

Notes on deinstitutionalisation in Czechia and activities of Unity for deinstitutionalisation (JDI). V3. (2020-) **2024** (-2025)

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This material was created to:

- Provide European organisations with information on deinstitutionalisation (DI) in Czechia
- Showcase who we are and what we do
- Inform others about what they can contact us about

It was compiled by the JDI implementation team in April 2025, with a focus on the period from 2021 onward.

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1. Introduction: JDI - Unity for deinstitutionalisation

We are JDI, Jednota pro deinstitucionalizaci (Unity for deinstitutionalisation), an umbrella organisation in Czechia, with 74 members (36 organisations and 38 individual members). Unity for deinstitutionalisation celebrated 11 years of existence in December 2024, originally established as an informal group in 2013. In 2018, the organisation was formally established, with a constitution and membership.

“We are a platform of organisations and people who strive for a dignified life for people with disabilities and their loved ones with the support of the local community and community-based services. We know it can be done without an institution.” 2021

2. Deinstitutionalisation of social services in Czechia

The situation in the Czech republic: In 2024, around 1.3 million people aged 15 and over living in Czech households had a disability that limited their ability to carry out everyday activities due to long-term health problems. They represented 15% of the population aged 15 and above. Many institutions remain from the 40-year communist regime, where people with disabilities were placed from childhood. This contributed to the fact that the democratic regime (established in 1990) inherited a highly institutionalised social services system.

Between 2010 and 2014, an intensive project of the National Centre for Transformation Support (Národní centrum podpory transformace) at the Ministry of Labour and Social Affairs was conducted. Methodological materials were created, and the first institutional facilities underwent transformation. This project initiated significant changes, but the Ministry withdrew from overseeing the transformation following a reshuffle in its leadership after elections. In 2015, the network of social services and their financing became the responsibility of regional governments.

Since then, deinstitutionalisation – and especially the transformation of large institutions – now depends on each of the 14 regional governments. Regional policies vary from outright rejection to actively carrying out the transformation of institutions within their territories. Only three regional governments have included transformation in their active strategies. Conversely, a negative stance on deinstitutionalisation leads to a difficult choice between caring for people at home without adequate support or placing them in large institutional facilities.

The current focus of social policy and social services is on senior citizens, due to the growing number of elderly people. Private businesses and insurance companies have stepped in to establish new institutions for the elderly. There is a high level of institutionalisation in this area. With the new term “Long-term Care” comes a new growing trend of institutionalization of social services. It is similar to the perspective of health-care, which is traditionally highly institutionalised.

2.a. Prevention of institutionalisation:

The main instrument of institutionalisation is the available community-based services: development of home-based and center-based services, community-based residential services, programmes and services for families with children with disabilities including support of parents - caregivers is a huge task for deinstitutionalisation in Czechia. Parents are still offered large institutions as a service solution for their teenage children and there are few local community-based services.

There are many quality community-based social services in Czechia, which began to emerge right after the regime change. They were often founded by parents of children with disabilities. These are still provided mainly by non-governmental, non-profit organisations, which results in less stable funding compared to institutions operated and funded by regional governments. Institutions remain within the public sector and are provided by regional governments, which contributes to the continued prevalence of institutional support. Another key factor behind the strong public backing for institutions is the long-standing tradition of residential care. Moreover, the Ministry of Labour and Social Affairs itself directly operates five large residential institutions, further entrenching the institution-based model of care.

Institutions are draining large amounts of funds that could otherwise be used for community-based services. Shifting those funding streams to community-based services is the main task of system change - deinstitutionalization.

2.b. Transformation of institutions:

According [to the most recent information](#) from the Ministry of Labour and Social Affairs (MoLSA) as of August 11, 2018, the process of transformation and deinstitutionalisation of social services in Czechia had been supported in 99 facilities. As of March 19, 2019, full transformation had been successfully completed only in 20 facilities. These facilities, which were large-capacity social service institutions, received substantive support from MoLSA within specific projects aimed at transitioning to the provision of community-based services (MoLSA statistical yearbooks).

