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Inclusion Europe v. the Czech Republic
Complaint No. 267/2026

COMPLAINT

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COLLECTIVE COMPLAINT

Inclusion Europe v. the Czech Republic

For maintaining a system of territorial segregation by commissioning and providing residential social care services outside the Prague region for citizens and residents with disabilities, and especially those with intellectual disabilities, in residential institutions outside Prague instead of ensuring adequate community-based support for citizens and residents in the capital

Violation of Articles 11§1, 14§1, and 16 and the equality principle of the European Social Charter

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SUMMARY

Inclusion Europe, with the support of the Forum for Human Rights and Inclusion Czech Republic, filed this collective complaint against the Czech Republic because the City of Prague, as a self-governing region, commissions and provides the majority of residential social care capacity for its citizens and residents in segregated settings outside the Prague-city region. This collective complaint argues that the Czech Republic, through Prague's long-term public planning and financing pattern and associated commissioning practice, has created and preserved a system of cumulative spatial and territorial segregation of Prague citizens and residents, especially with intellectual disabilities, in violation of Article 14§1, and Articles 11§1 and 16, read in light of the equality principle in the Preamble of the 1961 European Social Charter. It contends that the existing care and support infrastructure is not legally recognised as discriminating and segregating. It is historically rooted and persistent. It remains large in scale, significantly weakening family and community ties, failing to provide sufficient Prague-based community alternatives, thereby denying genuine choice and reinforcing disability-based exclusion.

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I. PARTIES TO THE COMPLAINT

1.1. The complainant organisation

1. Inclusion Europe (European Association of Organisations of Persons with Intellectual Disabilities and their Families, *hereinafter* “Inclusion Europe” or “complainant organisation”) is a non-profit international association established in accordance with Title III of the Belgian Law of 27 June 1921 on non-profit associations, non-profit international associations and foundations. According to Article 4.a of its Constitution and Bylaws, its aim is “to advance the interests of persons with intellectual disabilities, without regard to nationality, race or creed, by securing on their behalf, from all possible sources, the necessary support and services”. For the purpose of achieving its aims, it may in particular “co-operate with the European institutions and organisations whose aim is to help persons with intellectual disability”, and “employ such other means the General Assembly and Board of Inclusion Europe shall from time to time determine” (Article 5 of the Constitution).
2. Inclusion Europe is supported in this collective complaint by the Central European non-governmental organisation, Forum for Human Rights (*hereinafter* “FORUM”) and Inclusion Czech Republic. FORUM is a Czech-based human rights organisation. FORUM has collaborated with various non-governmental organisations and aided in the preparation of several collective complaints, including those concerning the rights of persons with disabilities (see, for example, *Validity v Czech Republic*, collective complaint no. 188/2019 and *Autism-Europe v Czech Republic*, collective complaint no. 245/2025). The Inclusion Czech Republic is a Czech membership organisation for people with intellectual disabilities and their family members, with more than 7,000 members in 57 local chapters across 14 regions of the Czech Republic.
3. Inclusion Europe is an international non-governmental organisation with consultative status with the Council of Europe. In addition, it is included on the list established by the Governmental Committee of international non-governmental organisations entitled to lodge complaints. Further, Inclusion Europe has particular competence regarding the complaint (see *International Federation for Human Rights (FIDH) and Inclusion International - Inclusion Europe v. Belgium*, collective complaint no. 141/2017, and *European Disability Forum (EDF) and Inclusion Europe v. France*, collective complaint no. 168/2018).

1.2. The respondent State’s European Social Charter obligations

4. This collective complaint is lodged against the Czech Republic for failure to discharge its obligations under Articles 11§1, 14§1 and 16 of the 1961 European Social Charter, read in the light of the principle of equality and non-discrimination contained in the Preamble. Inclusion Europe, together with FORUM and Inclusion Czech Republic, claims that:
 - a. **The Czech Republic has failed to adopt an appropriate regulatory framework to prevent segregation and has tolerated the maintenance of a social care infrastructure** in which, especially, people with intellectual disabilities are **structurally and continuously channelled into segregated residential social care services;**

- b. **Prague citizens and residents¹ with disabilities and especially with intellectual disabilities have been systematically territorially segregated in social care institutions** located outside the territory of the capital city, often in remote or socially isolated localities, instead of being offered an adequate range of accessible community-based support services within the territory of Prague or, if appropriate, in the Metropolitan area;
 - c. Prague failed to develop an **adequate network of community-based social care infrastructure within its territory** by financing consistent with **the obligation of maximum use of available resources**, preventing the channelling of Prague citizens and residents into territorially segregated residential social care services.
- 5. The complaint concerns a long-standing and systemic practice whereby Prague, as a self-governing region vested expressly by the State Party with a legal obligation to plan the network of social care services (care and support infrastructure) and to ensure its availability and accessibility within its territory² has commissioned, i.e. strategically planned and financed, as well as directly provided and, in certain instances, further developed the majority of its residential social care capacity outside its own territory. This practice has historical roots going back to the Communist period, however, it has continued after the 1989 transition from totalitarianism to democracy; it also continued after the Act No. 108/2006 Coll. on Social Services, which is based on human rights recognition, came into force in 2007, and it also continued after the Czech Republic ratified the UN Convention on the Rights of Persons with Disabilities (hereinafter “the CRPD”) in 2009. The complainant organisation submits that this pattern amounts not merely to a historical legacy, but to a current and ongoing form of **cumulative segregation** of Prague citizens and residents with disabilities and especially with intellectual disabilities.
- 6. The complainant organisation further submits that Prague has failed to desegregate and to ensure the availability and accessibility of community-based services within its territory to prevent territorial segregation. The Czech Republic bears responsibility for this situation under the Charter³, even though many relevant decisions are made by

¹ By Prague citizens we mean individuals who possess Czech citizenship and have or had had residency in the city of Prague before being moved to territorially segregated institutions. By Prague residents we mean individuals who are not Czech citizens but possess permanent residency in the city of Prague and are entitled by the Social Services Act no. 108/2006 Coll., Section 4 (1), to social services.

² The relevant provision is Section 95 of the Social Services Act no. 108/2006. The Section 95 provides:

“(1) The Region [Prague is one of the regions in the Czech Republic – note by the complainant organisation]

a) identifies the needs for the provision of social services to individuals or groups of individuals within its territory
...

d) prepares a medium-term plan for the development of social services, ...

g) ensures the availability of social services within its territory in accordance with the medium-term plan for the development of social services,

h) determines the network of social services within the region; ...”

³ Under Section 96 of the Social Services Act no. 108/2006, the Ministry of Social Affairs has monitoring, controlling and general organisational functions. The Section 96 provides:

“(1) The Ministry

a) directs and supervises the exercise of state administration in the field of social care services, including social work activities in the field,

the Capital City of Prague, a regional self-governing authority. Under the case law of the European Committee of Social Rights, a State Party cannot rely on domestic arrangements concerning local or regional self-government to avoid its obligations under the Charter.⁴ Where public functions relevant to Charter rights are performed by regional or municipal bodies, the State remains responsible for ensuring that those functions are exercised in conformity with its international obligations.

7. The Czech Republic ratified the 1961 European Social Charter on 3 November 1999 and accepted the relevant provisions invoked in this complaint, including Articles 11, 14 and 16. It ratified the 1995 Additional Protocol, which provides for a system of collective complaints, on 4 April 2012. The present complaint should therefore be declared *admissible*.

II. OBLIGATIONS OF THE STATE PARTY

8. This collective complaint concerns the rights of persons with intellectual disabilities who need support in everyday life and who, because of the residential social care infrastructure planned, financed and operated by Prague, are at risk of being removed from their ordinary social environment and placed in large residential facilities regardless of their wishes and preferences, outside the community to which they belong and remote from their parents, siblings, friends and loved ones.
9. The complaint concerns, more specifically, the situation of especially persons with intellectual disabilities living in Prague who depend on social care services and who, instead of being provided with available, accessible, and appropriate support in the Prague region, are offered and provided residential social care in care facilities located in other regions of the Czech Republic. In many cases, these facilities are large institutions, situated at considerable distances from Prague and in localities that cannot be regarded as part of the ordinary social, family and community life of the persons concerned. The result is not only a lack of local access to services in the city of Prague, but also a form of social and territorial displacement that severs or weakens family ties, disrupts existing social relations, and reinforces the exclusion of persons with intellectual disabilities from ordinary community life. In other words, there is a system of strategic planning, funding, and the provision of extra-territorial residential care infrastructure that amounts to **cumulative direct segregation: spatial and territorial**.
10. Three features of this system are central to the complaint:

b) develops a national strategy for the development of social services, monitors and evaluates its implementation, and, in cooperation with the regions, determines the parameters for the availability of social services,

c) establishes a network of social services of a national or supra-regional nature.”

