EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITE EUROPEEN DES DROITS SOCIAUX

Case Document No.7

European Disability Forum (EDF) v. Spain
Complaint No. 246/2025

GOVERNMENT'S RESPONSE TO THE CONSORTIUM OF NGO'S and DPO'S OBSERVATIONS ON THE MERITS

Registered at the Secretariat on 26 June 2026



CZECH REPUBLIC

ADDITIONAL OBSERVATIONS OF THE GOVERNMENT IN RESPONSE TO THE THIRD-PARTY SUBMISSIONS

AUTISM-EUROPE v. the CZECH REPUBLIC
(no. 245/2025)

PRAGUE

24 JUNE 2026

1. In response to the letter of 13 May 2026 regarding the above-mentioned collective complaint lodged with the European Committee of Social Rights ("the Committee") by the non-governmental organisation Autism-Europe ("the complainant organisation"), in which the Committee transmitted to the Government of the Czech Republic ("the Government") the third-party submissions by the Consortium of NGOs, the Government, maintaining their position expressed in their initial observations of 31 October 2025 ("the Government's initial observations"), as well as in their additional observations of 24 April 2026 ("the Government's additional observations") wish to submit the following additional comments.

2. The Government recall that the complainant organisation alleges a violation of Article 11§1 and §3, Article 14§1 and §2, and Article 16 of the European Social Charter ("the Charter"), read alone or in conjunction with the Preamble to the Charter. The subject matter of the complaint is the alleged failure of the State Party to ensure community-based social care services for persons with disabilities, in particular for people with autism, intellectual disabilities, and behaviour requiring a high level of care ("persons with disabilities"), which would be available, affordable, and individualised. According to the complainant organisation, this also gives rise to discrimination on the basis of disability.

3. The Government will react below only to some arguments contained in the response of the third-party submissions. The Government do not deem it necessary to comment on all arguments since they are sufficiently addressed in their initial and additional observations.

4. *First*, it should be highlighted at the outset that the third-party submissions consist primarily of **individual stories** of persons with disabilities from the Czech Republic and their family members, collected mainly on the basis of the Open Letter mentioned in § 3 of the submissions. The Government are of the opinion that the evidentiary value of these stories is limited, in particular for the following reasons:

- while not in any way intending to downplay the difficulties experienced by people with disabilities and their families, the stories in question can hardly be considered as sufficiently representative of the Czech Republic as a whole, given that the Open Letter was signed by 1,201 people, whereas the population in the country is over 10,8 million, and, correspondingly, the number of recipients of the relevant social care services is in a significantly larger range than the number of the signatories noted above;
- it is not clear to what extent the issues referred to in the respective stories are directly caused by the current form of the state social care system, and to what degree they result rather from various local and individual factors; for example, from the story of Kačka, described in §§ 7–8 of the third-party submissions, it is not apparent whether she was granted a care allowance, whether she applied for personal assistance to several providers, whether she exhausted the available

domestic remedies, what other forms of support she was using etc. (in a similar vein, see § 6 below).

5. *Second*, the third-party submissions claim that "in practice, personal assistance remains unavailable and inaccessible", especially as for night-time support, weekend coverage and crisis situations (§ 5). The Government do not dispute that there might be individual cases when the services of personal assistance are not sufficiently available or accessible; however, this conclusion can hardly be generalised with respect to the whole group of people with disabilities. According to the study published in 2025 by the Czech Statistical Office, titled "Persons with disabilities in households, 2024", 90 % of people with disabilities, living in a home environment and using the assistance of another person, find this assistance sufficient.[1]

6. *Third*, the third-party submissions state that "family members and loved ones do not represent a supplementary component, but rather a structurally vital pillar of care and support" (§ 9). Again, the Government are of the opinion that this claim is not based on relevant data. The fact that informal care constitutes an important segment in the social care system in the Czech Republic does not automatically mean a violation of the State's obligations under the Charter. According to the study of the Czech Statistical Office mentioned above, 87.7 % of persons with disabilities who use informal care have the possibility to secure a substitute form of care.[2] In addition, the stories described in this part of the third-party submissions (§§ 17–19) do not specify to what degree the care provided by family members was/is given voluntarily and to what degree it was/is a consequence of unavailable state services, and if so, which provider refused the request for services, for which statutory reason and whether the family in question turned to other providers; nor it is stated in the text whether the family care was compensated by a care allowance etc.

7. *Fourth*, according to the third-party submissions, the capacity of respite care services averages "only 1.7 hours of support per client per week" (§ 20). The Government note that this average figure, in itself, does not represent a relevant indicator of sufficiency of this type of social service: it cannot be deduced from it how many clients use this service only on a one-time basis or as a supplement to other services; on top, the above calculation includes not only people with disabilities, but also seniors which are not targeted by the collective complaint at hand.

