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Submission to the Report of the Independent Expert on the Enjoyment of All Human Rights by Older Persons on Autonomy, Dignity and Human Rights in Situations of Dependency in Older Age

1. How do laws, policies or institutional practices in your country address situations of dependency in older age?

People aged 65 and over made up approximately 2.26 million people, or 20.7 % of the population of Czechia.[1] Vast majority of older people in Czechia live at home. An estimate of 4 % of older persons live in a long term care, with approximately 59,000 persons living in residential social care facilities (homes for older people and homes with special regime[2])[3]. In 2023, 11.6 % of people aged 65 and over in Czechia received long-term care, and more than three quarters of long-term care recipients aged 65 and over received care at home.[4]

The Czech Republic does not have a single dedicated law on dependency in old age. Instead, constitutional guarantees and several sectoral laws are in place. The Charter of Fundamental Rights and Freedoms protects human dignity and equality, personal integrity, privacy, family life, the right to health and social security, and these rights together create the overarching human rights framework for older persons in situations of dependency.

On the statutory level, key sectoral laws are:

- the Social Services Act (Act No. 108/2006 Coll.) regulates social services, the care allowance, support for informal carers and complaints,
- the Health Services Act (Act No. 372/2011 Coll.) regulates health care, dignity and privacy in health services, complaints and includes advance directives for treatment and representation by a close person if the patient is unable to give consent to treatment,
- the Civil Code (Act No. 89/2012 Coll.) regulates supportive measures for adults with impaired decision making (advanced power of attorney, supported decision-making, representation by a household member, guardianship and restriction of legal capacity).

At the social-health interface, recent reforms seek to improve the coordination of care between the social and health sectors. They introduce a new type of “social-health service”, clarify contracting obligations between social-care providers and health-care payers, and set unified rules for sharing information and documentation between social and health workers.

1 CZECH STATISTICAL OFFICE. *Age Structure of the Czech Republic, 1945-2024* [cited 2026-06-15].

2 This figure must be interpreted with caution, since homes with special regime are not exclusively intended for older people. In practice, however, they are highly relevant for older people with dementia or other complex support needs.

3 CZECH STATISTICAL OFFICE. *Social Services* [cited 2026-06-15].

4 OECD. Long-term care settings. In: *Health at a Glance 2025: OECD Indicators*, [cited. 2026-06-15].

At the policy level, the main framework has been the Strategic Framework for the Preparation for Societal Ageing 2021–2025,[5] together with the Action Plan 2023–2025, which set medium-term priorities on ageing, including support, care and integration of health and social services. **There is currently no permanent unified strategy for older persons beyond 2025**.[6]

2. What are the main risks to the dignity, autonomy, participation and other rights of older persons in situations of dependency?

The institutional nature of long-term care poses many risks. Older persons with dementia or other psychosocial disabilities often live in retirement homes, homes with special regime and gerontopsychiatric wards in psychiatric hospitals, where staff shape everyday life according to routines rather than individual needs.

In residential social care institutions, risks to dignity and autonomy include restriction of liberty and **locking disoriented residents in their rooms instead of using individual risk assessments**. **Multi-bed rooms, toilets and bathrooms without locks or practices such as changing incontinence pads or undignified practices during intimate care** undermine privacy.

Staff sometimes have capacity to cover only basic needs, leaving little time for individualised support, meaningful activities or regular outdoor access. **Older persons in advanced stages of dementia or with severe physical limitations face a particularly high risk of neglect, social isolation and exclusion from everyday life.** Poor material conditions and environmental barriers, such as outdated buildings, lack of lifts or insufficient equipment, further restrict mobility, safety and autonomy.

We have documented cases where **staff used infantilising language or treated older residents primarily as patients or children rather than as rights holders**. Such practices erode dignity, reinforce dependency and weaken respect for autonomy. **Older persons with dementia are often completely excluded from decision-making, including decisions about the conclusion, content or termination of social care service contracts**.

In gerontopsychiatric wards, psychiatric hospitals often keep older persons hospitalised long after they no longer need acute treatment because there are **no suitable long-term community or residential social care services. The Ombudsman has characterised these prolonged hospital stays (sometimes several decades) as ill-treatment by the state.**

The Ombudsman has also documented **the use of restrictive measures, including physical restraints, bed rails and chemical restraints, without clear documentation of their justification or regular review.** In some cases, such measures appear to substitute for adequate staffing, individualised support or appropriate environmental adaptations. These practices seriously threaten the bodily integrity, dignity and autonomy of older persons in vulnerable situations.