⁴ See, *European Roma Rights Centre v. Greece*, no. 15/2003, decision of 8 December 2004, para. 29; *European Roma Rights Centre v. Italy*, no. 27/2004, decision of 7 December 2005, para. 26; *Centre on Housing Rights and Evictions (COHRE) v. Italy* (No. 58/2009, decision of 25 June 2010, paras. 89-90; *International Federation of Human Rights v. Belgium*, no. 62/2010, decision of 21 March 2012, para. 56.

11. *First*, the law does not recognise or effectively prevent segregation. Segregation is not defined or legally recognised as a prohibited practice or a form of discrimination against persons with disabilities.
12. *Second*, the City of Prague, which is endowed by law with devolved powers in social care policy, has historically developed and maintained a network of residential facilities for its residents with disabilities outside its own territory, and this cumulatively segregated system is actively perpetuated today. The available data show that, despite partial changes, the overall number of places in such facilities has remained high for years, and that the reduction and desegregation have been slow and limited; it still accounts for the majority of the total residential capacity commissioned by the regional authority for people living with disabilities in Prague.
13. *Third*, the public authorities have failed to address this phenomenon and adopt and implement a clear, concrete and time-bound strategy for the desegregation of existing extra-territorial residential services *and* have failed to develop sufficient community-based and 1961 Social Charter and Article 19 CRPD-compliant support services in Prague and its Metropolitan area – when appropriate – that would enable persons with intellectual disabilities to remain in, or return to, the community of their choice.
14. This complaint is based on four central human rights arguments:
 - i. Persons with intellectual disabilities benefit, under the 1961 Charter, from a right to social welfare services organised in a manner compatible with inclusion in the community and with real and practical freedom of choice;
 - ii. The Charter does not permit public authorities to organise social care infrastructure in a manner that effectively leads to or reinforces social exclusion and segregation;
 - iii. Where the only available or realistically accessible care and support solutions for people with intellectual disabilities are remote large residential placements outside their home community, the State Party fails to ensure the effective exercise of Charter rights;
 - iv. The State's obligations include refraining from deepening segregated arrangements, adopting appropriate regulatory framework which allows effective enforcement of Charter rights and taking practical steps, within a reasonable timeframe and with appropriate use of resources, to desegregate the existing segregated network of social care institutions, ensure available and accessible appropriate community based services and reorganise the care infrastructure so that persons with intellectual disabilities can exercise their will and preferences and can access an adequate level of support in the community to which they belong.
15. The core of the complaint concerns the concept of independent living and cumulative segregation. The concept of independent living and inclusion in the community has been expressly recognised in Article 19 of the CRPD. Although the present complaint is grounded directly in the 1961 Charter, Article 19 of the CRPD is relevant as an interpretive source. It confirms that persons with disabilities must not be obliged to live in a particular arrangement, that they must have access to community-based support services, and that the State Party must effectively prevent segregation, and

especially aggravated cumulative segregation. If social care services are designed to cumulatively segregate persons with intellectual disabilities, the obligation to adopt tailored desegregation plans and plans to develop an adequate network of community-based services within safe territorial reach to persons with disabilities and their families is of an urgent nature.

16. This collective complaint is based on analysis and research conducted by the Forum for Human Rights and reflects the direct experiences of persons with disabilities from Prague and their family members. The complainant organisation supports the complaint with **three** textual sources. Two articles⁵ (appendix nos. 1 and 2) published in Czech media describing the circumstances of the cumulative segregation, as well as firsthand accounts from people with disabilities and their relatives and a recent 2026 Statement of the Czech Deputy Ombudsperson (appendix no. 3).
17. On 25 March 2026, the Czech Deputy Ombudsperson issued a statement directly concerning the subject matter of the present complaint. The statement concludes that Prague fails to ensure the territorial availability of residential social services for persons with disabilities within its own territory. By maintaining a significant part of its residential service capacity outside Prague, often in distant and institutionally organised facilities, the city exposes persons with disabilities to separation from their family, community, social networks and ordinary urban life. Historical reasons for this arrangement cannot justify its continuation.
18. The Deputy Ombudsperson has further framed this situation in the Czech Republic not merely as a problem of service planning, but as a legal issue involving persistent institutionalisation, segregation and discrimination, thus a violation of human rights. He also concluded that the continued absence of adequate community-based alternatives interferes with the right to independent living, respect for private and family life, social protection and equal treatment. Moreover, as he stated, responsibility lies not only with Prague as a regional self-governing authority, but also with the Czech state, which remains bound to ensure that decentralised social-service governance does not result in systemic exclusion of persons with disabilities from independent and community life.

2.1. Segregation of persons with intellectual disabilities as a cross-cutting human rights concern

19. According to the Committee's case law, "institutionalisation is a form of segregation, often resulting in a loss of autonomy, choice and independence".⁶ In 2022, the UN Special Rapporteur on adequate housing stated that placing people from particularly

⁵ First article, published on 23 May 2024, available in Czech at:

<https://denikn.cz/1425970/navrat-do-stredoveku-praha-chce-postavit-dalsi-ustav-pro-lidi-s-postizenim-v-sudetech-slibila-jim-pritom-peci-doma/>

Second article, published on 19 November 2024, available in Czech at:

<https://pagenotfound.cz/clanek/ze-dne-na-den-byli-pryc-praha-odvazi-deti-i-dospele-s-postizenim-do-ustavu-daleko-od-mesta-a-izoluje-je-od-jejich-blizkych>

⁶ *Validity Foundation – Mental Disability Advocacy Centre v. Czech Republic*, Collective Complaint No. 188/2019, decision on the merits of 17 October 2023, para. 89.

vulnerable groups, such as people with intellectual disabilities, in institutions is a form of *spatial* segregation.⁷ Concretely, he stated:

„Placing people of particular vulnerable groups in institutions is also a form of spatial segregation that often results in violations of the right to adequate housing. Examples of institutions where people may be isolated or segregated are institutions for persons with disabilities, particularly for persons with developmental or mental disabilities, child protection institutions, care homes for older people, and correctional institutions. ...“ (para. 24).

20. This form of the so-called spatial segregation is problematic *per se*, because it physically separates persons with disabilities from ordinary community life and places them in a structurally different regime of social existence. Spatial segregation in social care institutions limits everyday choice, personal autonomy, privacy, family and social relations, access to ordinary public services, and meaningful participation in the community.⁸
21. Such separation reproduces dependence on collective settings, weakens individual agency, and normalises the idea that some persons may live outside the ordinary social, civic and spatial environment. As the UN Special Rapporteur on adequate housing stated, institutions have “the detrimental effects ... on equal enjoyment of the right to adequate housing”.⁹ Similarly, already in 2005, the UN Special Rapporteur on the right to health, Paul Hunt, described the segregation and isolation of persons with mental disabilities in institutions due to the lack of community-based services as a violation of the right to health.¹⁰
22. In his report *Mental Health and Human Rights: Setting a Rights-based Global Agenda*, Danius Pūras, acting as the UN Special Rapporteur on the right to health, included social inclusion among the underlying determinants of health and identified it as one of the key principles of the rights-based approach to mental health. He emphasised that

“securing interpersonal, community and broader connections with society is an essential psychosocial determinant of mental health and vital to the promotion and protection of the right to mental health, including at the intervention level. Social exclusion is a universal experience for persons with intellectual, cognitive or psychosocial disabilities, which symbolizes a core obstacle to recovery and the full enjoyment of their right to mental health.” (para. 59).

The UN Special Rapporteur listed the culture of institutional and segregated care as one of the reasons for social exclusion.¹¹

⁷ UN Special Rapporteur on adequate housing, Spatial segregation and the right to adequate housing, A/HRC/49/48, para. 24. Available at: <https://docs.un.org/en/A/HRC/49/48>.

⁸ In the collective complaint *European Roma Rights Centre (ERRC) v. Portugal*, Collective Complaint No. 61/20 (decision on the merits of 30 June 2011, paras. 41-48), the ECSR dealt with the phenomenon of spatial and social segregation of Roma, noting, inter alia remote placement and single-entry neighbourhoods configuration as a relatively common segregation practice (para. 46).

⁹ UN Special Rapporteur on adequate housing, Spatial segregation and the right to adequate housing, A/HRC/49/48, para. 25. Available at: <https://docs.un.org/en/A/HRC/49/48>.

¹⁰ E/CN.4/2005/51, paras. 85–86.

¹¹ A/HRC/44/48, para. 59.