8. *Fifth*, the claim that in some cases, due to the absence of social care services, people with disabilities are hospitalized in psychiatric wards (§ 29 of the third-party submissions) is unsupported by evidence: in an individual situation, the hospitalization may be justified by the current clinical state of the person concerned,

[1] See Osoby se zdravotním postižením v domácnostech - 2024 | Produkty, page 73 of the study, table 4.1.

[2] Ibid., page 82, table 4.10.

which can be only assessed on a case-by-case basis and with reliance on the relevant health-care documentation.

9. *Sixth*, in response to the argument of the third-party submissions that insufficiency of community services creates pressure towards institutionalisation (§ 31), the Government reiterate that outreach services are a suitable alternative only for some of the clients; for other clients, the best solution can be a community residential service (for more details, see §§ 11–19 of the Government's additional observations).

10. *Seventh*, according to the third-party submissions, the capacity of personal assistance services averages "only 4.7 hours of assistance per client per week" (§ 35). Again, as in § 7 above, the Government deem it necessary to emphasize that this figure as such does not constitute a relevant indicator of adequacy of this type of social service: it does not take into account factors such as whether personal assistance is provided to a client with lower or higher needs, whether it is used on a one-time basis or regularly, whether it is combined with other services etc. In addition, the Government recall the research data according to which 90 % of people with disabilities, living in a home environment and using personal assistance, find it sufficient (see § 5 above).

11. *Eighth*, § 36 of the third-party submissions points out the distribution of the staff working in outreach versus residential services. However, again, these data include not only services for people with disabilities, but also services for seniors who are not the focus group of this collective complaint (cf. § 7 above).

12. *Ninth*, the third-party submissions refer to the structure of state funding of outreach versus residential services (§ 37). The Government already responded to this argument in § 14 of their additional observations.

13. And finally, *tenth*, as for the claim that "the Czech social services system continues to adhere to an institutional logic" (§ 38 of the third-party submissions), the Government described the whole process of deinstitutionalisation and transformation of social services in §§ 99–104 and 114–115 of their initial observations.

14. To sum up, while the Government do not wish to downplay the individual hardships described in the stories that constitute the core of the third-party submissions, they reiterate that these individual stories cannot be interpreted as a proof of a systemic failure (see § 4 above).

15. At the same time, the Czech authorities are keeping the current system of social care services for persons with disabilities under constant review, so that it ensures a steady progress towards achieving the goals laid down by the Charter and also reflects the current medical and scientific developments. To illustrate these efforts, the Government would like to point out two most recent initiatives that have not been referred to in their initial nor additional observations.

16. *First*, in April 2026, the Government adopted a new *National Plan for the Promotion of Equal Opportunities for Persons with Disabilities for period 2026–2030* which is a follow-up to the same national plan for period 2021–2025

(see § 69 of the Government's initial observations). This document includes, in particular, Part 5 devoted to the promotion of independent life of persons with disabilities, with specific chapters on assisting the people with disabilities to remain in their home environment, providing adequate help to caregivers, supporting the deinstitutionalisation, increasing the quality and effectiveness of the inspection of social services provided in this area, furnishing necessary healthcare equipment to people with disabilities, as well as special measures designed to support the children and young people with disabilities, together with their families.[3]

17. And *second*, in June 2026, the Czech Ministry of Labour and Social Affairs announced its plan to establish a working group with the purpose to create a new criteria and methodology for expert assessment of the needs of people with autism. This assessment has a direct relevance for determining the dependency level of the person concerned, and, in turn, also the amount of the care allowance provided by the State (see §§ 158–165 of the Government's initial observations). Responding to the proposals and concerns voiced by the organisations representing people with disabilities, their parents, as well as medical experts, psychologists and social workers, the new methodology should reflect not only the strict medical criteria ("What skills and abilities does the person in question have?"), but also a wider context associated with autism ("Under which conditions the person in question can actually perform these skills and abilities?"). Therefore, the new criteria should include aspects such as the capacity of the person concerned to regulate their behaviour and emotions, security issues, the degree of a necessary supervision, the ability to manage changes and adaptation, as well as a long-term sustainability of care provided by the family. The goal of the new methodology is to define and unify these criteria across the whole Czech Republic. It should be also accompanied by a corresponding training of experts who are in charge of the above official assessment. This demonstrates yet another effort of the Czech Republic to improve the social care services for persons with disabilities.

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[3] For the full text of the document, see here.