

Living independently and being included in the community

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Contents

PART A – Factual information and statistical data	2
1 Current situation and direction of travel.....	2
1.1 Numbers and proportions of disabled children and adults residing in institutional care or community-based settings	2
1.2 Overall spending on institutional care versus services for support for living independently and being included in the community, including information about proportion/amount of funding provided from EU funds	3
2 Government commitments on living independently and being included in the community including the transition from institutional care to community-based living.....	5
2.1 In which document(s) are government commitments and plans concerning support for independent living in the community set out?	5
2.2 What are the aims and objectives of relevant strategies, including relevant targets and milestones? Are they linked to ESIF?	7
2.3 Please summarise the planned approach and the actions to be taken in relevant strategies	10
2.4 What budgetary commitments are made to support these strategies, both for domestic and EU funds?	13
2.5 What is the (official) involvement of persons with disabilities and/or their representative organisations in the development of the strategies and plans	14
3 Implementation and monitoring	15
3.1 Summary of relevant calls for proposals.....	15
3.2 Summary of relevant projects funded	16
3.3 Overview of other relevant measures since 2013.....	17
3.4 Monitoring mechanisms and approaches	18
4 Impact and outcomes.....	19
4.1 Progress against explicit targets and milestones.....	19
4.2 What is replacing institutional care?	19
4.3 Satisfaction levels among persons with disabilities	20
PART B – Critique and evaluation.....	22
5 Observations and recommendations of official bodies.....	22
5.1 Observations by the UN Committee on the Rights of Persons with Disabilities on Article 19.....	22
5.2 Recent observations by other official European and international bodies	22
5.3 Observations and recommendations by national human rights bodies.....	22
5.4 Observations and recommendations by national or regional/devolved Parliaments and assemblies.....	23
6 Views and perspectives of civil society including DPOs.....	23
6.1 UN CRPD civil society shadow and alternative reports	23
6.2 ‘Grey literature’ at the national level	23
6.3 Pan-European and international civil society organisations.....	25
7 Academic research	25
PART C – Key points.....	27
8 Positive developments, including promising practice examples.....	27
9 Negative developments including examples of poor practice.....	28
10 Recommendations	29
Annex	30

PART A – Factual information and statistical data

1 Current situation and direction of travel

1.1 Numbers and proportions of disabled children and adults residing in institutional care or community-based settings

1.1.1 Current figures

Children: Comprehensive data on children with disabilities residing in institutional care or community-based settings across relevant sectors (social, education, health) are not available. Lumos (NGO) reports that in 2018, 411 children with disabilities resided in institutional social care facilities. Most of these facilities are located in remote places with limited access to community. Data on children with disabilities living in homes in the education sector is not available.¹

Adults: There are 12,000 adults who reside in residential care facilities (most of whom live in one of 209 residential facilities referred to in the Social Services Act as “Homes for persons with disabilities” - DOZP, formally called institutions for persons with disabilities).² These are typically large-scale institutions. Some of these facilities have established sheltered or supporting housing programmes. Out of those in residential care, only 520 persons with disabilities live in community-based provision while the majority of those in residential care (79 %) are in institutional type facilities.

1.1.2 Trend since 2013

The Ministry of Labour and Social Welfare (MoLSA) analysis published in 2013 states that 85 % (544 out of 639) registered social housing services for people with disabilities were of an institution type. Information on the current situation is not available.³

Data indicates that the capacity of large social care facilities for people with disabilities decreased during the period 2007 – 2017 by 26 %. In contrast, the number of places in the sheltered housing services increased by 96 %. The number of persons residing in homes with a special regime also increased.⁴

Children: The number of community-based services for children with disabilities and their families has almost quadrupled since 2004. This increase is echoed in the decline of the number of children with disabilities in institutional settings.⁵ The number of children in institutional care facilities has been decreasing over the last eight years. In

¹ Lumos. (2018). *Děti se zdravotním postižením v ústavní péči v České republice*. (Children in the Institutions for Persons with Disabilities in the Czech Republic.) <https://www.wearelumos.org/vyzkumy/>.

² Jednota pro deinstitucionalizaci, z. s. (2018). *O lidech žijících v ČR v pobytových zařízeních*. (Report on Persons Living in the Residential Care Facilities in the Czech Republic.) http://jdicz.eu/wp-content/uploads/jdi_70vyroci.pdf?fbclid=IwAR1ToxGpFJruCz1DW-DLHeBOKyVy8w8iSxsEBd0B9gdIFmquXgmfhXH_uiU.

³ The MoLSA. *Ústavní sociální služby v České republice (Přehled a charakteristika vybraných sociálních služeb)*, MPSV, 2013.

⁴ MoLSA. *Statistical Yearbooks 2007–2016*.

⁵ Jednota pro deinstitucionalizaci, z. s. (2015). *Rizika pro deinstitucionalizaci sociálních služeb v Česku Příloha*. (Threats for Deinstitutionalisation of Social Services in the Czech Republic.)

2018 there were 411 with disabilities residing in homes for persons with disabilities (typically large residential facilities). No children have been admitted into institutional social care for disabled persons in two regions during last two years. However, there are significant differences between the regions.⁶

Adults: The capacity of institutional type settings for people with disabilities has decreased by 26 % from a total capacity of 16,638 beds in 2007 (actual capacity 15,925) to 12,402 of total capacity (actual capacity 12,049) in 2016. With regards to the number of institutional care facilities for persons with disabilities, 10 out of 209 have been closed so far. This trend is regarded by some as positive.⁷ The capacity of alternatives to institutional care has also been increasing over the last decade. One of the alternatives is the sheltered housing service type (group or individual). The service includes the provision of meals, accommodation, assisting in the operation of the household, educational activities and mediating social contacts (Social Services Act 2006). The number of beds in sheltered housing facilities has doubled in the same period. In 2007 the total capacity (number of beds) was 1,885 (actual capacity 2087). In 2016, it was 3,898 total capacity and in 3,660 actual capacity. Between 2007 and 2016 the number of homes for persons with disabilities increased by 2 %. In 2007 there were 205 homes and in 2016 it was 209 homes.⁸ In summary, there were more institutional types provisions in 2016 than in 2007 when the transformation process commenced. The number of persons residing in homes referred to as “homes with special regimes” (i.e. for persons with mental health problems, dementia) has been also increasing.⁹

1.2 Overall spending on institutional care versus services for support for living independently and being included in the community, including information about proportion/amount of funding provided from EU funds

1.2.1 Current figures

The available national or sectorial statistical data on spending is not complete enough to allow comment on the complex picture of overall spending on institutional care versus community-based services for both children and adults. However, as part of the project “Transformation of Social Services” a number of cost comparisons of the costs associated with institutional versus community social services have been conducted. A report on the effectiveness on finances allocated to institutional care versus community-based support illustrated that support for community-based services was more cost-effective. A study on spending on institutional care versus sheltered housing type service suggests that spending on sheltered housing is comparatively lower than institutional type provision. For example, the spending on households with six residents

⁶ Lumos. (2018). *Děti se zdravotním postižením v ústavní péči v České republice*. (Children in the Institutions for Persons with Disabilities in the Czech Republic.) <https://www.wearelumos.org/vyzkumy/>.

⁷ Asociace poskytovatelů sociálních služeb ČR. (2018). *Stanovisko k deinstitucionalizaci sociálních služeb*. (Position Paper of the Association of Service Providers on Deinstitutionalisation.) <http://www.apsscr.cz/cz/asociace/aktuality/?id=322>.

⁸ MoLSA. *Statistical Yearbooks 2007–2016*.

⁹ Quip. (2017). *Počet lidí v pobytových sociálních službách stále roste* (Number of Persons in residential social care facility is constantly growing.) <https://www.kvalitavpraxi.cz/aktuality/ochrana-prav/pocet-lidi-v-pobytovych-socialnich-sluzbach-stale-roste/>.

who had mild disability and residing in an institutional care type facility was 491 CZK (19 EUR) per day. In sheltered housing type service, it was for the same residents 420 CZK (16 EUR).¹⁰ Secondly, allocation of resources (financial and human) to the accommodation established as result of deinstitutionalisation is better tailored to individual needs and more efficient. The average cost of the support provided for people with lower support needs in the new homes developed as part of the transformation project, was significantly lower than the cost of these facilities before the transition. The average cost of services for persons with more complex needs in the community homes was similar to the cost before transformation. However, quality of life was higher for these people in the community-based homes.¹¹

1.2.2 Trend since 2013

Over the last two decades, there has been a significant increase in the funding allocated to the both, institutional type care and community-based services. However, the financial mechanism remains focused on meeting the needs of service providers rather than service users. The scheme of financing social services has been reported by many as unsustainable since the Social Services Act came into force in 2007.