23. In practical terms, the UN Special Rapporteur on adequate housing recognised two types of spatial segregation, *direct* and *indirect*. If instituted by intentional policies, rather than resulting from poorly conceived or implemented policies or a lack of policies, it constitutes direct spatial segregation and should be understood in the same way as direct discrimination.¹² This is typically the case when segregation results from municipal action.¹³
24. The complainant organisation argues that **the situation described in this collective complaint constitutes direct spatial segregation, aggravated by its combination with a specific territorial dimension**. The territorial dimension, as described below concerning Prague citizens and residents, especially those with intellectual disabilities, intensifies the violation of Charter rights. People with disabilities are not only placed in segregated institutional settings; they are also geographically distanced from the social and material conditions necessary for community inclusion. Territorial isolation makes it more difficult to contact family, friends, advocates, lawyers, and health professionals. It also weakens public visibility and accountability because institutions located outside ordinary community spaces are less exposed to civic scrutiny and political pressure, a dynamic further exacerbated when spatial segregation is combined with territorial segregation.
25. The combination of institutional spatial segregation and territorial segregation creates a specific cumulative disadvantage. It deepens dependence on the institution, makes transition to community living harder, and increases the risk that institutionalisation becomes permanent. It also affects the allocation of public resources: where services are historically concentrated in segregated territories, public funding continues to reproduce exclusion rather than dismantle it. Cumulative segregation, a phenomenon raised in this collective complaint, is a cross-cutting issue that concerns all invoked articles and rights, including the right to housing under Article 16 of the 1961 Charter.

2.2. Article 14§1 of the 1961 Charter: Failure to promote and provide services which, by using methods of social work, contribute to the welfare and development of individuals and groups

26. Article 14§1 of the 1961 Charter guarantees the right of everyone to benefit from social welfare services and requires States Parties to promote or provide services which, **by using methods of social work**, contribute to the welfare and development of individuals and groups **in the community** and to their adjustment to the social environment.
27. The complainant organisation submits that Article 14§1 requires more than the formal existence of some social services somewhere in the State's territory. It requires a system and infrastructure of social welfare services that are practical and effective in their availability, accessibility, and capacity to respond to the concrete needs of the

¹² UN Special Rapporteur on adequate housing, Spatial segregation and the right to adequate housing, A/HRC/49/48, para. 21. Available at: <https://docs.un.org/en/A/HRC/49/48>.

¹³ *European Roma Rights Centre (ERRC) v. Portugal*, Collective Complaint No. 61/20 (decision on the merits of 30 June 2011), para. 48.

persons concerned, and that enables them to make a real choice among forms of support.

28. The Committee has already made clear that equal and effective access to social welfare services for persons with disabilities requires the State to offer **varied and multiple methods of care**, in such number and quality as correspond as closely as possible to the concrete needs of the persons concerned, so that **free choice** can be made in practice.¹⁴ It follows that Article 14§1 is undermined where the system relies predominantly on segregated arrangements.
29. The complainant organisation argues that Article 14§1 is violated not only where social services are absent, but also where the available services are organised in a manner incompatible with their social-welfare purpose, read in light of present-day human rights conditions. Services that remove persons from their social environment, weaken family and community ties, and make ordinary participation in the social environment structurally difficult cannot be regarded as services that contribute to welfare, development, and adjustment to the social environment.
30. In the present case, the complainant organisation argues that the cumulative segregation is incompatible with Article 14§1 for at least three reasons:
31. *First*, residential social care services located far from a person's home community cannot be said to support their welfare and development **in the community** in any meaningful sense, unless based on the explicit informed choice of the person concerned. The complainant organisation does not deny that some persons may wish to live outside an urban region; the problem is the absence of genuine choice where remote placement becomes the dominant or only realistic option.
32. *Second*, where Prague citizens and residents with intellectual disabilities who need higher-level support can access higher-intensity care mostly (in approximately 8 out of 10 cases) in social care facilities outside Prague, the required element of choice is absent. A person cannot be said to choose freely when the structure of available services leaves no or only limited realistic alternatives to geographic displacement and segregated living arrangements.
33. *Third*, cumulatively segregated social care services do not contribute, in any way, to the person's adjustment to their actual social environment but rather remove them from it and replace it with a distant, institutionally shaped environment, exposing them to loneliness and heightened risk of abuse and ill-treatment.
34. Relying on Article 14§1, the complainants submit that the current system of extra-territorial residential care for Prague citizens and residents with intellectual disabilities is incompatible with the Charter.

¹⁴ *International Federation of Human Rights (FIDH) v. Belgium*, complaint no. 75/2011, decision on the merits of 18 March 2013.

2.3. Article 11§1 of the 1961 Charter: Failure to remove causes of ill-health

35. Article 11§1 guarantees the right to protection of health and requires the State to take appropriate measures designed, *inter alia*, **to remove as far as possible the causes of ill health.**
36. The complainant organisation argues that segregation, and especially where it takes the form of territorially displaced large residential facilities, raises serious issues under Article 11§1 because social exclusion, displacement from one's ordinary social environment, disruption of family and community ties, and dependence on segregated and often remote and isolated institutional settings may contribute to ill health, including deterioration of mental well-being and exposure to abuse and ill-treatment. Moreover, remote placement may complicate access to continuity of medical care, specialised treatment, and coordination with family and community support.
37. According to the complainant organisation, the right to health under the Charter cannot be understood only in narrowly clinical terms. It also includes structural conditions necessary for human well-being. A system that isolates persons with intellectual disabilities from their community and channels them into distant facilities due to the absence of adequate local alternatives fails to remove, and may in fact reproduce, causes of ill health.

2.4. Article 16 of the 1961 Charter: Failure to effectively protect family life

38. Article 16 guarantees the right of the family to social, legal and economic protection and requires States Parties to promote **the necessary conditions for the full development of the family.**
39. The complainant organisation submits that the extra-territorial placement of Prague citizens and residents with intellectual disabilities in distant residential facilities directly affects the effective protection of family life. Where a person is placed 50 minutes, two hours, or even more than four hours away from Prague (see below paras. 51 and 66), regular family contact becomes significantly more difficult, costly and fragile. In such circumstances, the family is not supported but burdened: either it must endure distance and significant interference with family life, or it must attempt to provide care without adequate support services in Prague. Moreover, the existing territorially segregating settings affect especially lower-income families with limited or absent possibilities of travelling to visit their relatives or loved ones with intellectual disabilities.
40. The Committee has already recognised that shortages of appropriate care solutions and support services can force families of persons with disabilities into precarious situations. The same logic applies here with particular force. The problem is not only an abstract shortage of services, but their organisation in such a way that maintaining ordinary family life becomes structurally difficult or impossible.

2.5. Prohibition of discrimination

41. The 1961 Charter does not contain a separate article equivalent to Article E of the Revised Charter, but the Committee has repeatedly held that discrimination issues

may be examined in the light of the **Preamble** in conjunction with substantive Charter rights.

42. According to the complainant organisation, the situation in the State Party described in this collective complaint violates Articles 14§1, 11§1, and 16 of the 1961 Charter, read in light of the non-discrimination clause set out in the Preamble. In respect of the preamble to the 1961 Charter, the Committee held that “one of the underlying purposes of the social rights protected by the Charter is to express solidarity and promote social inclusion. It follows that States must respect difference and ensure that social arrangements are not such as would effectively lead to or reinforce social exclusion”.¹⁵
43. It follows that States must respect differences and ensure that social arrangements are not such as to effectively lead to or reinforce social exclusion. Moreover, as the Committee further recognised, “when taking measures in the social services field, to take account of the situation of highly dependent adults with disabilities so as to guarantee their effective access to the benefits of public policy on an equal footing with all other persons”, it can entail “that persons with severe disabilities, on account of their own specific vulnerability, will be treated more favourably than others.”¹⁶
44. The State Party has a positive obligation to design social services and public policies in a way that prevents exclusion and, where necessary, provides more favourable treatment to persons with severe disabilities to secure substantive equality. The complainant organisation argues that the situation of cumulative segregation described in this collective complaint amounts to systemic discrimination. The UN CESCR defined systemic discrimination as a „discrimination against some groups“, that is „pervasive and persistent and deeply entrenched in social behaviour and organization, often involving unchallenged or indirect discrimination.“¹⁷ Concretely,
- „[s]uch systemic discrimination can be understood as legal rules, policies, practices or predominant cultural attitudes in either the public or private sector which create relative disadvantages for some groups, and privileges for other groups.“¹⁸
45. Considering the existing regulatory framework protecting against discrimination, it has to be noted that people with intellectual disabilities have no effective remedy at their disposal to challenge cumulative segregation. The main reason is that the Czech antidiscrimination law does not recognise segregation and does not provide for an effective remedy (see below). The result is a disability-specific pattern of territorial displacement and exclusion, incompatible with the solidarity-oriented and inclusion-oriented purpose of the Charter.
46. The complainant organisation argues that systemic **spatial segregation of people with intellectual disabilities in institutions with an additional territorial segregating**

¹⁵ *European Roma Rights Centre (ERRC) v. Italy*, Complaint No. 27/2004, decision on the merits of 7 December 2004, §19; *International Federation of Human Rights (FIDH) v. Belgium*, Collective Complaint No. 75/2011, decision on the merits of 18 March 2013, § 206.

