their will. In both cases, one of the criteria is that the person being held has a disability or mental disorder; in both cases, this can lead to long-term hospitalisation or placement in a social services facility.¹³⁶ Hence, the State does not fulfil the second criterion.

The existence of prerequisites for holding a person in a social or healthcare services facility against their will is monitored by the judiciary.¹³⁷ The State therefore meets the criterion of review by an independent body.

In the case of a social services facility, the court has to decide within 45 days. If it concludes that it is permissible to hold the person concerned in the institutional facility, it will later re-examine the conditions at request of the client or the social service provider. However, new proceedings cannot be initiated before the expiry of 30 days from the date of legal force of the previous decision.¹³⁸ If a person is held in an institutional facility based on their guardian's consent, the guardianship court has 3 months to review whether the guardian has taken steps to remedy the situation.¹³⁹

The time limits are shorter for healthcare services. The court in charge must rule within 7 days¹⁴⁰ on whether or not a person's admission to a hospital was legally permissible, and then within 3 months of the first decision on the admissibility of continued involuntary stay.¹⁴¹ The court will determine for how long an individual can be held in a healthcare facility. The maximum period is 1 year. During this time, the person concerned has the

132 Section 38 of the Social Services Act.

133 Section 28 (3)(k) of the Healthcare Services Act.

134 Section 91 of the Social Services Act.

135 Section 34 (2) of the Healthcare Services Act.

136 Cf. Sections 91a and 91b of the Social Services Act, Article 8 (6) of the Charter, in conjunction with Section 38 (1)(b) of the Healthcare Services Act.

137 Cf. Section 91b (1) of the Social Services Act and Section 40 of the Healthcare Services Act, in conjunction with Sections 66–84b of the Special Court Proceedings Act.

138 Section 84b of the Special Court Proceedings Act.

139 Section 48 (2) of the Special Procedures Act.

140 Section 77 (1) of the Special Court Proceedings Act.

141 Section 81 (2) of the Special Court Proceedings Act.

right to request that their health condition be reviewed,¹⁴² and that they be discharged if possible.¹⁴³ The court must review the conditions again after the expiry of this period.¹⁴⁴

It follows from the Charter that a person may be deprived of their liberty only as long as all the statutory conditions are met in this regard. If any of the conditions cease to exist, the social or healthcare service provider must discharge the person even without a further court ruling.¹⁴⁵ If they fail to do so, the person who is being held in the social services facility or psychiatric hospital can ask the court to review their case. In reality, however, this option is effectively only available to those who are capable of filing the application themselves. Others may thus be forced to stay in institutional settings longer than necessary. The legislation does not provide any safeguards in this respect, so we consider this criterion not fulfilled. One possible safeguard could be the setting of a maximum total duration of institutionalisation against the relevant person's will.

9.4.3 What milestones will indicate progress in the implementation of Article 19 of the Convention in relation to Indicator 9.4?

Progress will have been achieved if the State has adopted legislation that makes it impossible to keep a person in a social services facility or hospital for a long period of time against their will on the grounds of disability (mental disorder). The State must also specify the maximum total duration of institutionalisation against the person's will or establish other legal safeguards against long-term institutionalisation.

9.5 An independent complaints mechanism is in place to address the quality of healthcare service provision in psychiatric hospitals and the provision of residential social services

9.5.1 Detailed description

Effective supervision is an inherent part of quality services, where such supervision should be ensured both by independent monitoring institutions and by the clients, using a complaints mechanism. An effective complaints mechanism in residential social services and psychiatric care facilities is required by the Committee,¹⁴⁶ the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT),¹⁴⁷ and the World Health Organization (WHO).¹⁴⁸

142 Section 109 of the Civil Code.

143 Section 82 of the Special Court Proceedings Act.

144 Section 81 (3) of the Special Court Proceedings Act.

145 Section 71 of the Special Court Proceedings Act.

146 UN Committee on the Rights of Persons with Disabilities. *General comment No. 5 (2017) on living independently and being included in the community*, paragraph 85. Online, PDF. Available [here](#).

147 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). *Complaints mechanisms. Extract from the 27th General Report of the CPT*. Strasbourg, 2018. Online, PDF. Available [here](#).

148 World Health Organization. *QualityRights Tool Kit to assess and improve quality and human rights in mental health and social care facilities. Standard number 4.5 Safeguards are in place to prevent torture or cruel,*

The minimum requirements imposed by these bodies are as follows:

- **Availability:** Every client staying in an institutional facility must be able to file a complaint with the designated authority regarding the quality of the services provided. This option must also be available to the individual's close persons.
- **Information:** Each client must be informed without delay after their admission, both orally and in writing, that they can file a complaint, how and with whom.
- **Accessibility:** The submission of a complaint must be simple (low threshold), i.e. it can be made in various ways (including orally), in a language or method of communication that the client understands. The client can ask for support or representation when making a complaint.
- **No charge:** There is no charge for filing a complaint. If the complaint is not successful, the complainant will not bear the costs.
- **Confidentiality:** The client can complain directly and need not use intermediaries, especially care providers. A complaint is confidential and must not be to the client's detriment.
- **Timeliness:** A time limit is set for resolving the complaint.
- **Independence:** The outcome of the complaints procedure can be challenged by a remedy filed with an independent body that is in no way connected with the care provider.
- **Traceability:** Complaints and the outcome of the complaints procedure are entered in the provider's records and/or in the central records of a superior authority, as appropriate.

Complaints against healthcare service providers are regulated in the Healthcare Services Act.¹⁴⁹ Specific obligations are also elaborated in the procedure recommended by the Ministry of Health; however, this procedure is not binding.¹⁵⁰ At the time of this report, the Social Services Act only required providers to develop internal rules for the submission and handling of complaints in a comprehensible form.¹⁵¹ These duties were then further specified in the quality standards for social services.¹⁵²

inhuman or degrading treatment and other forms of ill-treatment and abuse. Geneva, 2012. 338 p. Online, PDF. Available [here](#).

149 Sections 93–97 of the Healthcare Services Act.

150 Ministry of Health. *Recommended procedure: Complaints mechanisms*. Online, 28 November 2022. Available [here](#) (in Czech). [retrieved on: 2023-09-30].

151 Section 88 (e) of the Social Services Act.

152 Annex 2 to the Decree implementing certain provisions of the Social Services Act, as amended (Quality Standards for Social Services).

Each criterion is evaluated separately (for healthcare and social services) as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: **16**

The Czech Republic currently scores **8** points.¹⁵³

Degree of fulfilment: 50%

Table 18: Complaints mechanism – evaluation of the criteria

Criterion	Social services	Healthcare services
Availability	0	1
Information	1	0
Accessibility	0	0
No charge	1	1
Confidentiality	0	0
Timeliness	0	1
Independence	0	1
Traceability	1	1
Total criteria fulfilled for the specific type of institutionalised care	3	5
Total	8	

9.5.2 Descriptive evaluation

In social services, the system is only prepared for situations in which either the client or their representative wishes to submit a complaint. The law requires that the provider have

¹⁵³ The complaints mechanism's efficiency was not improved until 1 March 2025, i.e. the effective date of Act No. 38/2025 Coll.

internal rules in place for the submission of these complaints and their handling.¹⁵⁴ If, however, a complaint is raised by a third party on the client's behalf, the law does not require the provider to address it.