A consortium of DPOs/NGOs highlights in their response to the CRPD committee how the financial mechanism prevents progress towards community-based services as follows: *“A place in a residential facility for a person with a disability costs around 400,000 CZK (15,380 EUR) per year. If a person lives in the community, he or she can receive 144,000 CZK (5,540 EUR) of state benefits at most. When families decide not to use residential service and bear the entire burden of care, they sooner or later lose their jobs and can fall into poverty. The lack of affordable and accessible housing is another crucial obstacle to persons with disabilities living in the community.”*¹²

One third of social services are funded by shorter term support grants which disadvantages the respective service providers, often NGOs compared to large institution type facilities governed by regional authorities. Individual successes are not result of the state directed implementation of the CRPD but are rather championed by civil society with little or no state support.¹³

¹⁰ MoLSA/TRASS. (2013). *Efektivnost prostředků vynaložených v ústavní a v komunitní péči.* (Effectiveness of the Finances Allocated to Institutional and Community Based Services.) <http://www.trass.cz/wp-content/uploads/2016/02/efektivnost-prostredku.pdf>.

¹¹ MoLSA/TRASS. (2015). *Analýza nákladů transformace u vybraných organizací. Vývoj nákladů a výnosů vybraných příspěvkových organizací zapojených do procesu transformace pobytových sociálních služeb.* (Analysis of transformation costs in selected organizations. Development of costs and revenues of selected contributory organizations involved in the transformation of residential social services.) <http://www.trass.cz/wp-content/uploads/2016/02/analyza-nakladu-T.pdf>.

¹² Consortium of DPOs/NGOs. (2015) *Replies and comments of Czech NGOs and DPOs to the list of issues on the initial report of the Czech Republic.* http://disabilitycouncilinternational.org/documents/INT_CRPD_CSS_CZE_19782_E.pdf.

¹³ Consortium of DPOs/NGOs. *Replies and comments of Czech NGOs and DPOs to the list of issues on the initial report of the Czech Republic (not dated).* http://disabilitycouncilinternational.org/documents/INT_CRPD_CSS_CZE_19782_E.pdf.

Overall, the funding mechanism inadequately supports people to live in mainstream environment. It is imperative to prepare and implement a new person-centred financial scheme.¹⁴

In regard to financing development of community-based services since, EU funds (with the associated domestic contribution) have been the primary source of financing for the deinstitutionalisation process.¹⁵

2 Government commitments on living independently and being included in the community including the transition from institutional care to community-based living

2.1 In which document(s) are government commitments and plans concerning support for independent living in the community set out?

(1) The National Reform Programme (NRP) of the Czech Republic 2017 refers to disability in strategic targets – employment, education, accessibility. Social inclusion is included in NRR. Support for independent living in the community is not explicitly mentioned in NRP.¹⁶

(2) Partnership Agreement with the European Commission (Partnership Agreement for the Czech Republic, 2014-2020 -PA). The Partnership Agreement raises the issue of a high degree of use of institutional care.

The PA focuses on financing priorities such as fostering social inclusion of vulnerable groups and combating poverty. Children, marginalised communities and people with disabilities are among those who should benefit the most.¹⁷

(3) Operational Programme(s) for ESIF Activities supporting the transition from institutional care to community-based living are set out under Thematic Objective 9 of the ESIF with the aim of “promoting social inclusion, combatting poverty and any discrimination”.

The condition attached to this objective (ex-ante conditionality 9.1) is that Member States must have in place and implement a “national strategic policy framework for poverty reduction, aiming at active inclusion” that “depending on identified needs, includes measures for the shift from institutional to community-based care”. This need has been identified also in the Czech Republic.¹⁸

¹⁴ <http://www.nrzp.cz/aktualne.html>.

¹⁵ Czech Republic. MoLSA. (2015). *Národní strategie rozvoje sociálních služeb na období 2016–2025*. (National Strategy for Development of Social Services for the Period 2016 – 2025.) Usnesení vlády ČR č. 245/2016 ze dne 21. 3. 2016 <https://www.mpsv.cz/files/clanky/29624/NSRSS.pdf>.

¹⁶ Government of the Czech Republic. *The National Reform Programme (NRP) of the Czech Republic 2017*. <https://ec.europa.eu/info/sites/info/files/2017-european-semester-national-reform-programme-czech-republic-cs.pdf>.

¹⁷ EUROPEAN COMMISSION. Brussels. (2014). *Summary of Partnership Agreement for the Czech Republic. 2014-2020* https://ec.europa.eu/info/sites/info/files/partnership-agreement-czech-republic-summary-aug2014_en.pdf.

¹⁸ Community Living for Europe: Structural Funds Watch. (2017). *Opening up communities, closing down institutions – report by Community Living for Europe: Structural Funds Watch* (2017). <https://communitylivingforeurope.org/>.

(4) The Psychiatric Care Reform Strategy aims at supporting full inclusion of persons with mental health problems into society (in particular by improving conditions for employment, education, and housing).¹⁹

(5) The Housing Strategy of the Czech Republic 2020 has been recently revised.²⁰ One of the objectives of the strategy is to generate conditions to ensure decent and adequate and accessible housing regardless of age, gender or health restrictions (disability).

(6) On the basis of the Resolution of 21 February 2007, the Government of the Czech Republic, under No. 127, adopted **the Strategy of Support to Transformation of Social Welfare Services into Other Types of Social Services Provided in the Natural Community of the User and Promoting the Social Inclusion of the User in Community**. The Strategy comprised the instruments for implementing the Social Services Act 2006. The Strategy provided guidance to the social services providers and their founders to develop affordable support for social inclusion of people with disabilities.²¹

(7) The main national strategic document with focus on disability is the **National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015 – 2020**²² (hereafter the Plan). The Plan follows the structure of UN CRPD. The Plan (most recently revised in 2018)²³ sets out measures to implement the UN CRPD across a wide range of policy areas, including targets for independent living. However, the targets presented in the Disability Plan are general policy goals rather than quantifiable objectives.

The National Plan recommends supporting the kind social services for persons with disabilities which allow them to reside at home. Secondly, the Plan recommends addressing unsatisfactory financing mechanisms of the social services to ensure the economic equilibrium and stability of the entire system.

(8) The other disability relevant document is **the Social Inclusion Strategy 2014 – 2020**.²⁴ This Strategy is an intentional document on social inclusion of socially

¹⁹ Czech Republic. Ministry of Health (2014). *The Psychiatric Care Reform Strategy*. <https://www.databaze-strategie.cz/cz/mzd/strategie/strategie-reformy-psychiatricke-pece?typ=struktura>.

²⁰ Czech Republic. *Koncepce bydlení ČR do roku 2020*. (The Czech Republic Housing Strategy up to 2020) http://www.mmr.cz/getmedia/f97ad787-1512-4b28-bf57-04973d772c27/KB-R_VIII-2016_web-min_3.pdf.

²¹ The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*. <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.

²² The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*. <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.

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

²⁴ Czech Republic. The MoLSA. *Social Inclusion Strategy (2014–2020)* http://www.mpsv.cz/files/clanky/19478/Strategie_EN.pdf.

excluded persons or persons at risk of social exclusion, including persons with disabilities. The purpose of the strategy is to reduce poverty and social exclusion.

(9) The National Strategy for Development of Social Services 2016 – 2025. One of key priority areas of this strategy is the transition from the institutional care model for persons with disabilities to supporting them in their home environment. “(Objective A).²⁵ Alike the Disability Plan, this strategy does not include quantifiable disability related targets in the areas of transition to community-based services and social inclusion.

(10) the National Strategy for the Protection of children’s rights 2012 – 2015 addresses children with disabilities and community living in Priority 5 - Developing of community-based services.²⁶

2.2 What are the aims and objectives of relevant strategies, including relevant targets and milestones? Are they linked to ESIF?

(1) The National Reform Programme (NRP) of the Czech Republic 2017 refers to disability in strategic targets – employment, education, accessibility. Social inclusion is generally included in the NRP. However, the NRP does not explicitly spell out objectives relevant to deinstitutionalisation and community living.

(2) Partnership Agreement with the European Commission (Partnership Agreement for the Czech Republic, 2014-2020 - PA). The PA stresses necessity to continue with expanding provision of community-based services. The relevant priority of PA is fostering social inclusion of vulnerable groups and combating poverty. The related objective is the Thematic Objective 9 *Promoting social inclusion, combating poverty and any discrimination*.²⁷

(3) Operational Programme(s) for ESIF Thematic objective: promoting social inclusion, combating poverty and any discrimination.²⁸

Three Operational Programmes comprise actions to fulfil the thematic Objective 9 - Social Inclusion:

1. Integrated Regional Operational Programme 2014-2020²⁹

Main Objective: The Integrated Regional Operational Programme (IROP) will improve public administration and public services in the Czech Republic,

²⁵ Czech Republic. MoLSA. (2015). *Národní strategie rozvoje sociálních služeb na období 2016–2025*. (National Strategy for Development of Social Services for the Period 2016 – 2025.) Usnesení vlády ČR č. 245/2016 ze dne 21. 3. 2016 <https://www.mpsv.cz/files/clanky/29624/NSRSS.pdf>.

²⁶ <https://www.mpsv.cz/cs/14308>.

²⁷ EUROPEAN COMMISSION. *Summary of Partnership Agreement for the Czech Republic, 2014-2020*. 0 Brussels 26 August. https://ec.europa.eu/info/sites/info/files/partnership-agreement-czech-republic-summary-aug2014_en.pdf.