¹⁶ *International Federation of Human Rights (FIDH) v. Belgium*, Collective Complaint No. 75/2011, decision on the merits of 18 March 2013, § 209.

¹⁷ UN CESCR, General Comment no. 20, E/C.12/GC/20, para. 12.

¹⁸ *Ibid.*

element is a specifically aggravated form of disability-based discrimination. It is also a direct segregation which, given that it is maintained through public planning, financing and commissioning decisions, should be treated as comparable in seriousness to direct discrimination against persons with intellectual disabilities.

47. Considering that this collective complaint concerns people in a particular situation of vulnerability who have been experiencing and facing an especially aggravated form of social exclusion due to their disability, and considering that the present situation is a consequence of intentional decades-long policies, the complainant organisation argues that this justifies the adoption of specific measures:

(i) *in terms of a regulatory framework*: the adoption of legal recognition of segregation and ensuring access to an effective remedy against segregation.

(ii) *in terms of policies*: the urgent adoption of concrete and tailored desegregation policies and policies aimed at developing community-based services within the territory of Prague by using the maximum of available resources.

48. In the following section, the complainant organisation will demonstrate that the situation in the Czech Republic, and in Prague in particular, is not in conformity with Articles 14§1, 11§1, and 16 of the 1961 Charter, read also in light of the equality principle in the Preamble. The factual material shows a historically rooted but presently maintained system of territorially segregated residential care infrastructure for Prague citizens and residents with intellectual disabilities; only limited and partial reduction of that system over time; the absence of a concrete and effective desegregation plan; insufficient development of Prague-based support alternatives; and recent policy choices indicating renewed willingness to preserve or deepen extra-territorial segregation, as well as the absence of an adequate legal protection against segregation.

III. THE SITUATION IN THE CZECH REPUBLIC

49. This section is divided into six subsections. It begins with the historical formation of the system of residential social care for citizens and residents of the Prague region, especially those with intellectual disabilities, outside the capital city's territory (3.1). It then shows that the system has largely persisted over time and that the overall reduction in capacity has been limited (3.2). Next, it explains that the extra-territorial location of these services has concrete consequences for accessibility, family life and community inclusion (3.3). It then turns to the explanation of a brief period of partial policy change between 2019 and 2022 and the subsequent reversal from 2023 onwards (3.4). Finally, it addresses the absence of a concrete and effective desegregation strategy and policy, the continued underdevelopment of sufficient Prague-based support alternatives (3.5), and the discriminatory and exclusionary effects of the existing system, including the absence of an effective remedy against segregation (3.6).

3.1. Historical formation of the extra-territorial system of residential social care for Prague citizens and residents with intellectual disabilities

50. The present situation is not accidental. It is the result of a historically formed system of residential social care with roots in the late 1950s and 1960s. According to the historical overview provided in the research materials, the then Czechoslovak State developed a model of “comprehensive care” for persons described at the time as “mentally defective youth”, relying on segregation in specialised institutions.¹⁹ Prague, which at the time had limited suitable building stock within its own territory, gradually established and operated institutions outside its administrative boundaries, often in repurposed castles, schools, and other buildings in border regions and rural localities.

51. Over the decades, Prague came to operate eleven institutional facilities outside its own territory. These included:

- **Terezín**, 1954. It is a complex of former 18th-century army barracks in Theresienstadt, left empty and desolate after WWII.²⁰ The distance from Prague is 0:50 min by car and 1:30²¹ hr by public transport.
- **Svojšice**, 1954, is a castle and a chateau building dating to the 18th century, confiscated by the state after WWII.²² The distance from Prague is 1 hour by car and approximately 2 hours by public transport.
- **Krásná Lípa**, 1956. It is a former industrialist villa and adjacent houses in the Sudetenland, the Czech-German border area, all abandoned after the deportation of the local German population after WWII.²³ The distance from Prague is 2:05 min by car and 3:15 hr by public transport.
- **Horní Poustevna**, 1960. It is a complex of houses in a village in the Sudetenland, the Czech-German border area, all abandoned after the deportation of the local German population after WWII.²⁴ The distance from Prague is 2:10 min by car and 3:30 hr by public transport.
- **Zvíkovec**, 1962. It is a former castle and adjacent buildings located in the Křivoklátský forest protected area confiscated by the state after WWII.²⁵ The distance from Prague is 1:15 min by car and 2:30 hr by public transport.
- **Kytlice**, 1963, is a complex of housing units originally built for glass industry workers in a village in the Sudetenland, the Czech-German border area, all abandoned after the deportation of the local German population after WWII.²⁶ The distance from Prague is 1:55 min by car and 3:00 hr by public transport.

¹⁹ Synek, M, Hradcová, D. souostroví / postižení / veřejnosti. Prague: display, 2023.

²⁰ Information available in Czech at: <https://www.domovterezin.cz/o-nas/historie-a-soucasnost>. This institution accommodates people with chronic mental illness, dementia, Alzheimer’s disease, schizophrenia, or substance abuse.

²¹ Times were calculated using google maps; during the day and over weekdays the times might differ.

²² Information available in Czech at: <https://www.ckspz.cz/o-nas/historie>

²³ Information available in Czech at: <https://dvrkrasnalipa.cz>. This institution accommodates people with chronic mental illness, dementia, Alzheimer’s disease, schizophrenia, or substance abuse.

²⁴ Information available in Czech at: <https://www.ichp.cz>. This institution accommodates children aged 3 and older and adults of all ages, with all levels of intellectual disabilities, as well as physical and multiple disabilities.

²⁵ Information available in Czech at: <https://www.kyticka.zvikovec.cz/informace-o-domove/d-1296/p1=1355>. It accommodates children and adults with intellectual disabilities and multiple disabilities (physical or sensory).

²⁶ Information available in Czech at: <https://www.dozpkytlice.cz/o-nas-dozp-kytlice/d-1051>

- **Horní Maxov**, 1963, is a former villa and adjacent buildings, including a former German school in a village in the Sudetenland, the Czech-German border area, all abandoned after the deportation of the local German population after WWII.²⁷ The distance from Prague is 1:30 min by car and 2:45 hr by public transport.
- **Leontýn**, 1964. It is a former castle, later a chateau, located in the Křivoklát forest protected area, confiscated by the state after WWII.²⁸ The distance from Prague is 1:00 min by car and 2:00 hr by public transport.
- **Rudné u Nejdku**, 1964, is a former school and restaurant in a village situated in a mountain pass above Karlsbad near the Czech-Saxony border, all abandoned after the deportation of the local German population after WWII.²⁹ The distance from Prague is 2:15 min by car and 4:15 hr by public transport.
- **Lochovice**, 1938 and 1965, is a complex of former spa buildings, established in the 19th century near the Křivoklát forest protected area, bought in 1938 by a private social care charity, Jedličkův ústav, and taken over by the state after WWII.³⁰ The distance from Prague is 0:45 min by car and 1:30 hr by public transport.
- **Odlochovice**, 1978, is a large chateau near the Blaník protected area, confiscated by the state after WWII.³¹ The distance from Prague is 1 hr by car and 2:00 hr by public transport.

52. Several institutions were founded in the 1950s and 1960s; others emerged later, but all followed the same general pattern: Prague citizens and residents with disabilities, especially those with intellectual disabilities, were provided with residential care in institutions located outside the region of Prague often in disused, abandoned and desolate buildings where at the time it may have been convenient to repopulate localities but at the expense of the needs and community ties of Prague citizens and residents with disabilities.

53. After 1989, the economic and social institutions of the Communist era were transitioned and dismantled in most policy domains. However, social care was an exception, and the existing arrangement in residential social care was not dismantled but strengthened. The territorially segregated institutions continued to function as an important part of the social care system for Prague citizens and residents.

54. The institutions are located in five different administrative regions of the Czech Republic: Central Bohemia, Ústí nad Labem, Liberec, Plzeň, and Karlovy Vary. The facilities were, and often still are, large-capacity institutional facilities with multi-bed and walk-through rooms, located in smaller towns, villages or even as stand-alone

It accommodates people with intellectual disabilities.

²⁷ Information available in Czech at: <https://www.domovmaxov.eu/o-nas/historie/>. It accommodates people with intellectual and combined disabilities.

²⁸ Information available in Czech at: <https://www.leontyn.cz/clanek/150>. It accommodates people with intellectual and combined disabilities.