5 MINISTRY OF LABOUR AND SOCIAL AFFAIRS OF THE CZECH REPUBLIC. Strategic Framework for the Preparation for Societal Ageing 2021–2025

6 According to information provided by the Ministry of Labour and Social Affairs in June 2026, the follow-up strategic framework for the period after 2025 is currently under preparation. The Ministry indicated that the deadline for submitting the document is the end of 2026.

3. How are preferences, wishes and decision making capacities of older persons supported?

Czech law combines support measures in private law with specific health law tools. The Civil Code of 2014 introduced several new supportive measures: **advance powers of attorney (*předběžné prohlášení*), supported decision-making (*nápomoc při rozhodování*), representation by a household member (*zastoupení členem domácnosti*), and guardianship without restriction of legal capacity (*opatrovnictví bez omezení svéprávnosti*)**. These measures exist alongside the traditional measure of restricting legal capacity and appointing a guardian.

In practice, however, courts most often restrict legal capacity and appoint a guardian, rather than using the newer support measures. **Supported decision-making and representation by a household member remain rarely used.** The most frequently applied alternative is guardianship without restriction of legal capacity, but even this accounts for only approximately 19% of cases. By contrast, in around 78% of cases, the person's legal capacity is restricted.[7]

In health care, representation in decisions on treatment follows the Civil Code. Where a person has a guardian or a representative by a household member authorised to decide on health matters, that representative gives informed consent. Nonetheless, health professionals must still ascertain and take into account the patient's own views as far as possible. The Health Services Act also regulates **advance directives for treatment (*dříve vyslovené přání*).** Furthermore, if a person is unable to give consent and has no other representative, a close person may give informed consent on their behalf. In cases of involuntary hospitalisation, the patient may appoint a **patient advocate (*důvěrník*)** to support them during the court review proceedings.

Professionals and the general public are still often unaware of the possibility to use advance powers of attorney, advance directives for treatment, and other alternatives to guardianship. As a result, **although Czech law formally offers several tools to protect and give effect to older persons' will and preferences, their practical use remains limited in everyday decision-making, health care and institutional settings**.

4. Are there legal, institutional or social practices that may unintentionally undermine autonomy, dignity or participation?

In practice, **some guardians exercise extensive control over the person's income, assets and everyday choices, leaving them only pocket money and very limited influence over their living conditions and future life plans**. There is no systematic training for private guardians, typically family members on how to support autonomy of the supported person, and court supervision is often not sufficiently effective in detecting and remedying undue control or substitute decision-making.

Several over protective practices in residential social services and long-term health services may undermine autonomy, dignity and participation. **Facilities often adopt general safety rules instead of conducting individual risk assessments**. **Staff routinely use fall prevention measures and restrictive devices without individual indication.**

7 PUBLIC DEFENDER OF RIGHTS. How Czechia Fulfils its Obligations under the Convention on the Rights of Persons with Disabilities: Human Rights Indicators-Based Analysis, pp 57-72.

Because community and residential social care services do not offer enough places and flexibility, **gerontopsychiatric wards sometimes serve de facto as long-term placements that keep older persons in restrictive medical environments with limited community life**.

The lack of community-based services, together with insufficient information and guidance for families, creates strong pressure on residential social care services. **Families often perceive institutional placement as the only realistic option, even where the older person would prefer to remain at home or live in the community with support. This demand reinforces the perceived necessity and legitimacy of residential institutions, rather than driving the development of alternatives and deinstitutionalisation.** The Ombudsman's recent indicator report concludes that the Czech Republic still relies heavily on institutional solutions, lacks a clear plan to close institutions, and many people continue to move from one residential facility to another instead of into community-based housing. [8]

The same gap also creates space for so-called "unregistered services". These places present themselves as social services but operate without proper registration, qualified staff or any effective oversight. The Ombudsman has repeatedly drawn the State's attention to this problem, in particular because the absence of effective oversight creates a heightened risk of violence, ill-treatment and neglect.[9]

5. What barriers do older persons face in remaining included in family, community, cultural and public life?

Insufficient availability and scope of home based and community services represent the main structural barrier. A recent report on people with high care needs shows that relying mainly on informal care without adequate formal support is unsustainable in the long term. **People with high care needs (including older persons) often lack sufficient help even for basic everyday situations, and ensuring care when an informal carer is unavailable (e.g. due to illness) is an even greater problem**. In practice, this means limited opportunities for older people to leave their home maintain social contacts and participate in community, cultural and public life.[10]

Another practical barrier is **the low level of awareness among persons in need of care and their family carers about the support and services available to them**. Even where community-based services exist, people may not know about them, may not understand what type of assistance they are entitled to, or may lack accessible guidance on how to apply for and combine different forms of support.