Apart from the patient themselves, their legal representative, guardian or attorney, a complaint directed against a healthcare service provider can also be filed by a person close to the patient, if the patient is unable to file a complaint due to their health status.¹⁵⁵ A complaint can also be raised on behalf of patients admitted to hospital without consent by their confidant.¹⁵⁶ If a complaint is filed with the competent administrative authority by an unauthorised person, it will be treated as a suggestion to carry out an inspection.¹⁵⁷ Hence, information contained in a complaint cannot be completely disregarded simply on the ground of lacking formal requisites.

Each social service provider is required to draw up internal rules governing the submission and handling of complaints in a comprehensible form; at the same time, the provider must inform its clients about the form in which a complaint can be submitted, who they can contact, and who will handle the complaint and how, and also about the possibility of appointing a representative for the submission and handling of the complaint.¹⁵⁸ With regard to inpatient healthcare service providers, the law does not require the processing or provision of information on the complaints mechanism in a form that is comprehensible for patients with disabilities. The law merely provides that this information is to be published at a publicly accessible place in the healthcare facility and on the website.¹⁵⁹ The law explicitly requires the provision of advice on the patients' rights in a comprehensible form only for patients who are hospitalised without their consent.¹⁶⁰

The Act does not explicitly prohibit the filing of oral complaints about the quality of social or healthcare services; on the other hand, it does not explicitly require providers to accept complaints this form (or in other accessible formats). Social service clients and patients of healthcare facilities may be represented when filing a complaint; however, the provider is not required to assist them in filing their complaint or to allow support persons to be involved in the process of resolving the complaint.

Complaints against social or healthcare service providers, including remedies, are not subject to a fee.

Neither complaints about the provision of social services nor complaints in the healthcare sector are subject to a legal confidentiality obligation regarding their receipt and resolution. The complainant therefore cannot be sure that their complaint will not be

154 Cf. Section 88 (e) of the Social Services Act.

155 Section 93 (1) of the Healthcare Services Act.

156 Section 93 (1) of the Healthcare Services Act.

157 Section 94 (3) of the Healthcare Services Act.

158 Quality Standards for Social Services, Standard 7, Criteria (a) and (b).

159 Section 93 (4)(b) of the Healthcare Services Act.

160 Section 106 of the Civil Code.

received and possibly “filtered out” by the very person against whom the complaint is directed. The Healthcare Services Act only provides that the filing of a complaint must not be to the detriment of the patient or complainant.¹⁶¹ There was no such provision in the legal regulations governing social services during the relevant period.

For healthcare services, the time limit for dealing with a complaint is set at 30 days from the receipt of the complaint, and in exceptional cases, 90 or 120 days. The time limit may be extended by 30 or 60 days in justified cases.¹⁶² According to the Standards, complaints about social services are to be resolved within a “reasonable time”, with no specific limit indicated.

Complaints about healthcare and social services are handled primarily by the providers themselves. Where the complainant is not satisfied with the outcome of the complaints procedure in healthcare, they may contact the administrative authority with which the healthcare service provider is registered.¹⁶³ The latter may invite an independent expert or an independent commission to examine the complaint.¹⁶⁴ On the other hand, there existed no remedy during the relevant period based on which an independent body would review the outcome of a complaints procedure in social services. The Social Services Inspection Authority is not obliged to address each of the individual complaints filed by the clients or other persons. The regional authorities merely supervise compliance with the registration conditions laid down for the social service providers.

Both social¹⁶⁵ and healthcare service providers¹⁶⁶ are required to keep records of the complaints received and the outcome of the complaints procedure.

9.5.3 What milestones will indicate progress in the implementation of Article 19 of the Convention in relation to Indicator 9.5?

The current score will improve as, by the next monitoring wave, the State will have adopted new legislation on the submission and handling of complaints in social and healthcare services, including requirements on the availability, information, accessibility, confidentiality, timeliness and independence of the complaints mechanism.¹⁶⁷

¹⁶¹ Section 93 (1) of the Healthcare Services Act.

¹⁶² Section 94 (1)(a) of the Healthcare Services Act.

¹⁶³ Section 93 (2) of the Healthcare Services Act.

¹⁶⁴ Section 94 (4) and Section 95 of the Healthcare Services Act.

¹⁶⁵ Quality Standards for Social Services, Standard 7, Criterion (c).

¹⁶⁶ Section 93 (3)(c) of the Healthcare Services Act.

¹⁶⁷ A better score can, in fact, be expected given the amendment of the legislation in 2025.

9.6 The State has a strategy to provide affordable housing for people with disabilities leaving institutions

9.6.1 Detailed description

The right to live independently means that people with disabilities are able to live according to their preferences and are not forced to live in institutional settings. Deinstitutionalisation strategies and policies must not only aim to close down residential care services, but also include a plan to provide people leaving institutional care with safe, accessible and affordable housing in the community, in the form of social housing or subsidised rent.

In order for the State to comply with its obligations under Article 19 of the Convention, the housing plan must have the following features:¹⁶⁸

- Deinstitutionalisation: Among other aspects, the plan must also focus separately on people with disabilities leaving institutional social care or long-term healthcare.
- Desegregation: The plan has to prevent people with disabilities or people leaving institutional care from being grouped together in shared housing or segregated locations.
- Independence: The provision of housing must not be tied to the use of healthcare or social services, and may not be set up by a healthcare or social service provider.
- Accessibility: The housing plan must also include universal design. People with disabilities leaving institutional services must be able to enter into a rental or purchase agreement for a home directly, on an equal basis with others.
- Quality: The State must guarantee minimum criteria for the safety, availability of common services and infrastructure, habitability, accessibility, etc.
- Availability: The plan must include access to additional follow-up services to find and keep housing; housing must be affordable for people with high levels of support, e.g. through subsidies and allowances.

The Czech Republic has several strategies addressing housing affordability. The most important ones are the Housing Policy for the Czech Republic 2021+¹⁶⁹ and the Social Housing Policy for the Czech Republic 2015–2025¹⁷⁰. Affordable housing is also addressed

168 UN Committee on the Rights of Persons with Disabilities. *General comment No. 5 (2017) on living independently and being included in the community*, paragraph 34. Online, PDF. Available [here](#). UN Committee on the Rights of Persons with Disabilities. *Guidelines on Deinstitutionalization, including in Emergencies*, paragraphs 32–33. Online, PDF. Czech translation available [here](#).

169 Ministry for Regional Development. *Housing Policy for the Czech Republic 2021+*. Prague, 2021. Online, PDF. Available [here](#) (in Czech).

170 Ministry of Labour and Social Affairs. *Social Housing Policy for the Czech Republic 2015–2025*, Prague, 2015. Online, PDF. Available [here](#) (in Czech).

by individual projects at the regional level.¹⁷¹ These strategies are considered together in this indicator. In 2024, the Government passed the Housing Support Bill.¹⁷² Although we did not assign any points for the bill as such (as it was not passed, and thus did not come into effect, in the period under review), we deal with it in the descriptive evaluation. In the next monitoring period, we will assess whether the State has taken the measures outlined in the strategies and whether it has adopted the Housing Support Act as proposed.

Each criterion is evaluated separately as fulfilled (1 point) or not fulfilled (0 points).

Maximum score: 6

The Czech Republic currently scores 4 points.