²⁹ Information available in Czech at: <https://www.dozprudne.cz/historie/>. It accommodates people with intellectual and combined disabilities from 19 years of age.

³⁰ Information available in Czech at: <https://www.dzp-lochovice.cz>. It accommodates people with intellectual and combined disabilities.

³¹ Information available in Czech at: <https://icsso.cz>. It accommodates people with intellectual and combined disabilities.

complexes in the middle of a forest (as is the case of Leontýn). Since the 1990s, these institutions have undergone various “humanisation” interventions, in which the buildings were repaired, 12-bed dorms were converted into up to 6-bed dorms, and walls were painted in brighter colours. The only serious attempt at change was the bottom-up-led transformation of Horní Poustevna in the 1990s. None of these interventions constituted a strategic change that led to the abandonment of the segregation system and the development of alternatives for social care capacity within the Prague region.

55. Even after the adoption of Act No. 108/2006 Coll. on Social Services, which is based on a human rights approach to social care services, and after the Czech Republic's ratification of the CRPD in 2009, Prague continued to rely on a network of residential services outside its territory. Currently, these institutions constitute the backbone of residential services, accounting for 8 in 10 beds commissioned and provided by the City of Prague for its citizens and residents.
56. This historical development matters for the present complaint in two respects. First, it demonstrates that the current system is deeply embedded and structurally reproduced, rather than an effect of isolated recent decisions. Second, it confirms that what is at issue is not merely the existence of older institutions, but the continued maintenance of a separate, territorially segregated care infrastructure for Prague citizens and residents with intellectual disabilities. As the Czech Deputy-Ombudsperson noted in his 2026 report, “historical circumstances can be changed. Therefore, they cannot be used to permanently justify the current state of affairs or even to justify maintaining it.”³²

3.2. Persistence of the segregating system and only a limited reduction in capacity

57. The data show that the system of territorially segregated residential social care for Prague citizens and residents has not been substantially dismantled. On the contrary, it has remained in place on a significant scale.
58. In 2007, the total capacity of these services was **1,147 places**. In 2025, it remained at **1,006 places**, which still constitutes approximately 80% of the total residential capacity for people with disabilities commissioned and provided by the City of Prague. Thus, over eighteen years, the reduction amounted to only **141 places**, and the ratio of extra-regional capacity to the total capacity remains almost unchanged.
59. The majority of these 141 places resulted from a single policy attempt at change between 2019 and 2022. Nearly one-third of the decrease was due to the closure of the institutional facility in Svojšice during that period. Half of the decrease was due to a partial reduction of capacity in Terezín, again during that specific period, some of which was also attributable to deaths during the COVID-19 pandemic. In other facilities, the reduction in the number of places was largely cosmetic.
60. Apart from the closure of Svojšice and the capacity decrease in Terezín during a specific time period of policy change, there was no significant strategy to transform the existing social care arrangement. Capacity reductions, when they occurred, were the

³² Czech Deputy-Ombudsperson, Statement no. KVOP-13821/2026, p. 26.

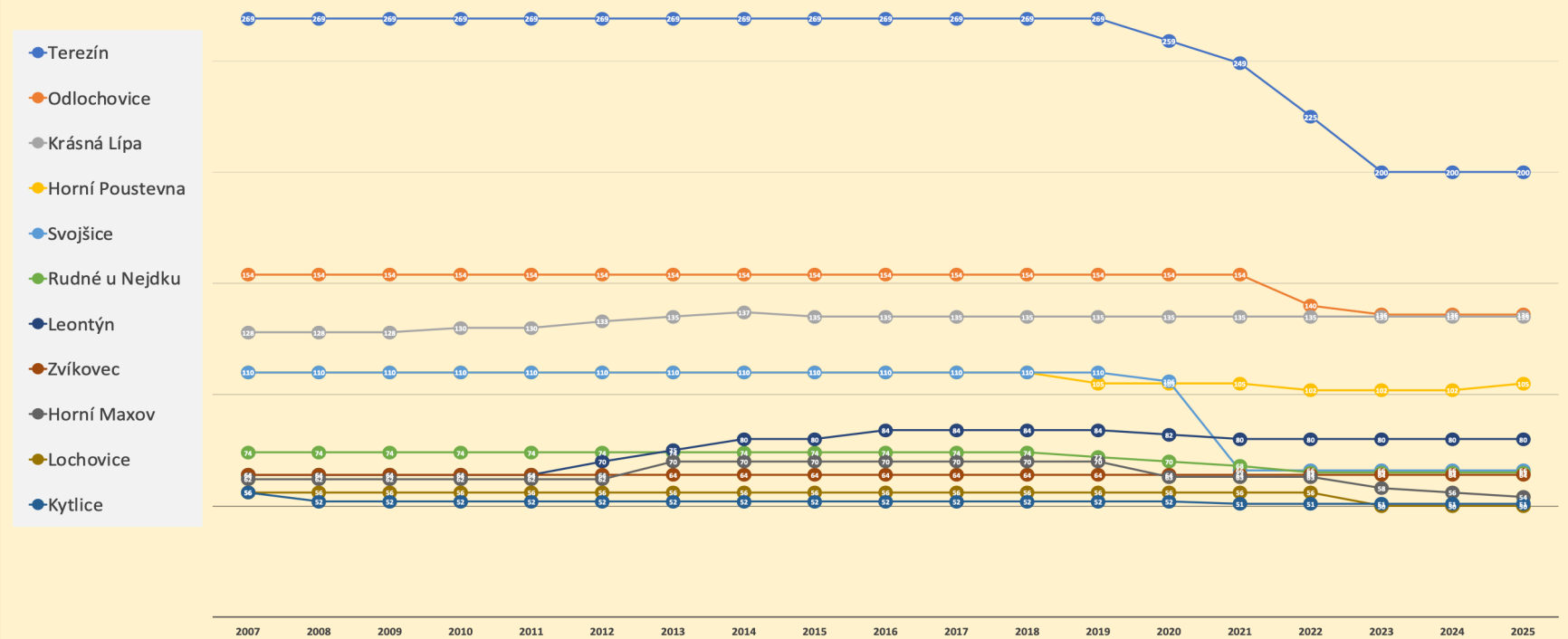
result of ad hoc decisions often initiated by individual providers with respect to day-to-day management, for example, by converting several three-bed dorms into two-bed dorms, rather than a result of strategic needs-led commissioning. Indeed, the data show that most institutions remained relatively stable over time. Krásná Lípa, for example, had a capacity of 128 places in 2007 and 135 places in 2025. Zvíkovec remained at 64 beds throughout the period. Lochovice fell only from 56 to 50 beds. Kytlice fell from 56 to 51 beds. Horní Poustevna remained at around 105 to 110 beds over the period. Leontýn increased capacity from 64 to 80 beds.

61. As for the singular closure of a facility in Svojšice in 2022, it was supposed to take place in 2008. The Prague City Council had passed a resolution acknowledging that the building is in an unsatisfactory technical condition and, as a result, unsafe. The resolution was, however, merely declaratory, as it took another 11 years and a technical declaration of the critical condition of the electrical wiring in 2019, which led the City of Prague to initiate a programme of urgent relocation and closure.³³ Only about half of the residents with intellectual disabilities decided to move back to Prague; the other half, after co-producing their transition plans, in which they declared having lost meaningful social and material connections to Prague due to prolonged placement in Svojšice, decided to remain in the administrative region of Kolín where appropriate housing and social care arrangements were organised for them.³⁴
62. This limited decrease is insufficient to demonstrate a genuine intent to structural transformation away from the territorially segregated model of social care. In other words, the limited aggregate reduction does not reflect a serious policy of dismantling the segregated system. Instead, what is detectable in the historical records amounts to a combination of isolated changes, while largely conforming to a long-term strategy of preserving and developing the extra-territorial capacity outside the Prague region.
63. The present scale of the system is also significant in relative terms. In 2025, Prague still maintained **1,006 beds** in segregated residential social care services outside Prague, while residential capacity for persons with intellectual disabilities commissioned and provided by the City of Prague within its territory amounted to only **270 beds**, constituting only 2 in 10 beds available. Even taking into account residential services provided by non-governmental organisations in Prague (**244** places in 2025), the continued weight of territorially segregated residential social care infrastructure remains striking.
64. This confirms that the territorially segregated Prague care infrastructure is not residual or marginal but continues to function as a backbone of residential social care for Prague citizens and residents with intellectual disabilities. The complainant organisation submits that the evidence does not disclose a consistent trajectory of desegregation. Rather, it shows a historically entrenched system of segregation whose reduction has been extremely slow, limited to *ad hoc* cosmetic changes.