Currently, during the new programming period 2022–2026, the implementation of 48 social service transformation projects is expected, with a total budget of CZK 3.8 billion within the MoLSA project [Supporting the process of deinstitutionalization and transformation of social services in the Czech Republic](#).

Table 1: MoLSA 2023-2026: Transformation social services Projects in the Regions:

	Region	Number of Projects
1	South Bohemian Region	0
2	South Moravian Region	9
3	Karlovy Vary Region	1
4	Vysočina Region	2
5	Hradec Králové Region	2
6	Liberec Region	2
7	Moravian-Silesian Region	2
8	Olomouc Region	7
9	Pardubice Region	4
10	Plzeň Region	0
11	Central Bohemian Region	4
12	Ústí nad Labem Region	1
13	Zlín Region	14

Table 2: Financial Support for Transformation and deinstitucionalisation

Funding Source	Project, Call, or Area of Support	Financial Resources (mil. CZK)	Outputs /*
Operational Programme Human Resources and Employment (2007–2013)	Support for the transformation of social services (2009–2013)	136	32 Institutions
	Transformation of social services (2013–2015)	16	40 Institutions
	Grant calls to support transformation projects and community services	83.5	40 Institutions (2 Institutions overlap)
Integrated Operational Programme (2009–2015)	Regional projects	1,177	20 Institutions
Operational Programme Employment (2014–2020)	A Life Like Any Other (2016–2019)	94.6	22 transformation plans
Integrated Regional Operational Programme (2014–2020)	Call no. 7, 49 and 77	1,522	35 transformation projects
Programme 013 310 – Development and Renewal of the Material and Technical Base of Social Services (2016–2024)	Creation of new infrastructure	740	–
Integrated Regional Operational Programme Plus and Operational Programme Employment Plus (2021–2027)	–	3.8	75–85 projects expected

/*It is not entirely clear, but it likely concerns the number of institutions that received funding for transformation support.

See more in: [Analysis of the Progress of Transformation in the Czech Republic](#) (commissioned by MoLSA, 2025).

2.c. Evaluative views of the deinstitutionalisation process in Czechia is addressed by the following materials:

According to the [Ombudsman's report](#) "Deinstitucionalizace a transformace sociálních služeb – přístup krajů a Ministerstva práce a sociálních věcí ve strategických dokumentech" (2023) neither the Czech Republic nor its local governments created a national or regional strategy fulfilling the demands of the Convention on the Rights of Persons with Disabilities. There are differences between regions, while most of them do not systematically manage transformation. The participation of people with disabilities is insufficient, and financing barriers prevent transformation from being fulfilled.

The [analysis TUDYTAM 2024](#) "Stále na začátku" (main theses [here](#)) comes to similar conclusions, pointing out that social policies in the Czech Republic still lack a clear vision of the state of services after successful transformation:

"Even 17 years after the adoption of the Convention, social policies in the Czech Republic still lack a clear vision of the state of services after successful transformation, although Article 19 of the UN Convention outlines it. The Czech Republic, however, lacks a widely shared vision that would more specifically articulate what the service system should ultimately look like to truly enable people with disabilities to live independently."

"Neither the state nor the regions are considering deinstitucionalizing entire (regional) service networks. In regional practice, 'transformation projects' tend to be separated financially and in terms of personnel from the planning of service network development. The typical unit of transformational change remains individual facilities (and sometimes even simple departures of individuals to other types of support/care services), and transformation is implemented primarily as lengthy construction of new facilities."

[The European Commission's 2024 Country Report](#) highlights that, despite users' preference for community-based care, improvements are hampered by an overwhelming reliance on residential services and a shrinking community-care sector:

"Access to quality community-based services remains limited for some people in need, notably women, older people and persons with disabilities. The Czech government approved the national deinstitutionalisation action plan which aims to provide more opportunities for independent living and community-based services. A government resolution was also approved that could pave the way to unlock national funding for deinstitutionalisation from 2025 onwards. Nevertheless, there remains a capacity deficit of between 15,000 to 30,000 care places (out of the current 75 000). High reliance on residential services, a declining capacity of community-based services (from 115 000 in 2010 to 95 000 in 2022, a fragmented and unstable financing environment and regulatory barriers to integrated social-health care are further challenges in the Czech care sector."