²⁸ EUROPEAN COMMISSION. *Summary of Partnership Agreement for the Czech Republic, 2014-2020*. Brussels 26 August. https://ec.europa.eu/info/sites/info/files/partnership-agreement-czech-republic-summary-aug2014_en.pdf.

²⁹ Czech Republic. Ministry of Regional Development. *Integrated Regional Operational Program* <https://www.dotaceeu.cz/en/Fondy-EU/2014-2020/Operacni-programy/Integrovaný-regionální-operacni-program>.

particularly in the areas of education, health care, social services, social inclusion, regional transport, urban development and culture.

2. Operational Programme Prague Growth Pole (OP Prague-Growth Pole)³⁰

Main Objective: The Programme aims to boost economic growth in the region of Prague and contribute to achieving the Europe 2020 targets for smart, sustainable and inclusive growth. EU funding will be targeted on promoting social inclusion. Particularly relevant is support for social housing and sheltered housing.

3. Priority Axis 3 Promoting social inclusion and combating poverty

Specific objective 3.1 enhanced social infrastructure for integration, community services and prevention.

(4) The Psychiatric Care Reform Strategy 2017³¹ General objective: improve the quality of life of people with mental health problems.

Strategic objectives include:

- Improved quality of psychiatric care by systematic change of the structure.
- Eliminating stigmatization of persons with mental health problems and psychiatry.
- Increased satisfaction of psychiatric care users.
- Increased effectiveness of psychiatric care through early diagnosis and identification of unseen psychiatric illness.
- Increased success of integration of persons with mental health problems into society.
- Improved conditions for employment, education and housing.
- Improved the coherence of health, social and other related services.
- Humanized mental health care.

(5) The Housing Strategy for the Czech Republic 2020 Relevant is Objective D 2.1

- Prepare proposal of regulations for housing for the elderly and for persons with disabilities through reconstruction and removal of physical barriers in existing apartments. This objective is reported in the latest revision of the Strategy as completed.

Relevant is Objective D 2.6 - Prepare proposal for social housing. This objective is also reported as completed. However, since the bill on social housing failed to be accepted by the Parliament, social housing is not legally grounded in the Czech Republic up to date.³² Preparation of policy on social housing seems not be on current agenda of the Government.

(6) The Conception of Support to Transformation of Social Welfare Services into Other Types of Social Services Provided in the Natural Community of the User

³⁰ Operational Programme Prague Growth Pole. <https://www.dotaceeu.cz/en/Evropske-fondy-v-CR/2014-2020/Operacni-programy/List/OP-Praha>.

³¹ Czech Republic. Ministry of Health (2016). *Psychiatric Reform Strategy 2017*. http://www.reformapsychiatrie.cz/proc_reformujeme/.

³² Czech Republic. *Koncepce bydlení ČR do roku 2020*. (The Czech Republic Housing Strategy up to 2020) http://www.mmr.cz/getmedia/f97ad787-1512-4b28-bf57-04973d772c27/KB-R_VIII-2016_web-min_3.pdf.

and Promoting the Social Inclusion of the User in Community 2007.³³ This was the first national strategy dedicated to deinstitutionalisation and community-based service in the Czech Republic.

Strategic objectives:

- Create a system of vertical and horizontal cooperation between all stakeholders involved in the process of transformation of institutional care facilities.³⁴
- Support of social service providers, their employees and others participating in the transformation of the institutional care facilities.
- Improve service provision in existing residential care facilities.
- Promote the fulfilment of the human rights of users of the social services and their rights to live in their natural environment.

Specific targets and milestones in the areas related to deinstitutionalisation and community-based services are not included.

(7) National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020.³⁵

Objectives:

- Create conditions so that persons with disabilities can live as independently as possible in their home environment.
- Make home-based, community-based services and residential services accessible.
- Provide financing of social services reflecting the needs of persons with disabilities.

Specific targets and milestones in the areas related to deinstitutionalisation and community-based services are not included.

(8) The Social Inclusion Strategy 2014 – 2020³⁶ The Social Inclusion Strategy places special emphasis on supporting the access of individuals to available high-quality services provided within the community. The Strategy includes measures supporting the move from institutional to community care in several areas, specifically: in Chapter 3.2 Social services (community social services), Chapter 3.3 Support for Families (the

³³ The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020.* <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.

³⁴ The MoLSA defined transformation of social services in this policy document as a set of changes in management, funding, education, location and form of service delivery. The resulting state of the transformation is support provided in the natural environment of the person and the reduction of institutional capacities. https://www.mpsv.cz/files/clanky/3858/Koncepce_podpory.pdf.

³⁵ The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020.* <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.

³⁶ Czech Republic. MoLSA. (2013). *Social Inclusion Strategy 2014–2020.* http://www.mpsv.cz/files/clanky/19478/Strategie_EN.pdf.

deinstitutionalisation in the socio-legal protection of children), and Chapter 3.6 Promoting Access to Healthcare (the deinstitutionalisation of psychiatric care).

The Strategy does not comprise quantifiable disability related targets related to deinstitutionalisation and community-based services.

(9) The National Strategy for Development of Social Services 2016 – 2025

- Objective 1: Prepare and implement a transition plan from institutional care to community-based support.
- Objective 2: Prepare the conditions to ensure necessary capacities for community-based social services.
- Objective 3: Ensure protection of the rights and quality of life of people in residential care services during the transition from community-based care to community-based care.³⁷

The Strategy is not specific in the context of deinstitutionalisation and community-based services. Quantifiable targets or milestones are not included.

(10) The National Strategy for the Protection of Children’s Rights 2012-2015 spells out the Objective 5 Equalizing opportunities for children and young people with disabilities through developing the network of community-based services.³⁸

2.3 Please summarise the planned approach and the actions to be taken in relevant strategies

(1) The National Reform Programme (NRP) of the Czech Republic 2017 does not directly refer to the transition from institutional to community-based care.

(2) Partnership Agreement (PA) with the European Commission (Partnership Agreement for the Czech Republic, 2014-2020). The PA outlines the way in which the financial means of the five funds will be used to help the Czech Republic to achieve its smart, sustainable and inclusive growth targets.³⁹ The PA provides a number of approaches for promoting the transition to community-based care. Particularly important is the approach *developing new models of community-based social services of general interest, transformation and deinstitutionalisation*.

There is a high number of persons with disabilities residing in large institution type facilities. The PA approach *strengthening quality of social services, services for*

³⁷ Czech Republic. MoLSA. (2015). *Národní strategie rozvoje sociálních služeb na období 2016–2025*. (National Strategy for Development of Social Services for the Period 2016–2025.) Usnesení vlády ČR č. 245/2016 ze dne 21. 3. 2016 <https://www.mpsv.cz/files/clanky/29624/NSRSS.pdf>.

³⁸ <https://www.mpsv.cz/cs/14308>.

³⁹ The Partnership Agreement (PA) for the Czech Republic covers five funds: the European Regional Development Fund (ERDF), the Cohesion Fund (CF), the European Social Fund (ESF), the European Agricultural Fund for Rural Development (EAFRD) and the European Maritime and Fisheries Fund (EMFF).

families and children is therefore also very relevant as is capacity building of social workers.⁴⁰

(3) Operational Programme(s) for ESIF – Social Inclusion (Strategic objective 2.1)⁴¹ Deinstitutionalisation of social services and social inclusion

Approach: construction, and reconstruction of existing facilities for providing community-based care, as well as residential facilities. For example, a home with a special regime or home for people with disabilities can be supported. The subject of the project will be the purchase of a house or flat, its modification and equipping according to the needs of the residents. The building will be arranged as a common household with bedrooms, kitchen or kitchenette, living room, toilet, bathroom and necessary technical background. Part of the project may be the extension or establishment of a social therapy workshop aimed at training its users' skills and gaining experience with non-household duties.

(4) The Psychiatric Care Reform Strategy One of the objectives of the Strategy is to improve the social inclusion of persons with mental health problems also throughout adequate housing and developing a network of outpatient psychiatric centres. Such an approach is expected to reduce referrals of persons with mental health problems to psychiatric hospitals and reduce their social exclusion.

(5) The Housing Strategy of the Czech Republic 2020⁴² Providing support to make respective households and apartments physically accessible for persons with disabilities is the main approach relevant to deinstitutionalisation.

(6) The Resolution of 21 February 2007, the Government of the Czech Republic, under No. 127, the Strategy of Support to Transformation of Social Welfare Services into Other Types of Social Services Provided in the Natural Community of the User and Promoting the Social Inclusion of the User in Community.

A key approach of this initial strategy on deinstitutionalisation was revision of the investment policy. The aim was to move away from the extensive building of institutional social care facilities to supporting development of community-based services. The redirection of investments should be based on the principle of supporting those social services which enable people to live in their natural communities. Social services do not exclude persons with disabilities as is the case with institutional care. Instead of building new or reconstructing existing institutional facilities, financial resources need to be channelled to supporting community-based services.