³³ See Czech National TV news coverage, available in Czech at: <https://www.ceskatelevize.cz/porady/10118379000-udalosti-v-regionech-praha/219411000140819/cast/714131/>

³⁴ Information available in Czech at: https://praha.eu/w/hlavni_mesto_dokoncilo_transformaci_3334573

An overview of Prague-established residential social care services outside the territory of Prague



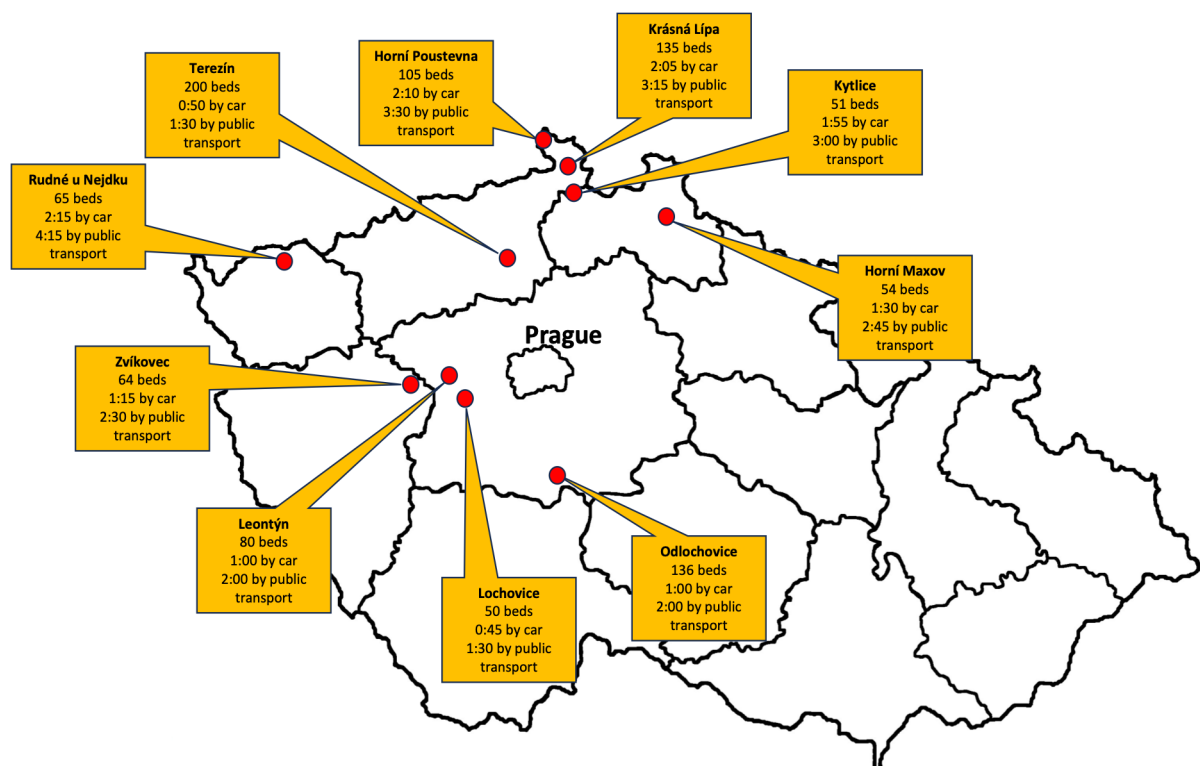
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Terežín	269	269	269	269	269	269	269	269	269	269	269	269	269	259	249	225	200	200	200
Odlochovice	154	154	154	154	154	154	154	154	154	154	154	154	154	154	154	140	136	136	136
Krásná Lípa	128	128	128	130	130	133	135	137	135	135	135	135	135	135	135	135	135	135	135
Horní Pouste	110	110	110	110	110	110	110	110	110	110	110	110	110	105	105	105	102	102	105
Svojšice	110	110	110	110	110	110	110	110	110	110	110	110	110	110	106	66	66	66	66
Rudné u Nejd	74	74	74	74	74	74	74	74	74	74	74	74	74	72	70	68	65	65	65
Leontýn	64	64	64	64	64	64	70	75	80	84	84	84	84	84	82	80	80	80	80
Zvíkovec	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64	64
Horní Maxov	62	62	62	62	62	62	70	70	70	70	70	70	70	70	63	63	63	58	54
Lochovice	56	56	56	56	56	56	56	56	56	56	56	56	56	56	56	56	56	50	50
Kytlice	56	52	52	52	52	52	52	52	52	52	52	52	52	52	52	51	51	51	51
In total	1147	1143	1143	1145	1145	1154	1169	1176	1174	1178	1178	1178	1171	1146	1091	1047	1007	1005	1006

3.3 Accessibility, geographic displacement and the consequences for family and community life

65. The problem at issue is not limited to numerical capacity. The location of the facilities and their relation to the community of origin are central.

66. The Prague-operated residential social care institutions located outside Prague are large-scale institutions, often located in rather remote areas: Terežín (200 beds), Horní Poustevna (105 beds), Krásná Lípa (135 beds), Kytlice (51 beds), Horní Maxov (54 beds), Odlochovice (136 beds), Lochovice (50 beds), Leontýn (80 beds), Zvíkovec (64 beds), and Rudné u Nejdku (65 beds). Travel times from Prague range from approximately 50 minutes by car to Terežín to more than two hours for several other facilities, and up to **4 hours 15 minutes by public transport for Rudné u Nejdku. Krásná Lípa is indicated as roughly 2 hours 5 minutes by car and 3 hours 15 minutes by public transport.**

Locations of Prague's territorially segregated social care facilities and accessibility



67. These travel times are not merely technical details. They demonstrate that many Prague citizens and residents with intellectual disabilities are expected to receive residential support in places located well outside their ordinary social environment, frequently in localities that are materially difficult to reach for families and that cannot plausibly be described as extensions of everyday life in Prague. Distance thereby becomes a mechanism of separation.

68. Prague residents placed in such facilities face a structural dilemma: either they retain formal ties to Prague while living in another region, or they gradually shift their legal and social belonging to the region where the institutions are located. The displacement may affect not only ordinary family contact and contact with their local community in Prague, but also guardianship arrangements, access to other services, and the realistic possibility of securing ordinary housing in Prague in the future.
69. This geographic displacement is a defining feature of this specific territorial segregation of people with intellectual disabilities. A system that removes persons with intellectual disabilities from the community to which they and their family belong and places them in a remote residential service well away from that community weakens or severs community ties, disrupts family and all other relationships, and limits the persons' ability to remain part of the social world from which they originate and where they had often lived, belonged and thrived for decades. Many of these facilities are located in isolated or semi-isolated settings and continue, in various forms, the logic of large-scale or clustered residential care. The problem is therefore not only one of distance but also of social separation: persons with intellectual disabilities from Prague are often concentrated in specific sites outside Prague, where they live together with other similarly placed persons in settings shaped by institutional history rather than by ordinary community life.

3.4. Partial reform between 2019 and 2022 and policy reversal from 2023 onwards

70. It is necessary to note that the City of Prague did, for a limited period, acknowledge the need to move away from this segregated commissioning and provision of care and to ensure community-based social care services within its territory.
71. The period between **2019 and 2022** represented a short shift in policy. The political declaration of the then Prague political leadership stated that transformation plans would be prepared and that the transformation of territorially segregated institutions would begin, with the aim of ensuring that social services for Prague citizens and residents would be provided primarily in Prague.
72. During this period, Prague decommissioned one facility in Svojšice (see above paras 59 and 61), reduced the capacity in Terežín, and expanded community-based care and support services in Prague itself. The reform logic was not simply to transport all current residents back to Prague, regardless of their present ties, resulting in a twin strategy of differentiating between capacity and people whereby all the capacity available for Prague residents was supposed to move gradually back to the capital while all existing service users were invited to co-produce their person-centered transition plans distinguishing those aiming to return and those already settled in the region; residents who had already become socially integrated in the regions where they lived should be supported there if that reflected their actual situation and wishes.
73. However, this new policy direction was short-lived. Following the 2022 regional elections, the incoming Prague coalition chose not to continue with the desegregation policy, as the available evidence indicates. From **2023 onwards**, the available policy and investment decisions indicate a departure from the previous desegregation trajectory and a renewed willingness to maintain, and in some instances expand or modernise, extra-territorial capacity.