"(In Czechia, there is) an overwhelming reliance on residential services, and a declining capacity of community-based care services, despite surveys showing that users prefer such care. Furthermore, improvement is hindered by a fragmented and unstable financing environment, regulatory barriers to integrated social care and healthcare, and an overall lack of data."

2.d. JDI findings and reports

Survey *When they fly out of the nest* ([Až vyletí z hnízda](#), 2023)

In 2023, a survey was conducted among parents regarding the independence of their children with intellectual and additional disabilities in adulthood. According to collected data, 95% of parents who are considering their children's independence prefer community-based services for them. In the case of independence, parents clearly prefer living in family or apartment buildings in the community for their children rather than living in an institutional-type residential service building. For almost 8 out of 10 parents, it is important for their child to have leisure activities outside the facility where they would live or relationships with people other than the facility's clients. The majority (80 %) of parents would like to visit their adult child once a week or more if they become independent, and it is important to them that the child is not too far away and that the visitor can stay overnight. For 85% of parents, it is important to have a stable team of staff dedicated to their child.



Report ([Žít jako ostatní](#), česká verze 2021) ([Living Like Others](#) engl.version 2025)

The Report on the State of Residential Services for People with Intellectual Disabilities, English version. The report presents fundamental findings on the availability of residential services in the Czech Republic and the living conditions of young people and adults with intellectual disabilities. It was published in Czech in 2021 and it still remains the largest survey of its kind to date.

The results showed that 15,000 people with intellectual disabilities live in residential social services in the Czech Republic. Two thirds of them live in inadequate conditions. 9400 people with intellectual disabilities live in social services that do not meet the conditions for quality of life and integration into society.

Furthermore, it was found that only 27 % of places in residential services for people with intellectual disabilities meet the conditions for the provision of community-type services. In some regions, these services are completely lacking and people with intellectual disabilities have to move far from their original place of residence to access services. In large cities with more than 50 000 inhabitants, where almost 11 000 people with intellectual disabilities live, there are only 756 places in suitable premises for the provision of community-type services.

3. Recent legislative changes:

3.a. Community social services are part of the legislation

Community social services became part of the Czech legislature in 2025. Community social services are now officially described as outreach, outpatient, and residential social services provided in such a way as to enable a person to lead an independent life corresponding by its nature to the normal life of persons of his or her age and to prevent his or her segregation. Community-based social services must be integrated into regular neighborhoods and avoid concentrating large numbers of users in one area. Residential services can only be provided in standard housing and must not create institutional-like settings. Specific placement rules and capacity limits will be set by a separate regulation.

Conditions for institutional homes for people with disabilities were amended: children can no longer share living and/or common spaces with adults, except in cases where a child stays with their parents.

The new wording also obliges social services to respect and protect the privacy, integrity, and dignity of persons to whom they provide social services.

All of these legislative changes are part of the bill amending Act No.108/2006 Coll. on Social Services and Act No.372/2011 Coll. on Health Services (Parliamentary Print 704). The Act was signed by the President on 6 February 2025.

3.b. The end of “baby homes” for children under 3

The Czech Republic was one of the last European countries to practice institutional care for children under three. With the end of 2024, children under the age of three can no longer be placed in institutional care. However, children with severe disabilities (children with high levels of support needs) under the age of 4 are currently excluded from this change and can still be placed in institutional care, but only until the end of 2026. ([The amendment to the Act on Social and Legal Protection of Children, No. 359/1999 Coll.](#)) “The proposed legislation emphasises that children's homes for children under 3 years of age have no place within the existing institutional care for young children and as such must be removed from the system.”

For all children, another form of care was found that better suited their specific needs. According to the Ministry of Labour and Social Affairs, some of these were non-institutional alternatives - return to their own families, placement in foster care or adoption. 58 % of the approximately 300 children who had been in infant institutions moved to another type of institution or remained in a transformed institution.