⁴⁰ EUROPEAN COMMISSION. Brussels, 26 August. *Summary of Partnership Agreement for the Czech Republic, 2014-2020* https://ec.europa.eu/info/sites/info/files/partnership-agreement-czech-republic-summary-aug2014_en.pdf.

⁴¹ Czech Republic. Ministry of Regional Development. *Operational Programme(s) for ESIF – Social Inclusion (Strategic objective 2.1)*. <https://www.irop.mmr.cz/cs/Vyzvy/Detaily-temat/Socialni-integrace>.

⁴² Czech Republic. *Koncepce bydlení ČR do roku 2020*. (The Czech Republic Housing Strategy up to 2020) http://www.mmr.cz/getmedia/f97ad787-1512-4b28-bf57-04973d772c27/KB-R_VIII-2016_web-min_3.pdf.

(7) National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015 – 2020.⁴³

Approach: The National Plan spells out a number of approaches relevant to deinstitutionalisation and community living. The Plan addresses the absence of legislative provision for social housing and calls for continuity of supporting the transformation of institutional facilities for persons with disabilities into community-based services including facilities where transformation has not yet started. The Plan also addresses the current unsatisfactory mechanism of financing the social services and calls for analytical study which would address possible alternatives. However, the Plan is not specific in terms of preventing institutionalisation, and the transfer of resources from long stay residential institutions to the new services. The Strategy addresses weakness of the current finance mechanism but does not associate it with transfer of resources to the new services. **The Plan is not explicit in the area of closure of long-stay residential institutions.**

Relevant objectives of the Plan, actions and status as reported in the Mid-term review can be found in Annex 1.

(8) The Social Inclusion Strategy 2014 – 2020⁴⁴

Approach: the overall target is reduced poverty and social exclusion. The Strategy spells out social inclusion as at key concept. The Strategy draws in the definition on the Social Services Act 2006 which explains social inclusion as a process, which ensures that socially excluded persons or persons at risk of social exclusion can enjoy the possibilities and opportunities that help them fully participate in economic, social and cultural life and to live in a manner the society considers common. General objectives of the Strategy include ensuring participation in employment and equal access to all resources, rights, goods and services; prevention of the risk of social exclusion; help for the most vulnerable; mobilization of all relevant actors. The Strategy focuses on social housing, and to some extent also to development of high quality, individualised services based in the community. **Closure of long-stay residential institutions is not specifically addressed.**

(9) The National Strategy for Development of Social Services 2016 – 2025 The approach to the development of high quality, individualised services based in the community is included. Preventing institutionalisation, and the transfer of resources from long stay residential institutions to the new services in order to ensure long-term sustainability is included indirectly. The Strategy addresses weakness of the current finance mechanism but does not associated it with transfer of resources to the new services. **The closure of long-stay residential institutions is not explicitly articulated.**

⁴³ The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020.*
<http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>. *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020. Mid-term Review 2018.*
https://www.vlada.cz/assets/ppov/vvzpo/dokumenty/Narodni-plan-OZP-2015-2020-revize-2018_2.docx.

⁴⁴ Czech Republic. MoLSA. *Social Inclusion Strategy. (2014–2020)*
http://www.mpsv.cz/files/clanky/19478/Strategie_EN.pdf.

(10) The National strategy for the Protection of Children’s Rights 2012 – 2015

Approach: transform institutional type care services caring for children with disabilities to community-based services and amend legislation on care for children with disabilities ensuring that the child will not be separated from the family environment on the basis of disability.⁴⁵

2.4 What budgetary commitments are made to support these strategies, both for domestic and EU funds?

(1) The National Reform Programme (NRP) Without budgetary commitments.

(2) Partnership Agreement (PA) with the European Commission (PA)⁴⁶ Relevant to deinstitutionalisation is the thematic objective No. 9 *Promoting social inclusion, combating poverty and any discrimination*.

Total amount allocated EUR 2,658,056,235.

(3) Operational Programme(s) for ESIF – Social Inclusion (Strategic objective 2.1)^{47 48} Total amount allocated EUR 338,000,000.

(4) The Psychiatric Care Reform Strategy⁴⁹ The estimated implementation cost: EUR 231,000,000. EU fund: the current call No. 71 Deinstitutionalization of psychiatric care with allocation EUR 7,308,000 (the European Regional Development Fund).

(5) The Housing Strategy of the Czech Republic 2020⁵⁰ Without financial commitments relevant deinstitutionalisation.

(6) The Resolution of 21 February 2007, the Government of the Czech Republic, under No. 127, the Strategy of Support to Transformation of Social Welfare Services into Other Types of Social Services Provided in the Natural Community of the User and Promoting the Social Inclusion of the User in Community.

The Strategy does not spell out financial commitments numerically. There is only a general proclamation that implementation of the Strategy is expected to be extensively financially supported by the European funds.⁵¹

⁴⁵ <https://www.mpsv.cz/cs/14308>.

⁴⁶ EUROPEAN COMMISSION. Brussels, 26 August. *Summary of Partnership Agreement for the Czech Republic, 2014-2020* https://ec.europa.eu/info/sites/info/files/partnership-agreement-czech-republic-summary-aug2014_en.pdf.

⁴⁷ Czech Republic. Ministry of Regional Development. *Operational Programme(s) for ESIF – Social Inclusion (Strategic objective 2.1)*. <https://www.irop.mmr.cz/cs/Vyzvy/Detaily-temat/Socialni-integrace>.

⁴⁸ <https://irop.mmr.cz/IROP/media/SF/Microsites/IROP/Dokumenty/Ostatn%C3%AD/Bro%C5%BEury%20-%20listy%20SC/Informacni-letak-k-SC-2-1.pdf>.

⁴⁹ http://www.reformapsychiatrie.cz/wp-content/uploads/2012/11/SRPP_publikace_web_9-10-2013.pdf.

⁵⁰ Czech Republic. *Koncepce bydlení ČR do roku 2020*. (The Czech Republic. Housing Strategy up to 2020) http://www.mmr.cz/getmedia/f97ad787-1512-4b28-bf57-04973d772c27/KB-R_VIII-2016_web-min_3.pdf.

⁵¹ Vláda České Republiky. *Koncepce podpory transformace pobytových sociálních služeb v jiné typy sociálních služeb, poskytovaných v přirozené komunitě uživatele a podporující sociální začlenění*

(7) National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015 – 2020.⁵² Without budgetary commitments.

(8) The Social Inclusion Strategy 2014 – 2020⁵³ Without budgetary commitments.

(9) The National Strategy for Development of Social Services 2016 – 2025. Relevant is the objective A: To ensure the transition from the institutional model of caring for people with disabilities to support people in the natural environment.

Estimated implementation cost for the objective A only: EUR 7,408,000.

(10) The National strategy for the Protection of Children’s Rights 2012 – 2015.⁵⁴ Without budgetary commitments.

2.5 What is the (official) involvement of persons with disabilities and/or their representative organisations in the development of the strategies and plans

The strategies and plans usually do not provide information on which stakeholders were involved in the development of these documents. However, it can be stated that representatives of the organisations of persons with disabilities are usually officially invited to participate. The list of experts being involved in the preparation of the Strategy on Social Services 2016 – 2025 suggests that representation of persons with disabilities and/or their organisations was limited. The consortium of DPOs/NGOs is critical about being consulted by the authorities as follows: *“There is no systematic involvement and participation of persons with disabilities and their representative organisations. While consultations happen, and DPOs/NGOs are invited to submit their opinions, this is done in a chaotic, unstructured and uncoordinated way without clear objectives and methods for cooperation. Legislation is often prepared without prior consultation and the timeframe for commenting on draft laws is usually very short, thus limiting the participation of certain groups.”*⁵⁵

There are two main organisations representing persons with disabilities: **The Government Board of Persons with Disabilities** co-operates with the public administration authorities as well as with disabled peoples’ organisations. The Board

uživatele do společnosti. Usnesení vlády České Republiky ze dne 21. února 2007 č. 127. (Government of the Czech Republic. The Resolution 127, 21 February 2007, the Strategy of Support to Transformation of Social Welfare Services into Other Types of Social Services Provided in the Natural Community of the User and Promoting the Social Inclusion of the User in Community.)

⁵² The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020.* <http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>. *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2015–2020. Mid-term Review 2018.* https://www.vlada.cz/assets/ppov/vvzpo/dokumenty/Narodni-plan-OZP-2015-2020-revize-2018_2.docx.

⁵³ Czech Republic. MoLSA. *Social Inclusion Strategy. (2014–2020).* http://www.mpsv.cz/files/clanky/19478/Strategie_EN.pdf.

⁵⁴ <https://www.mpsv.cz/cs/14308>.