74. A key example of the renewed intent to actively commission new service capacity outside Prague is the Prague City Council Resolution No. 2917 of 11 December 2023, which approves an investment project to build a new “community-type house” on the grounds of the existing residential facility in Krásná Lípa in the former Sudetenland. The project became a matter of public controversy (see appendix no. 2) and was heavily criticised by organisations representing persons with disabilities (see appendix no. 1) for contradicting the logic of modern social work and human rights standards. The public outcry and citizen-led petitions to the Prague assembly members eventually led to the EU infrastructure funds not being awarded, and the project was quietly shelved. The regional government’s intent to return to commissioning new service capacity outside Prague was nonetheless clear to all parties involved in the controversy.
75. There are two further examples of the renewed policy intent. First, concerns were raised in 2024 about whether the City of Prague had quietly initiated re-expansion of capacity in Terezín, which had previously been reduced from 260 to 200 beds, a trend which was meant to continue. Second, the City of Prague came up with a project to commission a new residential respite care facility, which is in line with the assessed needs of Prague families caring for their relatives with disability; only the location of the new facility was meant to be in the Příbram region, some 60 kilometres outside Prague. This second example, too, suggests that even services meant to relieve Prague’s informal caregivers may be located outside the city rather than developed within it, making it difficult to combine care and work commitments, among other things.
76. The complainant organisation, therefore, submits that there was a brief period of policy shift and an attempt at desegregation in 2019 and 2022; this period ended in 2022, and from 2023 onward, there has been a clear policy reversal, further reinforcing the territorially segregated Prague residential social care infrastructure, and service commissioning and provision.

3.5. Insufficient development of Prague-based alternatives and failure to deinstitutionalise segregated institutions

77. A further human rights concern under the 1961 Charter is the failure to effectively deinstitutionalise social care institutions in compliance with the Charter and the failure to develop sufficient community-based care and support infrastructure in Prague.
78. In his 2026 report, the Deputy-Ombudsperson concluded that Prague has failed to adequately transform and deinstitutionalise its care and support infrastructure, despite its own policies and legal obligations, and it has also failed to develop an adequate network of community-based services. In concrete terms, he stated (emphasis added):

“Based on at least the last four social services development strategies, Prague plans to transform institutional social services into community-based services. It has announced support for transformation processes, a gradual reduction in capacity at substandard facilities, a reduction in capacity at large-scale services, and the corresponding development of community services, as well as a ban on increasing service capacity outside the region.

Although these activities have been underway **for nearly ten years** (perhaps even longer), **the institutions still exist and have not changed much**. Some activities have been repeatedly carried over **from older strategic plans to new ones without being fulfilled, while others are marked as completed, even though this is not the case** (the development of services enabling clients to live in their natural environment).

...

Because **Prague is also slowly increasing the capacity of community support services within the city, it is forcing clients to remain in residential social services outside Prague** (whether transformed or not).

While the capital is implementing deinstitutionalisation, **it is doing so slowly and ineffectively. By keeping people with disabilities dependent on institutional services and failing to ensure a sufficiently rapid transition to community-based services, Prague is infringing upon their right to an independent living** guaranteed by the Convention and other related rights (accessibility, respect for privacy, family, and home, and an adequate standard of living, and access to housing).

In doing so, it also infringes upon the rights of those close to people with disabilities (families and informal caregivers). ...”³⁵

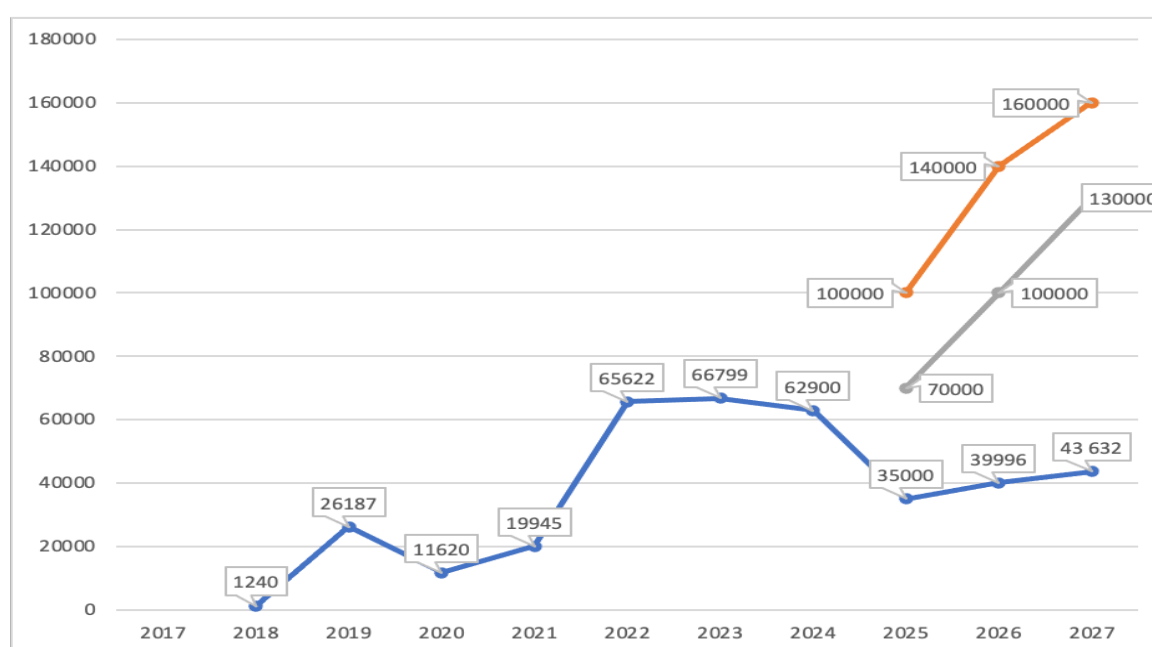
79. Despite the lack of adequate progress, Prague also lacks concrete, time-bound and institution-specific desegregation plans for its territorially segregated residential social care institutions. There is no timetable for the progressive closure of those facilities, no defined milestones, no allocation of responsibility, and no robust plan to build adequate support alternatives in Prague for the persons with intellectual disabilities currently or potentially affected.
80. Prague’s practice of social care commissioning often remains framed in terms of “beds” and residential capacity rather than the broader architecture of support necessary for independent and community-based living. This is a matter of concern because the replacement of large, territorially segregated institutions cannot be achieved solely by moving or multiplying residential care capacity. It requires a broader development of personal assistance, respite services, outreach and home care support, day services and other community-based social care infrastructure within the territory of Prague. Yet the City of Prague has not developed these supports on a scale sufficient to replace the existing segregating model.
81. The example of personal assistance is particularly relevant in this regard. The commissioning and provision of personal assistance are regulated by Act No. 108/2006 Coll. on Social Services and are recognised as a kind of home care service. In practice, it is a crucial service that enables independent living.
82. In Prague, although the number of assistance hours has grown over time, the commissioning of new capacity remains insufficient relative to the identified need. In 2024 and 2025, around 2,000 people were waiting for personal assistance, with the

³⁵ Czech Deputy-Ombudsperson, Statement no. KVOP-13821/2026, p. 29-30 (appendix no. 3).

unmet need being estimated at 100,000 hours annually. The City of Prague, however, commissioned new capacity in the range of 20,000 hours, despite joint calls from users and assistance providers for more.

83. On 27 March 2025, Prague adopted a new *Medium-Term Plan for the Development of Social Services in the City of Prague, 2025–2027*.³⁶ The plan is based on needs identified in the years before 2025 but is relevant for planning the extent of social care infrastructure in the period 2025–2027. In relation to social services, including personal assistance, Prague identified a minimal-necessary extent of hours ensured for personal assistance in the period 2025–2027 (300 000 hours for three years) and an optimal extent, which would ensure an optimal level of support for people with disabilities, including those with intellectual disabilities, in the period 2025–2027 (400 000 hours for three years).³⁷

Graph no. 1: Development of year-on-year growth in personal assistance capacity (hours/year) in Prague



Blue line: Actual year-over-year growth trend (predicted per the actual planning)

Grey line: Minimum/necessary year-over-year growth trend for 2025–27

Orange line: Optimal year-over-year growth trend for 2025–27

84. The graph shows the *actual* trend in year-over-year growth in personal assistance capacity (hours/year), including the plan for the 2025–2027 period. The period of rapid growth, followed by two years of stable growth, falls between 2021 and 2024; however, it was followed by a sharp decline in 2025. The graph compares the actual trend, as de facto planned and identified “necessary” and “optimal” growth rates set

³⁶ It is a policy document which all 14 self-governing regions in the Czech Republic, including the Capital City of Prague, have to adopt, following Section 95(1)(d) of the Act no. 108/2003 on Social Services.

³⁷ See, p. 89 of the document, available in Czech for download at:

<https://www.databaze-strategie.cz/cz/praha/strategie/strednedoby-plan-rozvoje-socialnich-sluzeb-na-uzemi-hl.m.prahy-2025-2027-1-aktualizace?typ=download>

by Prague for the years 2025–2027. It is clear that the actual, *de facto* planned capacity does not at all correspond to the needs that Prague itself identified as minimal-necessary, let alone optimal.