Degree of fulfilment: 66.6%

Table 19: Housing plan – evaluation of the criteria

Deinstitutionalisation	0
Desegregation	0
Independence	1
Accessibility	1
Quality	1
Availability	1
Total	4

9.6.2 Descriptive evaluation

The Housing Policy for the Czech Republic 2021+ mentions the need to provide housing for disadvantaged persons and households in connection with the deinstitutionalisation of social and healthcare services in the framework of the evaluation of the PESTLE housing

171 Ministry of Labour and Social Affairs. *Good Practice*. Online. Updated on 17 January 2024. Available [here](#). [retrieved on: 2024-05-14].

172 Ministry for Regional Development Housing Support Bill, submitter's Ref. No.: MMR-28139/2023-31. Version for the commentary procedure. Online. Office of the Government of the Czech Republic, 31 May 2023. Available at: <https://odok.cz/portal/veklep/material/KORNCSAGX2IT/> (in Czech) [retrieved on: 2024-05-14].

analysis of 2020.¹⁷³ The Policy includes people with disabilities among the groups of households at risk of social exclusion under the proposed *Measure 1: Establishing an institutional and legal framework for social housing*.¹⁷⁴ The Social Housing Policy does not specifically target people leaving institutional care.¹⁷⁵ The strategies adopted do not adequately address the needs of people with disabilities exiting institutions or those at risk of long-term institutionalisation. Therefore, this point cannot be considered fulfilled.

The increasing spatial and social segregation is one of the threats identified in both the Housing Policy and the Social Housing Policy, but the strategy does not mention any specific steps to counter this phenomenon. It merely points to the need to develop an institutional and legal framework for social housing. This point cannot be considered fulfilled either.

Both policies assume that affordable housing will be provided through municipalities, administrative regions, municipal or regional contributory organisations, housing co-operatives, or private ownership. Hence, this point is considered fulfilled. It must be remembered that the administrative regions and municipalities are often also the providers or founders of institutional services. In the future, it will be necessary to guarantee by legislative means that the use of social or healthcare services is not a prerequisite for the provision of housing.¹⁷⁶

One of the measures encompassed in the Housing Policy is to expand the availability of universal design flats (*Measure 7. Lifelong living – Universal design*). It includes an analysis of the needs, raising awareness of universal design, and special subsidy programmes for the construction and adaptation of flats and houses. Persons with disabilities, including those leaving institutional care, should have equal access to rental flats and houses. The terms and conditions of the lease agreement will be governed by the Civil Code. A person with restricted legal capacity¹⁷⁷ may enter into a lease agreement if represented by a guardian. They may also conclude the agreement themselves, provided that they do not cause themselves any harm by doing so, or either that the guardian retroactively approves the act or the person under guardianship approves it after re-acquiring their legal

173 Ministry for Regional Development. *Housing Policy for the Czech Republic 2021+*. Prague, 2021, p. 67. Online, PDF. Available [here](#) (in Czech).

174 Ibid., p. 75.

175 The Housing Support Act explicitly includes “persons before leaving a residential social service facility or inpatient care in a healthcare facility, and persons who have recently left a residential social service facility or inpatient care in a healthcare facility” among the target groups for support (See Annex 4 to the Housing Support Bill). As the bill has yet to be enacted into law, we cannot take it into account in our evaluation.

176 The Housing Support Bill directly excludes social and healthcare service facilities from the definition of suitable housing (Section 3). However, social service providers can become a person authorised to issue guarantees (Section 121 (c)) and will also provide assistance under the Housing Support Act (Section 80 *et seq.*). Assistance is provided under a separate contract concluded between the provider and the person using the housing. Under the Act, termination of the contract with the assistance provider does not automatically result in termination of the rental agreement. It will be necessary to determine in the future whether or not this actually happens in practice.

177 If the person’s legal capacity has been restricted in terms of contracting or disposing of property in excess of the amount of the rent.

capacity.¹⁷⁸ In the past, we found that some municipalities would exclude people with restricted legal capacity from municipal housing, which constitutes discrimination.¹⁷⁹

Both policies encompass quality standards for social housing. The Housing Policy includes *Measure 4. Increasing the supply and quality of rental housing; Measure 7. Lifelong living – Universal design; Measure 8. Comprehensive revitalisation of residential units; and Measure 10. Reducing the energy intensity of buildings and adapting housing to climate change*. In the Social Housing Policy, quality is addressed in *Objective V: Adjustment of standards for social housing*.¹⁸⁰

The State provides non-financial support to people with disabilities in the area of housing through social work carried out by municipalities and social services; financial support is provided within State income support benefits (housing allowance), material need assistance benefits (contribution towards housing, extraordinary immediate assistance), benefits for people with disabilities (allowance for a special aid – construction work related to the adaptation of a flat) and certain special-purpose subsidy programmes, e.g. the sub-programme Residential Buildings without Barriers.¹⁸¹ Both strategies also envisage the development of special subsidy programmes to ensure housing affordability. Again, it will be necessary to assess in the future whether the financial support provided is sufficient to meet the housing and service needs of the community even for people with high levels of support.

9.6.3 What milestones will indicate progress in the implementation of Article 19 of the Convention in relation to Indicator 9.6?

Progress will have been achieved if the State has adopted an affordable housing policy focusing on people at risk of institutionalisation, or if legislation has been adopted in this area. The State must also use methodological instruments to ensure that people leaving institutional care are not segregated in satisfying their housing needs.

178 Cf. Section 65 of the Civil Code.

179 Survey conducted by the Public Defender of Rights “Municipal housing through the prism of the right to equal treatment” of 18 February 2020, File No. 69/2019/DIS, p. 26, eso.ochrance.cz (in Czech).

180 The Housing Support Bill provides for quality standards in Annexes 1–3.

181 The programme allows the owners of residential buildings or associations of unit owners to apply for support equal to 50% of the cost of modifications to remove barriers to access to the residential building and to the lift, and the construction of passenger lifts.

More information can be found at Ministry for Regional Development. *Residential Buildings without Barriers, Sub-programme*. Online. 8 November 2024. Available [here](#) (in Czech). [retrieved on: 2024-05-14].

Work and employment

10. Text of Article 27 of the Convention

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:
 - a. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
 - b. Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
 - c. Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
 - d. Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
 - e. Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
 - f. Promote opportunities for self-employment, entrepreneurship, the development of co-operatives and starting one's own business;
 - g. Employ persons with disabilities in the public sector;
 - h. Promote the employment of persons with disabilities in the private sector through appropriate policies and measures, which may include affirmative action programmes, incentives and other measures;
 - i. Ensure that reasonable accommodation is provided to persons with disabilities in the workplace;
 - j. Promote the acquisition by persons with disabilities of work experience in the open labour market;

- k. Promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities.
2. States Parties shall ensure that persons with disabilities are not held in slavery or in servitude, and are protected, on an equal basis with others, from forced or compulsory labour.

[Article 27 in the Czech Sign Language.](#)

[Article 27 in easy-to-read format](#) (in Czech, [slides 35–36](#)).

Based on Article 27 of the Convention, we derived the following **two attributes** “Access to decent work and employment” and “Equal opportunities in the workplace” and created a total of **five indicators** for these attributes.

11. Evaluation

Indicator	Number of points achieved/maximum ¹⁸²	%
1. The employment of people with disabilities is comparable to the employment in the mainstream population (outcome indicator)	1.462/3	48.7%
2. People with disabilities work predominantly in the open labour market (outcome indicator)	2.124/5	42.5%
3. Accessibility of public sector employers is increasing (process indicator)	0.275/3	9.2%
4. People with disabilities do not experience discrimination in employment (outcome indicator)	1/2	50.0%
5. The State effectively supports the employment of people with disabilities (outcome indicator)	0.626/2	31.3%
Overall rate of compliance with Article 27		36%

¹⁸² For the method of calculation and rounding, see Chapter [3.3.2](#).