⁵⁵ Consortium of DPOs/NGOs. *Replies and comments of Czech NGOs and DPOs to the list of issues on the initial report of the Czech Republic (not dated).* http://disabilitycouncilinternational.org/documents/INT_CRPD_CSS_CZE_19782_E.pdf.

consists of the representatives of the Government and ministries and representatives of associations of persons with disabilities and their employers. The Board is responsible for preparation and evaluation of the National Disability Plans. The Board also provides comments on proposals of legal and strategic documents across policy agendas.⁵⁶ **The National Disability Council's** aim is to advocate for and promote the rights, interests and needs of disabled people, regardless of the type or extent of their impairments. The Council collaborates with central administration and local governments at all levels and with organizations and institutions working in this field at both the national and regional level.⁵⁷

3 Implementation and monitoring

The calls listed below relate to deinstitutionalisation and are those currently in use. There are no current open calls

3.1 Summary of relevant calls for proposals

Call No. 7, 06_15_004 IROP: *Deinstitucionalizace sociálních služeb za účelem sociálního začleňování*⁵⁸ Deinstitutionalisation of Social Services for Social Inclusion, Ministry of Regional Development.

The call closure: March 2017

Budget allocation:

ERDF – EUR 65,384,615

Domestic funding – EUR 11,538,461

Call No. 49, 06_16_047. IROP. *Deinstitucionalizace sociálních služeb za účelem sociálního začleňování II*.⁵⁹ Deinstitutionalisation of Social Services for Social Inclusion II, Ministry of Regional Development.

The call closure: June 2017

Budget allocation:

ERDF – EUR 50,000,000

Domestic funding – max EUR 8,823,529

Call No.77, 06_17_095. IROP. *Deinstitucionalizace sociálních služeb za účelem sociálního začleňování III*.⁶⁰ Deinstitutionalisation of Social Services for Social Inclusion III, Ministry of Regional Development.

The call closure: March 2018

Budget allocation:

ERDF – EUR 200,000,000

Domestic funding – max EUR 30,000,000

Call No. 038 OP Employment. *Výzva pro zařízení sociálních služeb, zřizovaná MPSV. Call for Social Service Facilities Managed by MoLSA*.⁶¹

⁵⁶ Czech Republic. Government Board for Persons with Disabilities.

<https://www.vlada.cz/en/ppov/vzpo/uvod-vzpo-en-312/>.

⁵⁷ The Czech National Disability Council. <http://www.nrzp.cz/czech-national-disability-council.html>.

⁵⁸ <http://www.irop.mmr.cz/cs/Vyzvy/Seznam/Vyzva-c-7-Deinstitucionalizace-socialnich-sluzeb-z>.

⁵⁹ <http://www.irop.mmr.cz/cs/Vyzvy/Seznam/Vyzva-c-49-Deinstitucionalizace-socialnich-sluzeb>.

⁶⁰ <http://www.irop.mmr.cz/cs/Vyzvy/Seznam/Vyzva-c-77-Deinstitucionalizace-socialnich-sluzeb>.

⁶¹ <https://www.esfcr.cz/vyzva-038-opz>.

The call closure: June 2018
Budget allocation: EUR 876,461

Call No. 066 OSF OP Employment. *Podpora procesu transformace pobytových služeb a podpora služeb komunitního typu vzniklých po transformaci.* Support of Transformation of Social Services and Support for Community Based Services Established after Transformation.⁶² MoLSA.

The call closure: 2017
Budget allocation: EUR 3,846,153

Call OP 071 Employment. *Podpora procesů ve službách a podpora rozvoje sociální práce.* Support for Processes in Services and Support for Development of Social Work,⁶³ MoLSA.

The call closure: July 2017
Budget allocation: EUR 9,615,384

Call No. 17 ESF/EFRR. Operational Programme Prague, Growth Pole of the Czech Republic. *Podpora sociálních služeb, komunitního života a sociálního bydlení.*⁶⁴ Support for Social Services, Community Life and Social Housing, Capital City of Prague.

The call closure: March 2018
Budget allocation: EUR 11,538,000

3.2 Summary of relevant projects funded

As mentioned in the previous section, the relevant projects have been funded under of the Integrated Regional Operational Program the Call No. 7, Call No. 49. The transformation of institutional care facilities has been recently supported through the Calls Nos. 038, 066, 071, 17 and 37 under the Operational Programme Employment.

Project 1 **Supporting the Transformation of Social Services** (2009 – 2013) was managed by the MoLSA. The main project objective was to support the transition of people with disabilities from large-scale institutional care facilities to community-based services through capacity building and awareness raising. The amount of funding was 136,25 million CZK. Thirty-two institutional care facilities from all over the country (providing services to approximately 3,800 people with disabilities) implemented the project.

Project 2 **Transformation of Social Services** (2013 – 2015) implemented by the MoLSA followed outcomes of the project 1. The project was supported by the Human Resources and Employment Operational Program funded by the European Social Fund and the state budget of the Czech Republic for a total amount of 19,975 million CZK. Forty facilities took part in project implementation. Twenty-seven of them had taken part in the previous project.

⁶² <https://www.esfcr.cz/vyzva-066-opz>.

⁶³ https://www.esfcr.cz/detail-clanku/-/asset_publisher/BBFAoaudKGfE/content/podpora-procesu-ve-sluzbach-a-podpora-rozvoje-socialni-pra-1?inheritRedirect=false.

⁶⁴ <http://penizeproprahu.cz/vyzva-c-35-podpora-socialnich-sluzeb-komunitniho-zivota-a-socialniho-bydleni/>.

At present, the MoLSA implements the project 3 **Life as Everybody's else** (2016 – 2019).⁶⁵ The project aims at systemic and methodological support for transition from the institutional type to community-based services. The project activities include evaluation studies, management support and capacity building. EU contribution 31,738,468 CZK, the domestic contribution 9,181,394 CZK.

3.3 Overview of other relevant measures since 2013

Measure: Increase of the Care Allowance. Part of the cost of social services is covered by what was referred to as a “care allowance” where eligible persons in need of support of other person are beneficiaries. Later in 2018 the Social Services Act 2006 was amended to increase the care allowance in 3rd and 4th degrees to better support the beneficiaries to live at home with support and consequently to prevent their enrolment to residential care facilities.

Measure: In 2015, the MoLSA prepared guiding documents **Criteria for Community-based Services** and **Criteria for Transformation and Deinstitutionalization** and revised in August 2016 (related to IROP No. 49). These documents spell out technical and procedural standards related to the preparation of the projects (such constructing new housing facilities) within the Operational Program, Employment and the Integrated Regional Operational Program related to transition of institutional care to community-based services.⁶⁶ Only project proposals which complied with these technical standards have been eligible for EU funding.

Measure: The EU Toolkit on the Use of European Union Funds for the Transition from Institutional to Community-based Care (or EEG Toolkit) has been translated into the Czech languages. The aim is to explain how Structural and Investment Funds can support national, regional and local authorities in designing and implementing structural reforms aimed at facilitating the development of quality family-based and community-based alternatives to institutional care.⁶⁷ Anecdotal evidence suggests that the Toolkit is used primarily for the EU projects, not as a general guideline.

Measure: For 2014 – 2020, the European Commission identified a need for measures for the shift from institutional to community-based also the Czech Republic. In 2013, the MoLSA published the Manual for Transition of Institutions, Deinstitutionalisation of Social Services to support the development of long-term support for the right to live independently and to be included in the community.⁶⁸ The first part of the Manual provides the rationale for the adoption of the deinstitutionalisation ideology and principles. The second part of the document consists of the specific methods and procedures for implementing deinstitutionalisation arising out of Article 19 the UN CRPD and Social Services Act 2006.

⁶⁵ https://www.esfcr.cz/projekty-opz/-/asset_publisher/ODuZumtPTtTa/content/zivot-jako-kazdy-jiny?inheritRedirect=false.

⁶⁶ <http://www.trass.cz/wp-content/uploads/2016/05/kriteriiaSSKCH-a-TaDI.pdf>.

⁶⁷ European Commission. *Transition from institutional to community-based services (Deinstitutionalisation)*. https://ec.europa.eu/regional_policy/en/policy/themes/social-inclusion/desinstit/.

⁶⁸ [http://www.trass.cz/archive_2015/files/5-dok-dopor-postupy\(8\)_ManualTransformaceTisk-Text.pdf](http://www.trass.cz/archive_2015/files/5-dok-dopor-postupy(8)_ManualTransformaceTisk-Text.pdf).

3.4 Monitoring mechanisms and approaches

3.4.1 Monitoring mechanism(s)

According to the ESIF Regulation for the period 2014 – 2020 bodies representing civil society (including NGOs and bodies responsible for promoting social inclusion, gender equality and non-discrimination) must be involved in preparing the Partnership Agreement, the Progress Reports, throughout the preparation and implementation of Operational Programmes, including participation in the Monitoring Committees of Operational Programmes.⁶⁹ The Monitoring Committee has been established in the Czech Republic consisting of 28 members. However, representation of persons with disabilities and their organizations in the Committee seems to be limited. Only one committee member directly represents DPOs. A few committee members are indirectly associated with disability issues.⁷⁰

The transition of several institutional care facilities has been supported by EU funded projects. The progress of these facilities has been regularly monitored by quantitative and by qualitative methods (number of residents who benefitted from the transitions, impact of transition on empowerment of service users, financial indicators etc.). For example, the MoLSA final report on implementation of the Strategy for Supporting Transformation of Residential Social Services reports that 1,563 people with disabilities left institutional settings and 10 institutional care facilities were closed (out of 47 which benefitted from the EU funded projects).⁷¹

The thematic reports on results of the monitoring also include lessons learned and recommendations and are publicly available.⁷²

3.4.2 Measurement and data collection

The transition from institutional care to community-based living is one of priority areas in the national strategies such as the National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020.⁷³ However, the National Plan spells out only general statements, not numerical targets such as number of people leaving institutions, numbers of institutions closed etc. Hence, it is not possible to monitor the overall progress in a quantifiable manner.