4. Unity for deinstitutionalisation: Our vision and activities

Our vision:

“People with disabilities live a normal life together with locals in the community and with the support available. Support in the natural environment and through community social services is accepted and used as the main and effective way of helping people with disabilities in the country.” 2024

Our key areas of interest:

We deal with the situation of people with disabilities (not seniors) and services for them.

1. Monitoring and supporting the process of deinstitutionalisation of social services.
2. Advocacy for a dignified life for people with disabilities and their families, especially their right to live in the community, promoting social cohesion.
3. Supporting the development of community-based social services including their anchoring in legislation.

Activities:

- **Promoting the right to live independent living and to be included.**

Advocacy for independent living for people with disabilities including support of parents caring for children with disabilities,—collecting and publishing stories of people with disabilities who have lived in institutions and are now living with the support of community-based services (for example the series [Peter and Bára: the journey from an institution to a good place](#)).



- **Policy influencing and advocacy.** Negotiations with government bodies and stakeholders: the Ministry of Labour and Social Affairs, members of Parliament, Ombudsman, Regional governments, European Commission...
- **“Night of Dignity”.** We took over the third year of the commemorative event from the organizer “Children of the Full Moon”. Together with “AIP - Alliance pro individualised support and our member organisations”, “The Organisation for the Support of People with Intellectual Disabilities in the Czech Republic” and “Rytmus – from client to citizen” we organised a national event called *Night of Dignity* in 7. January 2025. During the event, we commemorated young woman Dorota Šándorová, who was killed in an

institution, and highlighted the undignified conditions for which people with disabilities in Czechia. 56 organizations from all over the country joined.



- **Development and support of members.** Educating and supporting member organisations and individual members, providing information. Between May 2023-May 2025, we organise *Academy Go on!*, which have several thematic circles and is attended by more than 60 professionals in circles: Self-advocacy support, Community-based service advocacy and Community-based service management.

- **Supporting participation.** Supporting organisations to involve self-advocates in decision-making and participation in public policies. We organised the “Support for Self-Advocates” cycle within the *Academy Go on!* Six attending organisations explored what self-advocacy is and who a self-advocate is, what is essential for effective self-advocacy, how to launch and sustain a self-advocacy group-including where to begin and which pitfalls to avoid. They discussed real-world examples of successful self-advocacy activities. One of them was an excursion to Brussels on the International Day of Persons with Disabilities. The programme included a visit to the European Parliament.



- **Collaborations and partnerships.**

Creating partnerships and coalitions with other organisations, creating a "Net for DI", pressure for availability of community social services. We cooperate with: [Inclusion Europe](#), [Alliance for Individualised Support \(AIP\)](#), [Association of Community Mental Health Services \(AKS\)](#), [Platform for Social Housing](#). We have over 50 contacts in the DI Network from academics, civil servants, experts and supporters of our vision.

- **Resources development.** Awareness and information provision, consultancy, increasing social cohesion, publishing reports and info-sheets, maintaining a library on the web, lecturing at universities, analyses and open seminars.

Milestones:

2020: Open Letter to the Minister of Labour and Social Affairs Regarding deinstitutionalisation, the Petition, and the *"It can be done without institutions!"* Campaign.

2021: An analysis of residential services for people with intellectual disabilities and Report on their actual situation *"Living Like Others"* (more on page 6)

2022: Calls for National Recovery Plan grants for social services have been published. JDI found out that many of the funds were originally allowed to be spent on the refurbishment and construction of institutional social care. Together with lawyers and other organisations we have advocated for the terms of the calls to be changed so that the largest proportion goes to community-based service development.

2023:

- A Memorandum of Cooperation between the Ministry of Labour and Social Affairs (MoLSA), JDI, and the Czech Ombudsman was signed.
- The *Analysis of Parents' Expectations Regarding Future Support for Children with Disabilities When They Fly Out of the Nest* (see on page 6) was published.
- JDI made a set of videos to explain what community living is ([When they fly out of the nest](#)), eight stories of people living with support of community-based services (from the typology of social services in the Czech Republic). There is also a video about the attitudes of parents who aspire to community living for their children with disabilities.