11.1 The employment of people with disabilities is comparable to the employment in the mainstream population

11.1.1 Detailed description of the indicator

The indicator is based on the evaluation of three criteria. With regard to the first criterion, we examine whether the employment of people with disabilities is comparable to the employment in the mainstream population. For the other two, we look at whether employment is comparable for men (with and without disabilities) and women. In each case, we focus on the working age population (20–64 years).

Maximum score: **3**

The Czech Republic currently scores **1.462** points.¹⁸³

Degree of fulfilment: 48.7%

Table 20: Employment of people with disabilities compared to the mainstream population, in each case considering persons of working age (20–64 years) – evaluation of the criteria

	Total	Men	Women
Employment in the mainstream population	82.2%	89.7%	74.6%
Employment of people with disabilities	39.9 % ¹⁸⁴	41.4	38.4
Score	0.485	0.462	0.515
Total	1.462		

¹⁸³ The score is the sum of **three values** characterising the total employment of people with disabilities, men with disabilities and women with disabilities. The employment rate for people (men and women) with disabilities is **48.5%** of the benchmark (i.e. the value of 39.9 represents 48.5% of 82.2). The employment rate for men with disabilities is **46.2%** of the benchmark (i.e. the value of 41.4 represents 46.2% of 89.7). The employment rate for women with disabilities is **51.5%** of the benchmark (i.e. the value of 38.4 represents 51.5% of 74.6). The three percentage values can be converted into a points score as follows: 48.5% corresponds to **0.485** points (out of one possible), 46.2% corresponds to **0.462** points (out of one possible) and 51.5% corresponds to **0.515** points (out of one possible). The total of these three values is 1.462 points (out of 3 possible).

¹⁸⁴ In absolute numbers, this is 202 800 people. This information was provided by the Czech Statistical Office. Based on the available data, the total number of people with disabilities of working age is 508 270 (= 100%).

11.1.2 Descriptive evaluation

The data comes from the Czech Statistical Office sample survey conducted in 2018.¹⁸⁵ At the time when this report was released, the Office had published the results of another survey. The Czech Statistical Office defines disability in a way that is close to the social and human rights model of disability contained in the Convention.¹⁸⁶ The Office's report itself does not provide any more detailed breakdown of the findings by sex. We obtained this data through further communication with the Office during 2022–2023.

The evaluation method is as follows. In an ideal situation, the values relating to people with and without disabilities should be equal. The value characterising the situation of the mainstream population is a benchmark to which we compare the value characterising the population of people with disabilities. If the values were equal, the State would receive one point in each of the three categories (total employment of people with disabilities, and employment of men and women with disabilities, evaluated separately). The actual situation regarding the degree of attainment of this ideal state is expressed as a percentage or number of points (score).

11.1.3 What milestones will indicate progress in the implementation of Article 27 of the Convention in relation to Indicator 11.1?

The proportion of working-age people with disabilities who are employed has gradually started to approach the employment rate for the mainstream population. Similarly, the difference between the employment rate for women and men with disabilities and the rate for non-disabled women and men has been gradually decreasing. The method of evaluation will change in the next period, based on the data obtained from the next Czech Statistical Office sample survey. We will look at whether the employment gap between the relevant groups has narrowed over time. If so, the State will receive 1 point. If it stagnates or increases, the State will receive 0 points.

11.2 People with disabilities work predominantly in the open labour market

11.2.1 Detailed description of the indicator

The indicator comprises five sub-indicators. In the first sub-indicator, we determine how many people with disabilities work in the open labour market compared to the number of people working in the sheltered labour market. In the second, we examine whether the number of people employed in the sheltered labour market is increasing or decreasing. In the third, we look at whether the State collects and publishes information on the proportion of people with disabilities employed in the public and private sectors. In the fourth, we assess whether the proportion of employers who meet the mandatory share ("quota") solely by directly employing people with disabilities is increasing. Finally, in the

¹⁸⁵ Czech Statistical Office. *Sample survey of persons with disabilities in 2018. Healthcare, unfitness to work.* Prague, 2019 Online, PDF. Available [here](#) (in Czech).

¹⁸⁶ Conditions for the initial selection of survey respondents: 1. The person has stated that they have been limited in common activities due to health problems for at least the last 6 months; or 2. receives a disability pension, care allowance or mobility allowance, or has the status of a person with a disability (Employment Act) or holds a disability card (TP, ZTP, ZTP/P).

fifth sub-indicator, we examine whether the proportion of working-age people with disabilities who are self-employed is equal to the proportion non-disabled entrepreneurs.

With reference to the first sub-indicator, we determine the proportion of working-age people with disabilities who work in the open labour market (of all working-age people with disabilities who work). If the share is equal to 100%, the State receives 1 point. If it is lower, the score is reduced by decimal points according to the actual proportion ascertained.

Maximum score for the first sub-indicator: **1**

The Czech Republic currently scores **0.919** points.

Table 21: Proportion of people with disabilities in the open and sheltered labour markets – data from the 2018 Czech Statistical Office sample survey

	2018
Proportion of people with disabilities in the open labour market (of all working-age people with disabilities, i.e. aged 20–64, who work)	91.9%
Proportion of people with disabilities in the sheltered labour market (of all working-age people with disabilities, i.e. aged 20–64, who work)	8.1%

In the second sub-indicator, we focus on the number of people with disabilities employed in the sheltered labour market. If the number increases over time or remains the same, the State receives 0 points. If it steadily declines, the State receives one point.

Maximum score for the second sub-indicator: **1**

The Czech Republic currently scores **0** points.

Table 22: Number of people with disabilities employed in the sheltered labour market – data from the General Directorate of the Labour Office

	2014	2018	2022
Number of people with disabilities employed in the sheltered labour market	36 857	48 134	71 898

The third sub-indicator deals with the question of whether the State regularly collects and publishes data on the number of people with disabilities employed in the public and private sectors. If the State collects the data, it receives 0.5 points. If the State also publishes this data, it receives an additional 0.5 points.

Maximum score for the third sub-indicator: **1**

The Czech Republic currently scores **0.5** points.

Table 23: Number of people with disabilities employed in the public and private sectors – data from the Ministry of Finance and the Ministry of Labour and Social Affairs

	2014	2018	2022
Number of employees with disability pension receiving pay from governmental authorities	9 700	11 200	12 100
Number of employees with a disability pension receiving salary from private entities	54 100	75 900	83 700
Publication of data under Nos. 1 and 2	No	No	No

The fourth sub-indicator determines the number of employers who meet the mandatory share (“quota”) for employing people with disabilities under Section 81 of the Employment Act by directly employing people with disabilities. We compare this compliance method with other permissible forms of compliance or combinations thereof. We monitor compliance with this duty in three specific years, always at a four-year interval. If the share of these employers equals 100%, the State receives 1 point. If it is lower, the score is reduced by decimal points according to the actual proportion ascertained.

Maximum score for the fourth sub-indicator: **1**

The Czech Republic currently scores **0.239** points.