⁶⁹ European Commission. *ESIF - Regulation for the period 2014-2020*.

https://ec.europa.eu/regional_policy/en/information/legislation/regulations/.

⁷⁰ Evropská Unie. ESF. Operační program. Zaměstnanost. *Složení monitorovacího výboru OP Zaměstnanost*. <https://www.esfcr.cz/monitorovaci-vybor-opz/-/dokument/797536>.

⁷¹ Závěrečná zpráva o plnění úkolů „Koncepte podpory transformace pobytových sociálních služeb v jiné typy sociálních služeb, poskytovaných v přirozené komunitě uživatele a podporující sociální začlenění uživatele do společnosti.“

⁷² http://www.trass.cz/archive_2015/5-dok-analyzy.html.

⁷³ The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020*.

<http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-obdobi-2015-2020-130992/>.

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

4 Impact and outcomes

4.1 Progress against explicit targets and milestones

In 2007 the Social Services Act came into force introducing a new typology of the accredited social services.⁷⁴ The typology distinguishes between what is referred to as homes for people with disabilities (institutional care facilities) – and smaller size facilities called sheltered living. This new typology has some potential to illustrate progress. However, due to the absence of the explicit targets and milestones in the strategic documents, reporting on the impact and outcomes is limited.⁷⁵

The monitoring report conducted in 40 institutional care facilities which benefitted from the Project 2 (out of 40) shows that the capacity decreased by 14 % from 3,649 beds (31 December 2013 - project commencement) to 3,154 (31 December 2015 – the project completion). Alternatives to institutional care facilities increased by 18 %, i.e. 431 beds (31 December 2015).⁷⁶

4.2 What is replacing institutional care?

4.2.1 At the point that persons with disabilities are being moved out of institutional care facilities, what types of accommodation and support are they being moved into?

There is a lack of evidence such as a coherent monitoring mechanism which would provide an overall picture on what types of accommodation and support people with disabilities are being moved into, except accommodation and support facilities established as part of the EU funded projects. Development of the new accommodation facilities supported by the EU funds has to follow criteria and technical standards stipulated by MoLSA. These criteria have been revised over time to better correspond with the obligations arising out of Article 19, UN CRPD. For example, the initial National Strategy on Social Services 2007 – 2013 spelled out criteria to financially support only programmes committed to development of community-based facilities with no more than 40 residents.⁷⁷ In 2013, the MoLSA prepared a follow up document The Criteria

⁷⁴ SOCIAL SERVICES ACT No. 108/2006.

https://www.mpsv.cz/files/clanky/4088/Annex_3_social_services_act.pdf.

⁷⁵ The EU funded projects relevant to the transition from institutional care to community-based comprise quantifiable criteria for their implementation.

⁷⁶ The Czech Republic. MoLSA (2015). *Mapování průběhu transformace v organizacích zapojených v projektu Transformace sociálních služeb 201 –2015*.

<http://www.trass.cz/index.php/2016/04/07/mapovani-prubehu-transformace-v-organizacich-zapojenych-v-projektu-transformace-socialnich-sluzeb-2013-2015/>.

⁷⁷ Vláda České Republiky. *Koncepce podpory transformace pobytových sociálních služeb v jiné typy sociálních služeb, poskytovaných v přirozené komunitě uživatele a podporující sociální začlenění uživatele do společnosti. Usnesení vlády České Republiky ze dne 21. února 2007 č. 127.*

(Government of the Czech Republic. The Resolution 127, 21 February 2007, the Strategy of Support to Transformation of Social Welfare Services into Other Types of Social Services Provided in the Natural Community of the User and Promoting the Social Inclusion of the User in Community.) <https://www.mpsv.cz/cs/3857>.

⁷⁷ The Government of the Czech Republic. *Resolution No. 385, May 25. National Plan for the Equalization of Opportunities for People with Disabilities 2015–2020.*

<http://www.vlada.cz/cz/ppov/vvzpo/dokumenty/narodni-plan-podpory-rovných-prilezitosti-pro-osoby-se-zdravotnim-postizenim-na-období-2015-2020-130992/>.

of Community Cased-services Social Services and Criteria for Transformation and Deinstitutionalisation (2013) which intended to stipulate how new facilities should look.⁷⁸ This document in the introductory section recalls article 19 of the UN CRPD and highlights the ideology, principles and objectives of deinstitutionalisation followed by checklists and specifications for relevant types of services. For example, the document stipulates that up to six persons may reside in a single group home; one or two people can reside in the individual homes; there are can be no more than 12 service users in any one apartment building. If more than 150 people (including those without disabilities) live in any one residential building, the number of services users can be higher but the number of service users must not exceed 8 % of the total number of people. So for example, if 200 people live in an apartment building, only 16 service users can be accommodated in that building.

In summary, people are being likely moved into the new accommodation establishments (EU funded) which comply with the criteria articulated by this document. However, these criteria are mandatory only to EU funded projects.

4.2.2 What services, supports and measures are being developed and instituted to build long term support for the right to live independently and to be included in the community?

The Social Services Act 2006 consists of number service types and supports to live independently and to be included in the community such as sheltered housing and support for independent living as alternatives to institutional care facilities.⁷⁹ However, it is not possible to give a general description of the nature of services because services vary substantially and there is a lack of specific information on available services. The only typology that exists is that used for registration purposes – but within each of the core categories used for services providing for people with disabilities, there is extensive variety in the nature and size of settings, who they support etc.⁸⁰

4.3 Satisfaction levels among persons with disabilities

There is a limited amount of evidence on the satisfaction of people with disabilities with regard to the replacement of institutional care.

A study with particular reference to impact of transformation on people's freedom to decide how to live their life was conducted between 2012 and 2015 as part of the EU funded project 2 Transformation of Social Services implemented by MoLSA.⁸¹ The extent of empowerment as a desirable outcome of the replacement on a range of decisions of the service users was continuously monitored during the project lifespan. The results showed that the opportunities to make decisions significantly increased

⁷⁸ MoLSA/TRASS. (2013). *The Criteria of Community Cased-services Social Services and Criteria for Transformation and Deinstitutionalisation*.

<http://www.trass.cz/wp-content/uploads/2016/05/kriteriaSSKCH-a-TaDI.pdf>.

⁷⁹ The Czech Republic. MoLSA. *Social Services*. <https://www.mpsv.cz/en/1613#toss>.

⁸⁰ The Czech Republic. MoLSA. *Registr poskytovatelů sociálních služeb*.

http://iregistr.mpsv.cz/socreg/hledani_sluzby.do?SUBSESSION_ID=1552028033620_3.

⁸¹ European Social Fund. *Employment. OPLZZ 2007–2013. Project Transformation of Social*

Services. CZ.1.04/3.1.00/04.00009 <https://www.esfcr.cz/projekty-oplzz/>

[/asset_publisher/0vxsQYRpZsom/content/transformace-socialnich-sluzeb?inheritRedirect=false](https://www.esfcr.cz/projekty-oplzz/-/asset_publisher/0vxsQYRpZsom/content/transformace-socialnich-sluzeb?inheritRedirect=false).

during the project lifespan. It was particularly the case for decisions related to leisure time, to being with someone privately, and to day to day activities. In contrast, choices related to where to live, to legal issues and to medical care remain significantly limited. In conclusion, the transformation of institutional care facilities had a positive impact on decision-making of the service users involved. However, the areas of opportunities to have a say varied. The outcomes demonstrate that empowerment of service users is not merely about changing place of living but also about the attitudes and skills of staff.⁸²

⁸² MoLSA. (2015). *Souhrnná zpráva z evaluace nového stavu uživatelů v 10 vybraných zařízeních sociálních služeb. Zpracováno v rámci projektu Ministerstva práce a sociálních věcí. Transformace sociálních služeb.* Praha, prosinec 2015 (Summary report on the evaluation of new users in 10 selected social service facilities. Prepared by the MoLSA. Transformation of social services. Prague, December 2015). <http://www.trass.cz/index.php/2016/04/13/souhrnna-zprava-z-evaluace-noveho-stavu-uzivatelu-v-10-vybranych-zarizenich-socialnich-sluzeb/>.