2024:

- Anchoring community-based services in legislation - which has been partially achieved in the law and the decree (see more on page 7).
- "Stricter conditions have been introduced to regulate the living arrangements of children with disabilities in institutional care (500 children in the Czech Republic currently live in institutions alongside adults, sharing social facilities, meals, and staff with them...). These changes have been partially reflected in legislation, taking effect from 2025." (see more on page 7).
- Criticism of the practice of the local government of the Capital City of Prague to the fact that it establishes and operates most of the capacities of residential social services outside the territory of the Capital City of Prague (regions - separate territories with local governments, remote border areas), in this matter we submitted a complaint to the Ombudsman. *"In the case of the Capital City of Prague, there is a serious and systematic practice of violating the right not to be discriminated against on grounds of disability and the right to live independently-by maintaining and deepening the existing territorial segregation of persons with disabilities who are either citizens of Prague or have permanent residence there."* This project was not approved for National Recovery Plan funding at the end of 2024.

2025:

- Under the new decree, children with disabilities are prohibited from living in the same institutional household as adults, and the official definition of conditions community-based service has come into force. (see on page 7)

- Setting up and commissioning the collection and analysis of data needed to monitor the situation in social services and the progress of deinstitutionalisation, securing funding for the analysis, its expected presentation in December 2025.
- Appointment of a JDI representative (the JDI chairwoman) to the Interministerial and Interdisciplinary Commission for the Evaluation of deinstitutionalisation Implementation in March 2025, which will also include commenting on the Action Plan for DI for years 2026 - 2028.

5. Obstacles and barriers to deinstitutionalisation in Czechia defined by JDI

Barriers to deinstitutionalisation in the Czech Republic, identified by JDI and presented at the roundtable “Recommendations for deinstitutionalisation Planning in the Czech Republic” on April 23, 2025.

1. The Ministry of Labour and Social Affairs (MoLSA) has completely delegated decision-making on social services and deinstitutionalisation to the regional authorities (and thus to the influence of residential service providers, since the regions are most often the founders of institutions) and has entirely neglected its national, political, and strategic role. We thus hear from MoLSA: *"we can't do anything, it's up to the regions..."* The fact that the minister and the ministry have not announced and maintained a vision of supporting people with disabilities in the community means that deinstitutionalization is becoming a voluntary process that depends on the approach of individual regions, of which there are 14 in the Czech Republic.
2. Deinstitutionalisation (DI) is understood narrowly – only as the transformation of institutions into other residential community-based services, without including the aspect of preventing institutionalization – i.e., the development of local outreach and outpatient services, which are the most effective for social inclusion and for helping people with disabilities (and seniors – although the research focuses on facilities for people with disabilities) remain in mainstream environments! The aspect of making public services accessible to disadvantaged citizens as part of DI is entirely missing. As a result, we hear absurd statements from the regions such as: *"We don't have money for community-based services because deinstitutionalisation is ongoing..."*
3. Financial resources for social service DI from the European Structural and Investment Funds (ESIF) are most often tied to investments, and even then, to investments in residential services, i.e., into “buildings, concrete.” However, community-based services have the highest spending on people – staff, outreach work, and actual social work – for which no funding calls are issued. Investment projects for building construction and acquiring housing require substantial co-financing and pre-financing, which community-based services – mostly provided by NGOs and churches, which by their nature are not meant to generate profit or capital reserves – do not possess. National funding – from the state budget – for social services is not channeled by MoLSA into the development of community-based services. Instead, it distributes the funds to the regions and leaves it entirely up to them what services they subsidize and to what extent.

4. Lack of participation in policy and decision-making, especially for people with intellectual disabilities. The transformation process is designed and driven in a top-down manner, mostly by regional authorities, MoLSA, and institutional care providers. Participation, and support to participation, is near non-existent.
5. Lack of data: the deinstitutionalisation in the Czech Republic cannot be tracked – MoLSA neither collects nor analyses data (e.g., the ratio of outreach, outpatient, and residential services in the Czech Republic, or the share of public funds flowing into each type of service).

For any questions, comments or requests for further information, please contact us. You can reach us by email - you can find contact on the website at www.jdicz.eu and on social networks [Facebook](#), [Instagram](#), or [LinkedIn](#). We look forward to being in touch!