Table 24: Number and proportion of employers according to the form of compliance with the mandatory quota under the Employment Act – data from the General Directorate of the Labour Office

Forms of compliance with the mandatory quota (or combinations thereof)	2014	2018	2022
Total number of employers with the duty to comply with the mandatory quota	19 807 (100%)	20 580 (100%)	20 605 (100%)
By purchasing goods/services and paying levies	1 968 (9.9%)	2 115 (10.3%)	2 015 (9.7%)
By purchasing goods/services only	2 108 (10.6%)	1 535 (7.5%)	1 521 (7.4%)
By paying levies only	815 (41%)	887 (43%)	886 (43%)
By direct employment only	4 702 (23.7%)	5 366 (26.1%)	4 916 (23.9%)
By employment and purchasing goods/services	6 706 (33.9%)	6 993 (34.0%)	7 508 (36.4%)
By employment and paying levies	1 102 (5.6%)	1 124 (5.5%)	1 062 (5.2%)
By employment, purchasing goods/services and paying levies	2 406 (12.1%)	2 560 (12.4%)	2 697 (13.1%)

The fifth sub-indicator establishes whether the proportion of people with disabilities of working age who are self-employed is comparable to the number of non-disabled self-employed people. We monitored compliance with this criterion in the years 2015, 2018 and 2022. We consider the data for the mainstream population as the ideal state against which we compare the values characterising the population of people with disabilities.

Maximum score for the fifth sub-indicator: **1**

The Czech Republic currently scores **0.466** points.¹⁸⁷

¹⁸⁷ In this case, the benchmark is the value characterising the mainstream population, i.e. 16.5%. People with disabilities are characterised by a value of 7.7%, which corresponds to 46.6% attainment of the benchmark, or an award of 0.466 points. (See Tables 25 and 26).

Table 25: Proportion of self-employed people receiving disability pension aged 20–64 – data from the Czech Social Security Administration

	2015	2018	2022
Number of self-employed people receiving disability pension aged 20–64	26 536 (i.e. 6.3% of 419 361)	29 579 (i.e. 7.1% of 419 011)	31 603 (i.e. 7.7% of 411 040)
Total number of people receiving disability pension aged 20–64	419 361	419 011	411 040

Table 26: Proportion of non-disabled self-employed persons aged 20–64 – data from the Czech Social Security Administration

	2015	2018	2022
Self-employed persons aged 20–64, not receiving disability pension	841 805 (i.e. 13.8% of 6 120 351)	890 927 (i.e. 14.9% of 5 983 721)	975 397 (i.e. 16.5% of 5 901 143)
Total number of persons aged 20–64 not receiving disability pension	6 120 351	5 983 721	5 901 143

Maximum score: 5

The Czech Republic currently scores **2.124** points.¹⁸⁸

Degree of fulfilment: 42.5%

11.2.2 Descriptive evaluation

The data presented in the first sub-indicator are again from the 2018 Czech Statistical Office sample survey. Further data was published shortly before the release of this report, which will allow comparison over time. The desired outcome is that 100% of working-age people with disabilities find employment in the open labour market. In 2018, this was 91.9% fulfilled. We therefore award **0.919 points** out of a possible one. We are aware that the sample survey was not conducted among people with disabilities living in institutional

¹⁸⁸ This value represents the sum of the scores for all five parts of the indicator (0.919 + 0 + 0.5 + 0.239 + 0.466 = 2.124).

settings. The definition of disability used in the Czech Statistical Office survey is also much broader than the narrowly defined category of persons with disabilities and with a health disadvantage, reflecting the medical model of disability.¹⁸⁹ We therefore consider it important to monitor this value over time and to change the method of evaluation in the next period in relation to the new Czech Statistical Office data. We will monitor whether the proportion of people with disabilities employed in the open labour market has increased. If the share increases, the State will receive 1 point. If it stagnates or decreases, the State will receive 0 points.

The sheltered labour market constitutes segregated employment if it has the features defined by the Committee in its General Comment on Article 27.¹⁹⁰ The Czech sheltered labour market has some of these features.¹⁹¹ The Committee does not consider segregated employment of persons with disabilities to be a measure of progressive implementation of the right to work, which is manifested only in employment freely chosen and performed in an open and inclusive labour market. Hence, we decided to supplement the generally positive picture obtained from the Czech Statistical Office data in the first section with data from the sheltered labour market. The data only covers people with disabilities in the categories of “person with disability” and “person with health disadvantage” according to the Employment Act. We requested the data from the General Directorate of the Labour Office. We determined that the State was not collecting data on the number of individuals officially recognised as having a disability (disability grades 1 to 3) or with a health disadvantage. The State only has data on the payment of disability pensions and the number of applications submitted and decisions issued. It therefore cannot be established what proportion of the total population of persons with disabilities and persons with health disadvantages work in the sheltered labour market. The General Directorate of the Labour Office is unable to disaggregate employees in the sheltered labour market by sex. Thus, the only conclusion we can make in this section is that the number of people working in the sheltered labour market increased significantly over the period under review (from 36 857 in 2014 to 71 898 in 2022). The General Directorate explains the increase by factors such as maximised use of State aid, the possibility of claiming tax relief and the employers’ option to provide substitute performance. It also notes that there have been cases of purpose-driven use of State aid. The Ministry of Labour and Social Affairs has prepared an amendment to the Employment Act that aims to limit support on the sheltered labour market.¹⁹² However, our proposals¹⁹³ for a more effective transition of

189 Section 67 of the Employment Act.

190 UN Committee on the Rights of Persons with Disabilities. *General comment No. 8 (2022) on the right of persons with disabilities to work and employment*, paragraph 14. Online, PDF. Available [here](#).

191 For example, the employment is organised around certain specific activities that persons with disabilities are deemed to be able to carry out; transition to the open labour market is not effectively promoted. See the Supreme Audit Office. *Audit report from audit 16/11. State funds intended for the creation of equal opportunities for people with disabilities*. Prague, 2016. Online, PDF. Available [here](#) (in Czech).

192 Ministry of Labour and Social Affairs. Draft Act amending Act No 435/2004 Coll., on employment, as amended, submitter’s Ref. No.: MPSV-2023/31406-521/7. Version for the commentary procedure. Online. Office of the Government of the Czech Republic, 4 December 2023. Available at: <https://odok.cz/portal/veklep/material/KORNCY2NTXSK/> (in Czech) [retrieved on: 2024-05-14].

193 Comments of the Public Defender of Rights of 3 January 2024, Ref. No. KVOP-209/2024/S, eso.ochrance.cz (in Czech).

employees from the sheltered to the open labour market were rejected by the Ministry of Labour and Social Affairs. We therefore score **0 points** for the more than doubled number of employees in the sheltered labour market, which shows some features of segregated employment. The State will receive 1 point once the number of employees starts to decline.

We have found that the State collects data on employees with disability pension who receive pay (from governmental authorities) or salary (from private entities) in the Average Earnings Information System. The method of remuneration shows us that the State employs people with disabilities in the public sector under Article 27 (1)(g) of the Convention. It does not, however, collect data on employees officially recognised as having a disability (grades 1 to 3) and on employees recognised as persons with health disadvantages. This is likely to increase the number of people employed. However, because the scope of the data collected is insufficient (the group of people with disabilities is limited to those who receive disability pension), it is not possible to track whether the rate of employment in the public sector is increasing. Furthermore, the State does not publish this data. We therefore awarded **0.5 points**.

The data concerning compliance with the mandatory quota is processed annually by the General Directorate of the Labour Office. We evaluate the information on whether the proportion of employers complying with the mandatory quota by directly employing people with disabilities (rather than by other forms or combinations of forms) is increasing. The ideal result would be that 100% of employers comply with the quota exclusively by employing people with disabilities. In 2022, the ideal state was met at an average of 23.9% (we award **0.239 points** out of 1 possible). Data from 2014 and 2018 show that the situation has not been improving significantly.