PART B – Critique and evaluation

5 Observations and recommendations of official bodies

5.1 Observations by the UN Committee on the Rights of Persons with Disabilities on Article 19

The Committee on the Rights of Persons with Disabilities in the Concluding observations on the initial report on the Czech Republic (in 2015) urges the State party to step up the process of deinstitutionalization and to allocate sufficient resources for the development of support services in local communities. A clear timeline and concrete benchmarks for implementation of the National Plan that are monitored effectively at regular intervals was also recommended. The Committee expressed concerns at the persistence of the public policy of caring for children with disabilities in institutions and the insufficient development of support services for boys and girls with disabilities and their families in their local communities. They called upon the State party to abandon the concept of residential institutional care and to step up its efforts to develop community-based support services for boys and girls with disabilities and their families, with a clear timeline and concrete benchmarks for implementation that are monitored effectively at regular intervals.⁸³ Deinstitutionalisation is now spelled out in the national policies and plans. However, concrete benchmarks for effective implementation monitoring remain absent.

5.2 Recent observations by other official European and international bodies

In 2016, the Commissioner for Human Rights, in his letter to the Czech prime minister, expressed his concerns about more resources being invested in institutional settings than in support services that would enable persons with disabilities to live independently.⁸⁴

5.3 Observations and recommendations by national human rights bodies

As of 1 January 2018, the Public Defender of Rights became the monitoring body for the exercise of the rights enshrined in the Convention on the Rights of Persons with Disabilities. In regard to living independently, the Ombudsman is entitled to access residential social service to examine to which extend the service users live with dignity, autonomy, with necessary support, and whether they are respected as full members of society.

In 2018, the Public Defender of Rights conducted a survey mapping availability of social services (including residential) for persons with autism spectrum across all 14 regions. The findings of the report illustrate that the range and availability of social

⁸³ United Nations. Committee on the Rights of Persons with Disabilities. (2015). *Concluding observations on the initial report of the Czech Republic*.

⁸⁴ Council of Europe. *Commissioner for Human Rights*. Letter to the Czech Prime Minister. *Strasbourg*, October 7, 2016.

⁸⁴ Czech Republic. Public Defender of Rights. (2018) *Dostupnost sociálních služeb pro osoby s poruchou autistického spektra*
https://www.ochrance.cz/fileadmin/user_upload/CRPD/autismus/Vyzkum-autisti.pdf.

services for these people and their families is not sufficient and equally balanced across the country.

5.4 Observations and recommendations by national or regional/devolved Parliaments and assemblies

Reports of the national Parliament and assemblies on observations and recommendations specifically relevant to independent living and living in the community have not been identified. Both the Chamber of Deputies, and the Senate as well as the Association of the Regional Authorities have raised concerns about inadequate resources allocated to social services and recommend an increase.

6 Views and perspectives of civil society including DPOs

6.1 UN CRPD civil society shadow and alternative reports

The first UN CRPD Alternative Report in 2011 summarises the views of a platform of DPOs, NGOs representing persons with disabilities and other organisations or individuals working with people with disabilities. The Alternative report points out that the national law does not recognise the obligation for deinstitutionalisation or the obligation to provide services and support in the least restrictive environment. In addition, the state fails to guarantee both protection from institutionalisation and the right to choose a place of residence.⁸⁵ These concerns have been addressed to some extent in the official strategies such as the National Strategy for Development of Social Services 2016-2025.

6.2 ‘Grey literature’ at the national level

The Czech Constitutional Court ruled in February 2018 in favour of a young man suing the regional authority for failing to provide him with the social services he needed. The court said that every person, including people with high support needs, has the right to receive adequate social services respecting their dignity. This is an important judgment because for the first time in the Czech Republic, the Constitutional Court ruled in a favour of a person with a disability. The Constitutional Court emphasised that every person has an enforceable right to social services and can seek judicial remedy to ensure that authorities comply with their obligations to respect and fulfil this right. The court found, amongst other things, a violation of Article 19 of the UN Convention on the Rights of Persons with Disabilities (the right to live and be included in the community).⁸⁶ In 2019 the Consortium of DPOs and NGOs recently formulated a position paper addressed to the UN CRPD Committee. The position paper reports on the unsatisfactory status in the implementation of Article 19 CRPD in response to the recommendations of the Committee expressed in its Concluding Observations on the

⁸⁵ Czech Republic (2011). *Alternative Report for the UN Committee on the Rights of Persons with Disabilities*
https://www.ohchr.org/Documents/HRBodies/CRPD/Future/GroupNGO_CzechRepublic_CRPD_future.pdf.

⁸⁶ The Czech Republic. The Constitutional Court. *I. ÚS 2637/17. Finding of the Constitutional Court* (Česká republika NÁLEZ Ústavního soudu. I. ÚS 2637/17)
[https://www.usoud.cz/fileadmin/user_upload/Tiskova_mluvci/Publikovane_nalezky/2018/I. US 2637_17_an.pdf](https://www.usoud.cz/fileadmin/user_upload/Tiskova_mluvci/Publikovane_nalezky/2018/I._US_2637_17_an.pdf).

Initial Report of the Czech Republic in 2015. The Consortium points out that persons with disabilities are still predominantly offered support within institutional settings. These are mostly long-term residential care facilities which are often old mansions or monasteries, located in remote areas, without available public transport. People with disabilities can then spend the majority of their life in settings where they are deprived of their privacy, dignity, life in the community, family and friends, education and work opportunities as well as the ability to exercise their basic human rights.⁸⁷

On the International Day of Human Rights, the same Consortium launched a position paper on persons residing in institutional care facilities in the Czech Republic. The position paper reports on unsatisfactory progress towards community-based services as follows: *“The community-based services as an alternative to institutional care are largely operated by the NGOs or churches and have limited financial and personnel capacities. Since 2009, the state has been declaring deinstitutionalisation but the traditional institutional structure remains resistant. The institutional lobby is strong which prevents necessary changes.”* In the Czech Republic, around 80,000 people live in residential institutions (includes persons with disabilities, people residing in institutional care facilities for the elderly, including children). Seventy-nine percent of these (63,200 people) live in institutional facilities, i.e. large-scale facilities in which people are segregated from their families, communities, public services and everyday life in general.⁸⁸

In relation to deinstitutionalisation, the National Disability Council calls for a systemic change to the current funding scheme of social services arguing that the system (for which one third of funding comes from grants), is unsustainable. Secondly, the system does not respond to the European legislation and it is considered as a de facto subsidy/grant system. Instead, Government should prepare and implement a new person-centred financial scheme.⁸⁹

The number of persons residing in institutional care provisions for people with has been permanently declining. However, the Quip agency (NGO providing capacity building interventions and monitoring in social services for persons with disabilities) remains sceptical about the progress: *“If the current pace (of deinstitutionalisation) does not change (speed up), we can count on the disappearance of this kind of institutional care sometime around 2046. Most of those who currently live in these facilities and have a wish to leave do not live up to it.”*⁹⁰

⁸⁷ JDI- Union for Deinstitutionalisation (2019). *Statement about the implementation of Article 19 CRPD in the Czech Republic for the UN Committee on the Rights of Persons with Disabilities.*

⁸⁸ JDI- Union for Deinstitutionalisation. (2019). *Zpráva JDI, z. s. o lidech žijících v ČR v pobytových zařízeních. (JDI Report on Persons Residing in Institutional Care Facilities in the Czech Republic).*

⁸⁹ <http://www.nrzp.cz/aktualne.html>.

⁹⁰ Quip. (2017). *Počet lidí v pobytových sociálních službách stále roste (Number of Persons in residential social care facility is constantly growing.)* <https://www.kvalitavpraxi.cz/aktuality/ochrana-prav/pocet-lidi-v-pobytovych-socialnich-sluzbach-stale-roste/>.

6.3 Pan-European and international civil society organisations

Earlier pan-European studies reported that children with disabilities still live in large institutions.⁹¹ Nevertheless according to Lumos some positive progress has been made. The number of children living in institutions for persons with disabilities decreased during the last eight years by approximately 50 %.⁹²

In 2018, the European Network on Independent Living reported delays in the launching of calls for proposals that aimed to support the process of deinstitutionalisation in the Czech Republic. ENIL stressed that delays mean prolonged stays in institutions for those concerned and less time to develop and put in place quality community-based services.⁹³

7 Academic research

There is a limited academic research concerning the transition from institutional care to community-based services in the Czech Republic. It is to some extent due to absence of a research programme or a foundation which would specifically support research in this area.

Nevertheless, some studies have been conducted during the past five years. For example, the DISCIT study gives some comparative data relevant to Article 19 of the CRPD from nine European countries.⁹⁴ Serbia was the country in which “no choice” was most frequently identified, followed by the Czech Republic and the UK.⁹⁵ There was also the issue that some people still believed that institutions were needed and acceptable as a form of provision. In at least two countries (Czech Republic and Switzerland) it was felt that some people needed institutions and that indeed some people, including those with physical disabilities, would choose to live in institutions and that having institutions was necessary to give people a full range of choices.⁹⁶

⁹¹ Jan Šiška and Latimier Camille. *Práva dětí pro všechny: hodnocení dodržování. Úmluvy OSN o právech dítěte u dětí s mentálním postižením – Národní zpráva České republiky*. Inclusion Europe Brussels. Children’s right for all: Evaluation of implementation of the UN Convention on the Rights of the Child with respect to children with mental disabilities – the National report of the Czech Republic (October 2011). http://www.childrights4all.eu/?page_id=45.