85. Considering this, it appears that Prague has not developed community-based alternatives sufficient to justify continued reliance on territorially segregated residential capacities.
86. The complainant organisation does not argue that every person currently living in territorially segregated institutions wishes to be returned to Prague. Nor does it argue that every support solution must be residential within the territory of Prague. The argument is that Prague and the Czech Republic are required to organise the system of social care services so that persons with intellectual disabilities from Prague are not systematically driven into residential services, territorially segregated outside Prague, because adequate care and support have not been developed in Prague itself. In other words, there must be, on the one hand, an adequate network of community-based social care services, including residential services³⁸, that are available and accessible to Prague citizens and residents within Prague's territory. On the other hand, due to historic systemic territorial segregation, which has been maintained and even reified, there must be a general desegregation strategy and a specific strategy for concrete institutions, with a clear, long-term aim to eventually stop providing residential social care in a manner that is territorially segregating and harmful.

3.6 Structural exclusion and the discriminatory dimension of the Prague-operated residential social care infrastructure

87. The complainant organisation submits that the situation described above discloses a structural pattern of cumulative segregation of Prague citizens and residents with intellectual disabilities and other persons requiring disability-related support and the failure of public authorities to take effective steps to prevent segregation and desegregate the excluded residential care infrastructure.
88. It is apparent that Prague citizens and residents with intellectual disabilities have been systematically channelled into residential services outside Prague. That system has persisted over decades, with only very limited change. The temporary political shift towards desegregation between 2019 and 2022 was not consolidated, and from 2023 onwards, there is evidence of renewed willingness to maintain or even develop care infrastructure outside Prague. At the same time, no concrete and effective desegregation strategy has been adopted, and the development of Prague-based alternatives has remained insufficient.
89. The complainant organisation submits that this pattern amounts to more than poor planning. It reflects a long-lasting disability-specific social arrangement combined with the absence of an effective remedy against segregation that is effective both in law and in practice.
90. As the data shows, persons with intellectual disabilities in particular from Prague are treated as a group which is especially predisposed (as a result of a long-term publicly

³⁸ Based primarily on in-house services and in line with Article 19 CRPD standards.

organised and funded structure and under the guise of economic rationale suggesting that there is no alternative) to displacement from their own community, facing disruption of family and social ties and difficulties of leading an independent life in the capital city. It is a disability-specific arrangement because it applies only to social care services for people with disabilities; no other public services commissioned by the City of Prague, such as education, healthcare, or transportation, exhibit a similar strategic intent toward segregation.

91. The complainant organisation, therefore, characterises the situation as a ***cumulative*** form of segregation: specific spatial segregation combined with territorial displacement. This cumulative segregation produces a specific disadvantage. It weakens or severs family and community ties, reduces the visibility of people with disabilities within the political community of Prague, makes return to community living more difficult, and channels public resources into maintaining segregated capacity rather than developing adequate Prague-based community support. The segregation is also direct because it is produced, reproduced, and maintained by long-term, intentional public policies, institutional arrangements, and funding decisions.

92. The absence of a regulatory framework recognising segregation is also relevant to this violation. Czech law does not define segregation of persons with disabilities as a prohibited practice or as a form of discrimination in the field of social care. In 2015, ECRI's report on the Czech Republic observed that the Czech Anti-Discrimination Act no. 198/2009 Coll. listed certain forms of discrimination but omitted segregation, contrary to ECRI General Policy Recommendation No. 7, and recommended amending the Anti-Discrimination Act to remedy this gap.³⁹ Following on this, in 2017, the Czech Ombudsperson noted that the Government failed to take any relevant steps. In concrete terms, the Ombudsperson stated:

“In its programme statement, the government committed to strengthening protection for victims of discrimination. Nevertheless, during the period under review, it did not submit an amendment to the Anti-Discrimination Act in the scope recommended by ECRI. Consequently, none of ECRI's recommendations has been implemented to date.”⁴⁰

93. As a result, the system of cumulative segregation of people with disabilities remains legally invisible. It may be described administratively as a question of capacity, historical inheritance, property management or regional planning, but it cannot be effectively challenged as a prohibited form of disability-based exclusion.

94. The complainant organisation submits that this is incompatible with the 1961 Charter. Article 14§1 requires social welfare services that contribute to welfare, development and adjustment to the person's social environment. Social welfare services that have been to a significant extent based on the practice of territorial removal of people with intellectual disabilities into spatially segregated institutions, rather than within that environment, cannot satisfy that requirement merely because they provide formal

³⁹ ECRI, 2015, Report on the Czech Republic, para. 13 and 18. The report is available in English at: <https://rm.coe.int/fifth-report-on-the-czech-republic/16808b5664>

⁴⁰ The Statement of the Czech Ombudsperson, 29 August 2017, no. KVOP-22557/2017, p. 2. The document is available in Czech at: https://www.ochrance.cz/uploads-import/ESO/60-2017-DIS_stanovisko_ECRI.pdf

residential capacity. Article 16 requires the effective protection of family life and guarantees the right to housing. A system that makes ordinary family contact difficult through distance and displacement undermines that protection and violates the right to housing due to its cumulatively segregating nature. Article 11§1 requires States to remove, as far as possible, causes of ill-health. A system that produces social isolation, institutional dependence and disruption of community ties reproduces psychosocial determinants of ill-health rather than removing them.

95. Considering the equality principle in the Preamble, these provisions require the State not only to refrain from deepening segregated arrangements, but also to adopt positive measures. Considering the aggravated form of cumulative segregation, its direct and systemic nature, its persistence over time, and the Government's tolerance of the situation, the complainant organisation argues that the present situation justifies adopting – besides desegregation plans and plans to develop adequate network of community-based social care services within its territory – enforceable legal framework capable of identifying, preventing, and remedying segregation, especially by legally recognising segregation as a prohibited form of disability-based discrimination and ensuring access to an effective remedy against segregating planning, funding and commissioning practices.
96. The reason is that this legal invisibility has practical consequences. Without a statutory concept of segregation, Prague is not required to assess whether its social care infrastructure reproduces cumulative segregation. The self-governing region is not legally required to justify why institutional capacity continues to be provided outside Prague rather than replaced by community-based alternatives within Prague. It is not required to adopt time-bound desegregation plans for concrete institutions. People with intellectual disabilities, their caregivers and representative organisations are left without an effective legal avenue to contest the segregating structure as such.

IV. CONCLUSION

97. In ratifying the European Social Charter, the Czech Republic indicated its intention to fully ensure the rights enshrined in Articles 11§1, 14§1, and 16 while upholding the principle of equality, thus guaranteeing that all individuals with disabilities, including people with intellectual disabilities, have access to available, accessible and quality community-based social care services that are not organised through spatial and territorial segregation and that enable them to live within, or close to, their own communities.
98. The complainant organisation submits that the Czech Republic has failed to secure the effective enjoyment of Articles 14§1, 11§1 and 16 of the 1961 Charter, read in light of the equality principle in the Preamble. The impugned situation is not a mere shortage of services or a neutral legacy of historical development. It is a publicly organised and financed system in which Prague citizens and residents with disabilities, especially persons with intellectual disabilities, continue to be channelled into residential services outside Prague, because adequate community-based alternatives within Prague have not been developed and territorially segregated settings have not been desegregated.

99. This amounts to cumulative segregation: institutional spatial segregation combined with territorial displacement. It denies genuine choice, weakens family and community ties, reinforces social isolation and health risks, and reproduces disability-based exclusion through social-service planning and funding. The violation is aggravated by the absence of a legal framework recognising segregation as a prohibited practice and by the lack of an effective remedy against segregating planning, commissioning and financing decisions.
100. For these reasons, Inclusion Europe, together with the Forum for Human Rights and Inclusion Czech Republic, respectfully asks the European Committee of Social Rights to find that the situation in the Czech Republic is not in conformity with Article 14§1, Article 11§1 and Article 16 of the 1961 Charter, read in light of the equality principle in the Preamble, because it has maintained and tolerated a territorially segregated system of institutional social care for Prague citizens and residents with disabilities, failed to adopt and implement effective desegregation strategies, failed to develop sufficient Prague-based community support alternatives, and failed to establish a regulatory framework recognising, preventing and remedying segregation of people with disabilities.

In Brussels and Prague

21 August 2026



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Appendix:

1. Article, DeníkN, 23 May 2024 (English translation, AI used)
2. Article, Page not Found, 19 November 2024 (English translation, AI used)
3. The Statement of the Czech Deputy Ombudsperson of 25 March 2026, no. KVOP-13821/2026, (English translation, AI used)