Regarding entrepreneurs with disabilities, the data from the Czech Social Security Administration only relates to entrepreneurs with disability pension, which is a narrower subset of entrepreneurs with disabilities. We believe it is important to monitor this data in light of Article 27 (1)(f) of the Convention. We based our evaluation on data for 2015, 2018 and 2022. Ultimately the data should show that the populations with and without disabilities are equal. The data for the mainstream population is considered as the ideal state against which we compare the values characterising the population of people with disabilities. For 2022, this sub-indicator was met at 0.466 points out of a possible one; we therefore award **0.466 points**. In 2018, this indicator was met at 0.477 points out of a possible one. We therefore observe stagnation in this area.

11.2.3 What milestones will indicate progress in the implementation of Article 27 of the Convention in relation to Indicator 11.2?

Progress will have been achieved if the proportion of people with disabilities working in the open labour market has increased and the number of people with disabilities employed in the sheltered labour market has started to decline. The State has started publishing data on the employment of people with disabilities in the public and private sectors. The proportion of employers complying with the mandatory quota by directly employing people with disabilities has begun to rise. The proportion of working-age

people with disabilities operating a business (entrepreneurs) has begun to approach the proportion of non-disabled working-age entrepreneurs.

11.3 Accessibility of public sector employers is increasing

11.3.1 Detailed description

This indicator consists of three sub-indicators. Within the first sub-indicator, we determine whether the State regularly collects and publishes data on the physical accessibility of buildings of public sector employers (civil service bodies, local and regional government authorities, other institutions). In the second, we track whether the State collects and publishes data on the openness of public sector employers to employees with disabilities. Finally, in the third sub-indicator, we establish whether the physical accessibility index of public sector employers is increasing.

Maximum score: **3**

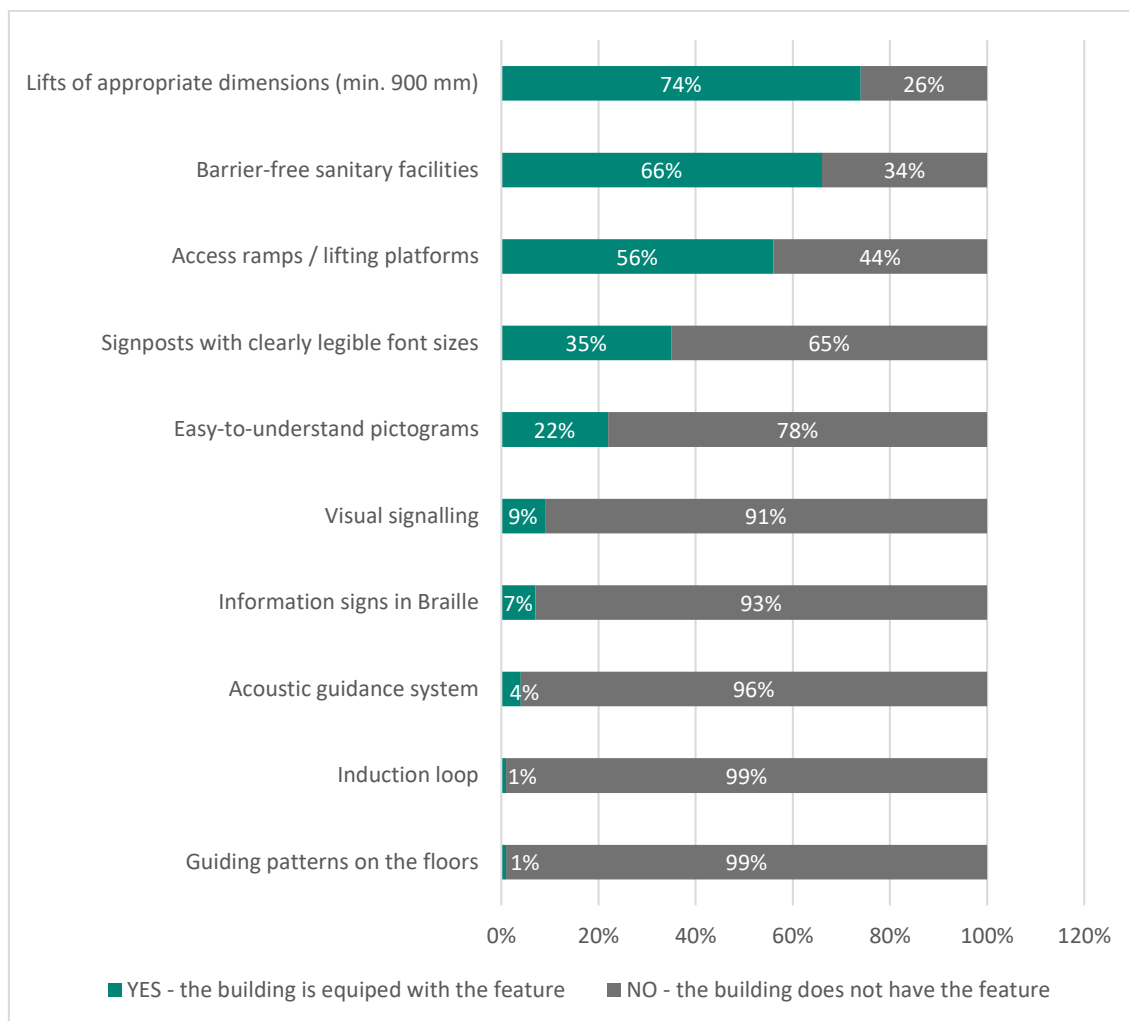
The Czech Republic currently scores **0.275** points.

Degree of fulfilment: 9.2%

Table 27: Regular collection and publication of data on physical accessibility of buildings and openness of public sector employers – evaluation of the criteria

Criterion	Civil service bodies	Local and regional government authorities	Other (e.g. courts, schools, healthcare facilities, etc.)
Collection of data on the physical accessibility of buildings	0	0	0
Publication of data on the physical accessibility of buildings	0	0	0
Collection of data on employer openness	0	0	0
Publication of data on employer openness	0	0	0

Table 28: Physical accessibility index for public sector employers – Defender’s research (2021)



11.3.2 Descriptive evaluation

The State has a duty to employ people with disabilities in the public sector. It has been unsuccessful in this regard in the long term, as shown by our research findings and by a survey carried out by the Government Board for Persons with Disabilities.¹⁹⁴ To comply with the obligation imposed by the Convention, the State must continuously monitor the situation and identify obstacles to accessibility and inclusive working conditions, publish its findings and take appropriate measures. Research findings to date are scarce and far from covering all the parts of the public sector. Therefore, the State received **0 points** in the first part.

¹⁹⁴ Office of the Government of the Czech Republic – Department of the Secretariat of the Government Committee for Persons with Disabilities. *Survey on the employment of persons with disabilities in selected authorities in 2019, 2020*. Online, PDF. Available [here](#) (in Czech); survey conducted by the Public Defender of Rights “Employment of people with disabilities in the public sector – employers’ perspective” of 14 October 2020, File No. 21/2019/OZP, [eso.ochrance.cz](#) (in Czech).