⁹² Lumos. (2018). *Děti se zdravotním postižením v ústavní péči v České republice. (Children in the Institutions for Persons with Disabilities in the Czech Republic.)*. <https://www.wearelumos.org/vyzkumy/>.

⁹³ ENIL. (2018). *European Network on Independent Living Briefing on the Use of EU Funds for Independent Living I*. March 2018. http://enil.eu/wp-content/uploads/2018/04/EU-Funds-Briefing_web0903.pdf.

⁹⁴ From 2013 to 2016 [DISCIT project](#) examined how active participation of persons with disabilities in society and the economy can be achieved. The project aimed to produce new knowledge that would enable the European Union (EU), its Members States and affiliated European countries to make this right a reality for their people with disabilities, in line with the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

⁹⁵ Jan Šiška, Julie Beadle Brown and Šárka Káňová DISCIT (2014). *Making Persons with Disabilities Full Citizens – New Knowledge for an Inclusive and Sustainable European Social Model Deliverable 6.2 (D6.2), Table 6. Change and diversity in community living in Europe – the experiences of persons with disabilities*. 31 October 2014.

⁹⁶ Jan Šiška, Julie Beadle Brown and Šárka Káňová DISCIT (2015). *Making Persons with Disabilities Full Citizens – New Knowledge for an Inclusive and Sustainable European Social Model. Deliverable 6.3 (D6.3). Transitions from institutions to community living in Europe*. due date: 31 July 2015.

The domestic study provided some evidence on the state of the progress towards community living drawn from interviews with a number of key experts including representatives of central government, the national umbrella DPO, the association of service providers, and the Union for Deinstitutionalisation. The study concluded that overall impact of the transformation process has so far been inadequate. The experts expressed their concerns about the future course which was seen as problematic due to the current legislative framework as well as the limited political willingness of the policy makers. The study also reported that the interest of the founders of the large residential social care facilities (mainly the regional authorities) in participating in the transformation and deinstitutionalisation processes had been declining. Several reasons were identified including negative societal attitudes towards people with disabilities, limited understanding of the notion of transformation, political powerlessness to make change, and the general stagnation of the process. Another key barrier reported is the financial cost of the transition processes as perceived by the regional governments. Other barriers include poor understanding of the notion of transformation by the regions who have decision-making capacity regarding their participation in the transition.⁹⁷

⁹⁷ Rabová, Lenka. (2018). *Transformace sociálních služeb pro osoby se zdravotním postižením v kontextu deinstitutionalizace*. Diplomová práce. UNIVERZITA KARLOVA. FAKULTA SOCIÁLNÍCH VĚD. Institut Sociologických studií. Katedra Veřejné a sociální politiky.

PART C – Key points

8 Positive developments, including promising practice examples

At the national level, one of the most significant developments was the appointment in the Czech Republic of monitoring frameworks under Article 33 (2) of the CRPD. The Public Defender of Rights – the ombudsman organisation – was designated as the monitoring body and given new powers to fulfil this role. From 01 January 2018, the ombudsman organisation has been authorised to propose legislative changes for the protection of the rights of persons with disabilities, and establish an advisory body composed of persons with disabilities and their representative organisations to support its monitoring activities.⁹⁸

Some evidence suggests that institutional care facilities benefitting from the deinstitutionalisation EU funded projects gradually support community engagement of the service users. Institutions more and more support users in engaging in work life and in finding suitable employment. The Study also shows growing trend in employment of service users outside their facilities.⁹⁹

Promising practice examples

- The Social Services Centre Stod provides support to persons with intellectual disabilities. The Stod used to be one of the largest institutions on the west part of the county with capacity for 190 men. The institution has been actively participating in the transformation process from early beginning. Nowadays, most of the services users are being moved to individual households or group homes in nearby communities. The residents who are still residing in the original building will be moved into the community-based services by the end 2020 and the building will be finally closed.¹⁰⁰
- Portus Praha is a relatively small social service provider. Portus Praha opened the first housing and support facility in 2001 for five individuals, in the town of Slapy, south of Prague to help them with transition from the institution to community-based support. The activities performed by Portus emphasise supporting service users to formulate preferences, to engage with meaningful activities, to take or share responsibility for outcomes, to use local public services such as shops, cultural and leisure places, health care facilities and to establish and maintain meaningful social networks. One of the key success factors for Portus has been the maintenance of the mission and values that drove the original development of the service, in spite of many challenges and obstacles over the years. This is reflected in the organisation's short term and long-term planning and in how staff are recruited and trained.¹⁰¹

⁹⁸ Czech Republic, Act 198/2017, amending Act No. 349/1999, on the Public Defender of Rights (zákon č. 198/2017, kterým se mění zákon č. 349/1999 Sb., o veřejném ochránci práv).

⁹⁹ Šiška, J., Káňová, Š. (2013). Kvantitativní analýza deinstitutionalizace sociálních služeb v České republice. *Sociální práce / Sociální práca*. č. 2, s. 117 – 129.

¹⁰⁰ <http://cssstod.eu/transformace/>.

¹⁰¹ <https://www.portus.cz/>.

9 Negative developments including examples of poor practice

- Access to 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 is limited. This unsatisfactory situation prevents disabled people from exercising their right to decide where to live as highlighted in the Convention (article 19);
- The Czech Republic has been advised by the UN CRPD Committee to ‘step up the process of deinstitutionalization and to allocate sufficient resources for the development of support services in local communities’ with ‘a clear timeline and concrete benchmarks for implementation that are monitored effectively’. Clear objectives and timeline for implementation and an effective monitoring mechanism remain absent in relevant strategic documents;
- Deinstitutionalisation is still seen as "a project" and is, in general, only happening when EU Funds are available. Programmes related to deinstitutionalisation are largely subsidised by the EU funds. Although the EU funding supports the reform, the measures at the national level which would initiate the required systemic change are currently incomplete. The infrastructure for a system of financing independent from EU project funding is still not available;
- Absence of legislation on social housing combined with extremely limited access to the housing market due to high prices, is a barrier in effective transition from the institutions to ordinary housing and community-based services;
- Criteria and technical standards for constructing new accommodation facilities within the social service sector which comply with Article 19 of the UN CRPD have been developed. However, these criteria and standards are mandatory for constructing accommodation facilities for persons with disabilities funded by EU programmes;
- The current mechanism of financing social services has limitations in respecting the individual needs of service users, in supporting community-based services and in providing freedom of choice where to live;
- The relevant strategies and plans are not specific in the area of preventing institutionalisation, and the transfer of resources from long stay residential institutions to the new services. The strategies address weaknesses of the current finance mechanism but do not associate it with the transfer of resources to the new services. The strategies and plan are not explicit in the area of closure of long-stay residential institutions;
- Measures for the transition to community-based care are currently spread across a number of strategies focused on different groups including the National strategy for the protection of children’s rights, National Action Plan Promoting Positive Aging for the Period 2013 – 2017, Strategy of Reform of Psychiatric Care 2014 – 2020 and the National Strategy on Development of Social Services 2016 – 2025. The European Expert Group on the Transition from Institutional to Community-Based Care has urged that a comprehensive strategy spanning all groups be developed. The MoLSA has advised that a plan is being developed and should be launched in 2017. Existence of such strategy has not been identified.
- Anecdotal evidence indicates that transformation has been fully completed (institutions being closed down) in 10 facilities only (out of a total of 47 which benefited from the EU funded transition projects, as of 01 August 2018).

10 Recommendations

- Ratify the Optional Protocol to the UN CRPD to allow for individuals to bring unresolved complaints or rights violations to the attention of the UN Committee;
- Address the way of financing the social services and ensure economic balance and stability of the system of social services by focusing on the systemic transformation of social services funding mechanisms from a subsidiary/multiple source system to a person-centred funding scheme;
- Public domestic funds should never be used to build, renovate or support any institutions;
- The relevant national strategies such as the National Plan on Promoting Equal Opportunities for Persons with Disabilities should have a clear timeline and concrete and benchmarks for implementation that are monitored effectively at regular intervals;
- Adopt action plans for the national strategies that include specific quantifiable objectives and milestones, timeline and effective monitoring mechanism. These action plans should be evidence-based and draw on a comprehensive needs-based mapping of the status of deinstitutionalisation also to monitor where persons with disabilities are being moved out of institutional care facilities, what types of accommodation and support are they being moved into;
- Ensure that development of the action plans actively involve persons with disabilities and their representative organisations throughout the design, implementation and evaluation;
- Develop mechanisms to ensure effective coordination between relevant municipal, local, regional and national authorities and also facilitate the transfer of support services across different administrative sectors;
- Increase awareness about disability issues and what good practices might look like, especially for those with higher support needs;
- The MoLSA should, together with the regional authorities, map which types of social services are less or not available in respective regions or localities and to actively support the regions in establishing them by for example financial incentives.

Annex

ANNEX 1 The National Plan for the Equalization of Opportunities for People with Disabilities 2015 – 2020. Extract of relevant objectives, actions, timeline.