One of the significant barriers to employing people with disabilities in public authorities and institutions is the physical inaccessibility of the buildings in which these employers are based. In terms of personal mobility, the premises lack lifts of appropriate dimensions (min. 900 mm), barrier-free sanitary facilities, access ramps, lifting platforms, signposts with clearly legible font sizes, easy-to-understand pictograms, visual signalling, information signs in Braille, acoustic guidance system, induction loop and guiding patterns on the floors. To determine the accessibility of the employers' buildings, the Defender compiled a set of ten core items covering the potential needs of different groups of people with disabilities, which was later used in a 2020 survey, where we mapped the accessibility of 125 public sector employers. We found that the State met the accessibility requirements in 27.5%¹⁹⁵ of buildings in 2020 (see Table 28). Therefore, the State scored **0.275** points out of a possible one.

Another significant barrier to the employment of people with disabilities in the public sector is the lack of knowledge about how to adjust working conditions for job seekers and employees with disabilities. Based on the research findings¹⁹⁶ and the requirements arising from the legislation, we have compiled ten criteria that an open and inclusive employer should meet¹⁹⁷ and whose fulfilment should be monitored continuously by the State. So far, this is not happening, which is why we awarded 0 points.

11.3.3 What milestones will indicate progress in the implementation of Article 27 of the Convention in relation to Indicator 11.3?

In order to score one or two points, the State should start systematically mapping physical accessibility and inclusive access for all public sector employers, and it should publish the results of its findings. There should also be a progressive increase in the physical accessibility index of public employers' buildings.

11.4 People with disabilities do not experience discrimination in employment

11.4.1 Detailed description of the indicator

This indicator consists of two sub-indicators. In relation to the first sub-indicator, we are interested in the proportion of working people with disabilities who had difficulty finding their current job. In the second, we look at the proportion of individuals who express no

195 27.5 % is the average calculated from all ten sub-scores (percentage points) expressed in Table 28, which corresponds to a score of 0.257.

196 Survey conducted by the Public Defender of Rights "Employment of people with disabilities in the public sector – the perspective of people with disabilities" of 16 March 2021, File No. 23/2020/OZP, eso.ochrance.cz (in Czech); Czech Statistical Office. *Sample survey of persons with disabilities in 2018. Healthcare, unfitness to work*. Prague, 2019 Online, PDF. Available [here](#) (in Czech).

197 An open and inclusive employer in the public sector knows which jobs can be filled by people with different types of disabilities, writes job advertisements to also appeal to job seekers with disabilities, provides work rehabilitation and jobs for people with disabilities in co-operation with the Labour Office, and enables them to gain work experience in co-operation with non-profit organisations, secondary and higher education institutions; allows the presence of assistance or compensatory aids (dogs with special training) during the selection process and for the duration of the employment relationship; offers and allows part-time work; offers and allows work from other locations; modifies the workplace and provides work aids according to individual needs; takes other reasonable measures with regard to the needs of the employee with a disability; provides specific benefits to compensate for the disability.

objection to having a colleague with a disability in their immediate workplace environment. The State can get 1 point for each part.

Maximum score: **2**

The Czech Republic currently scores **1** point.

Degree of fulfilment: 50%

Table 29: Proportion of working people with disabilities who had difficulty finding their current job – sample survey of the Czech Statistical Office

	Proportion of working men with disabilities who had difficulty finding the job	Proportion of working women with disabilities who had difficulty finding the job	Proportion of people with disabilities who had difficulty finding the current job (total)
2018	40.4%	44.4%	42.3%

Table 30: Proportion of people who express no objection to having a colleague with a disability in their immediate workplace environment – EU Commission Eurobarometer

	2015	2019	2023
Proportion of individuals who express no objection to having a colleague with a disability in their immediate workplace environment	72%	84%	85%

11.4.2 Descriptive evaluation

The data used to evaluate the first sub-indicator comes from the 2018 Czech Statistical Office sample survey. The new data were released only after the end of the monitoring period. Hence, we cannot evaluate whether the situation has improved or worsened. It is likewise not possible to make comparisons with the non-disabled population. However, the actual proportion of people with disabilities who had difficulty finding the job is very high (42.3%), so we award the State 0 points.

Data on the experience of people with disabilities regarding discrimination at work or in the labour market are also included in the Czech Statistical Office sample survey. Such discrimination was experienced by 10.8% of people with disabilities of working age (20–64 years). Data on whether the proportion increased, decreased, or remained the same were published only after the end of the monitoring period. For this reason, we will evaluate the development in the next survey report. However, we still consider it appropriate to mention this figure.

The data used to evaluate the second sub-indicator is drawn from the European Commission's regular survey (Eurobarometer "Discrimination"). As the proportion of individuals who express no objection to having a colleague with a disability in their immediate workplace environment has been gradually increasing, the State shall receive 1 point. This is an important indicator of whether people with disabilities are at risk of harassment or other unlawful conduct that has its origins in prejudice, ableism and stereotypes about people with disabilities. If the trend stagnates or the proportion decreases in the future, we will award the State 0 points. When asked about the presence of a colleague with a disability in the workplace in 2015, people in the Czech Republic responded that they were completely comfortable (52%) or quite comfortable (20%) with this situation. We merged these two groups because the range of responses offered in subsequent attitude surveys was narrower.

11.4.3 What milestones will indicate progress in the implementation of Article 27 of the Convention in relation to Indicator 11.4?

The State will receive 1 point if the proportion of working people with disabilities who had difficulty finding their current job declines. The State will be awarded another point if the proportion of people who express no objection to having a colleague with a disability in their immediate workplace environment continues to increase, and if the proportion of working-age people with disabilities who have experienced difficulties at work or in the labour market decreases.

11.5 The State effectively supports the employment of people with disabilities

11.5.1 Detailed description of the indicator

We evaluate this indicator using two sub-indicators. Based on the first sub-indicator, we compare the number of job seekers per vacancy with the number of job seekers per vacancy that is suitable for a person with a disability. The second sub-indicator determines the proportion of job seekers in the mainstream population with job seekers who have a disability.

Maximum score: **2**

The Czech Republic currently scores **0.626** points.¹⁹⁸

Degree of fulfilment: 31.3%

¹⁹⁸ The resulting score corresponds to the sum of the scores of the two parts of the indicator, i.e. **0.257** (score for the first sub-indicator, see Table 30) and **0.369** (score for the second sub-indicator, see Table 31). We explain the calculation in the descriptive evaluation.

Table 31: Number of job seekers per vacancy in comparison with the number of job seekers per vacancy that is suitable for a person with a disability

	31 December 2018	31 December 2022
Number of job seekers per vacancy	0.7	0.9
Number of job seekers per vacancy suitable for a person with a disability	2.8	3.5
Score	0.250	0.257

Table 32: Proportion of job seekers in the mainstream population as compared to job seekers who have a disability in the population of people with disabilities

	2018
Proportion of job seekers in the mainstream population	3.18%
Proportion of job seekers in the population of people with disabilities	8.62%
Score	0.369

11.5.2 Descriptive evaluation

The data needed for the assessment of the first sub-indicator was obtained from the General Directorate of the Labour Office. The number of job seekers per vacancy should be the same in the group of vacancies (in general) and in the group of vacancies suitable for a person with a disability. The score characterises the situation of people with disabilities relative to data characterising the mainstream population (benchmark). We calculated the average for 2022, where the number of job seekers from among people with disabilities was more than three times that of non-disabled people, corresponding to a score of **0.257** after rounding.¹⁹⁹ For comparison, this score was 0.250 in 2018,²⁰⁰ which means we are seeing stagnation in this area.

199 We arrived at this value by dividing the benchmark (0.9) by the value characterising the population of people with disabilities (3.5).

200 We arrived at this value by dividing the benchmark (0.7) by the value characterising the population of people with disabilities (2.8).

We obtained the data on job seekers from the General Directorate of the Labour Office, which informed us about the proportion and the absolute number of employed working-age people with disabilities (for 2018). Based on this data, we determined the total number of people with disabilities of working age at 508 270. We subtracted this figure from the total number of people of working age (20–64 years) in 2018 (6 402 732).²⁰¹ This gives us the number of non-disabled people of working age (5 894 462). We also obtained the total number of job seekers for 2018 from the General Directorate of the Labour Office, including the proportion of job seekers with disabilities (persons with disabilities + persons with health disadvantages). Based on this data, we calculated the proportion of job seekers in the mainstream population people (equivalent to 3.18%) and the population of people with disabilities (equivalent to 8.62%). The data shows that there are almost three times more job seekers among people with disabilities than among non-disabled people, corresponding to a score of 0.369.²⁰² We therefore award this sub-indicator a score of **0.369** out of a possible one.

11.5.3 What milestones will indicate progress in the implementation of Article 27 of the Convention in relation to Indicator 11.5?

Progress will have been achieved if the resulting values, which characterise the population of people with and without disabilities, are roughly the same for both indicators.

In the first case, the number of job seekers per vacancy should be similar for both general job opportunities and jobs suitable for people with disabilities. The number of job seekers per vacancy suitable for a person with a disability should therefore be significantly reduced, preferably through a broader offer (more frequent creation and clearer designation of these positions).

In the latter case, the proportion of people with disabilities among job seekers in the total population of people with disabilities will gradually become comparable to the proportion of non-disabled people among job seekers in the mainstream population.

201 We used data from the 2018 Czech Statistical Office sample survey (aggregate of individual age cohorts).

202 We arrived at this value by dividing the benchmark (3.18) by the value characterising the population of people with disabilities (8.62).

Conclusion

Speaking at an [international seminar](#) (link to a press release in Czech) in 2021, José Smits, a Dutch expert and member of the [European Disability Expertise](#) (EDE), stated that the biggest challenge in her country was to convince the public and policy-makers to think more deeply about society's approach to people with disabilities: *"There was a general feeling that **people with disabilities were doing very well** and were not discriminated against at all because they could receive generous benefits and the State offered them an expanded system of special schools and care facilities. These are considered good care in the Netherlands,"* the expert described. It would not be surprising if a very similar attitude prevailed among a significant part of Czech society and its political representation.

Using human rights indicators, we reveal a **large gap** between the system required by the Convention, to which we committed more than 15 years ago, and the system that is in place in the Czech Republic at the time of publication of this survey report. The Convention unequivocally rejects any system that does not effectively address discrimination on the grounds of disability, effectively or legally keeping people with disabilities in large institutions, restricting their legal capacity, and providing them with means of subsistence from the social security system or the sheltered labour market. There are still many people with disabilities in the Czech system who wish it were otherwise.

However, only Article 27 of the Convention (work and employment) is subject to "progressive implementation",²⁰³ and it is therefore somewhat understandable that certain shortcomings may remain in this area. In contrast, Articles 5 and 12 of the Convention (non-discrimination, equal recognition before the law) enshrine absolute rights that must be implemented immediately, regardless of the economic or political situation in the given country.²⁰⁴ Article 19 of the Convention (living independently and being included in the community) combines both approaches, to make things somewhat more complicated.²⁰⁵ Many of the human rights obligations we examined in the report should be commonplace in a civilised democratic society 15 years after the Convention came into force. That, however, is not the case.

Together with many other organisations, we repeatedly tell personal stories about how difficult it is for people with disabilities to find decent housing outside an institution or employment in the open labour market, or what it is like to be unable to make decisions

203 UN Committee on the Rights of Persons with Disabilities. *General comment No. 8 (2022) on the right of persons with disabilities to work and employment*, paragraph 54. Online, PDF. Available [here](#).

204 UN Committee on the Rights of Persons with Disabilities. *General comment No. 1 (2014) Article 12. Equal recognition before the law*, paragraph 30. Online, PDF. Available [here](#); UN Committee on the Rights of Persons with Disabilities. *General comment No. 6 (2018) on equality and non-discrimination*, paragraph 12. Online, PDF. Available [here](#).

205 Article 19 includes both civil rights, such as the right to decide freely where and with whom one lives, and social rights, for instance the right to have access to personalised support services or to have mainstream (public) services accessible and available also for people with disabilities. For more details, see UN Committee on the Rights of Persons with Disabilities. *General comment No. 5 (2017) on living independently and being included in the community*, paragraphs 7 and 39. Online, PDF. Available [here](#).

about important issues in one's own life. Thanks to this report, we can place the stories of these individuals in a **broader social and legal context**, provide **data** on the functioning of the entire system, and formulate **recommendations** that we believe will lead to the necessary change. We consider it appropriate to combine these practices to increase the impact of the work of all those who are not indifferent to the rights of people with disabilities.

The survey report you are reading now can serve as a mirror and as a **practical tool** for tracing the path of Czech society towards the goals comprised in the Convention. However, to fully achieve this purpose, it must be conducted periodically and expanded in scope to include additional Articles of the Convention. Hence, we conclude by inviting all those who are interested in the survey report to provide us with written feedback – that could significantly advance our collective journey. You can give us feedback in any form that suits your chosen communication system or preferred means of communication. If you send us an email to podatelna@ochrance.cz, please put the word "Indicators" in the subject line. Thank you in advance.

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- Charter of Fundamental Rights and Freedoms, promulgated as part of the constitutional order of the Czech Republic by Resolution of the Presidium of the Czech National Council No. 2/1993 Coll.
- Convention on the Rights of Persons with Disabilities, promulgated in the Collection of International Treaties under No. 10/2010 Coll., effective for the Czech Republic since 8 October 2009

Czech laws and secondary regulations

- Act No. 99/1963 Coll., the Code of Civil Procedure
- Act No. 2/1969 Coll., on the establishment of ministries and other central governmental authorities of the Czech Republic
- Act No. 582/1991 Coll., on the organisation and implementation of social security
- Act No. 358/1992 Coll., on notaries and their activities (Notarial Code)
- Act No. 247/1995 Coll., on elections to the Parliament of the Czech Republic and amending and supplementing certain other laws
- Act No. 349/1999 Coll., on the Public Defender of Rights
- Act No. 129/2000 Coll., on administrative regions (the Regional Order)
- Act No. 150/2002 Coll., the Code of Administrative Justice
- Act No. 435/2004 Coll., on employment
- Act No. 108/2006 Coll., on social services
- Act No. 262/2006 Coll., the Labour Code
- Act No. 198/2009 Coll., on equal treatment and legal remedies for protection against discrimination and on amendment to certain laws (the Anti-Discrimination Act)
- Act No. 329/2011 Coll., on the provision of benefits to persons with disabilities
- Act No. 372/2011 Coll., on healthcare services and the conditions of their provision (the Healthcare Services Act)
- Act No. 89/2012 Coll., the Civil Code
- Act No. 292/2013 Coll., on special court proceedings
- Act No. 88/2024 Coll., on the administration of elections

- Decree No. 505/2006 Coll., implementing certain provisions of the Social Services Act
- Decree No. 403/2022 Coll., on the publication of court decisions
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Czech Supreme Court

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