8 PUBLIC DEFENDER OF RIGHTS. How Czechia Fulfils its Obligations under the Convention on the Rights of Persons with Disabilities: Human Rights Indicators-Based Analysis, pp 77-94.

9 PUBLIC DEFENDER OF RIGHTS. Residential Facilities Providing Care Without Authorisation. Report on systematic visits carried out by the Public Defender of Rights 2015.

10 PAQ RESEARCH. Living Conditions of Persons with High Care Needs. Research report (only in Czech). Prague: PAQ Research, 2026.

6. What safeguards exist to prevent neglect, coercion, abuse, abandonment, inappropriate institutionalisation or excessive restriction of autonomy?

Criminal law protects against bodily harm, failure to provide assistance and unlawful deprivation of liberty. Involuntary hospitalisation and involuntary stay in a residential social service are both subject to judicial review. System-level safeguards include inspections and monitoring by the Public Defender of Rights.

In both social services and health care, the law provides a two-step complaint mechanism. **The Social Services Act regulates an administrative offence consisting of unlawful interference with the privacy, dignity, integrity and safety of service users. The Health Services Act regulates an administrative offence for violating the patient's right to respect, dignified treatment, consideration and privacy.** As both provisions are relatively new, the Ombudsman does not yet have sufficient information on whether, and to what extent, these administrative offences are effectively investigated and sanctioned in practice. Many health care providers also have **patient ombudspersons** who can help make complaints and communication more accessible.

Nevertheless, a **recent research showed that abuse and neglect of older residents are widespread and systemic**.[11] Perpetrators are most often other residents and relatives, but almost 40% of respondents of the research reported misconduct by colleagues and 9% by themselves.

Restrictions of legal capacity are limited in scope and time and are subject to periodic judicial review. A person whose legal capacity has been restricted, or another person, may also directly apply to the court to lift or modify the restriction. Guardians must submit annual reports to the court, but this supervision is not always effective in practice. The court may also remove a guardian, supporter or representative by a household member if they act against the person's interests. However, **supported decision-making and representation by a household member are not subject to comparable regular review.** This has been criticised in practice, as the court's supervision over these instruments is largely limited to the approval stage and cases of serious breach of duties, while broader ongoing monitoring is not built into the legal framework.

7. How are informal carers and family members supported while respecting older persons' rights?

Informal carers are supported mainly through the care allowance, which is paid to the person in need of care and should be used to remunerate close persons, and through short-term and long-term carer's benefits under the public sickness insurance system. Periods of caregiving may also count as substitute periods for pension insurance.

In practice, however, this support is insufficient. **The Ombudsman has repeatedly pointed out that the Czech Republic faces a long-term shortage of outreach and non-residential social services, with**

11 PETROVÁ KAFKOVÁ, Marcela, VIDOVIĆOVÁ, Lucie and NEŠPOROVÁ, Olga. *Abuse, neglect and the undermining of the dignity of older people (EAN) in residential social services*. Fórum sociální politiky [online]. 2025, vol. 19, no. 2, pp. 8–29 (only in Czech).

significant regional and gender inequalities.[12] Where formal services are unavailable, care shifts to families, most often to women**. Caring women are largely exposed to exhaustion, poverty, social isolation and long-term exclusion from the labour market.**[13] The care allowance does not cover the real costs of care or the loss of income, and there is no separate financial support for informal carers.

There is overall **lack of training that would support informal carers in respecting the autonomy and right to independent living in the community of their relatives, as well as a lack of effective mechanisms to supervise and, where necessary, sanction close persons providing care.**

8. What good practices, laws, programmes or community-based approaches help preserve dignity, participation and autonomy?

Monitoring visits and research highlight **person centred, rights-based care as good practice.** Good providers deliver individualised care based on carefully mapped needs and abilities, avoid both over- and under- care and actively involve older persons in decisions about daily life and care. They support self-reliance and maintenance of competences rather than fostering passivity. They offer meaningful activation tailored to residents' interests and capacities and engage sensitively with people with severe impairments or social anxiety, which supports participation and inclusion. They also consistently protect privacy and opportunities to personalise rooms, which significantly strengthens dignity.

9. What recommendations would strengthen a human rights based approach to dependency in older age?

Monitoring, research and policy analysis together point to several key recommendations. The state should:

- Deinstitutionalise long-term care by developing community-based services, home-based support and supported housing, and by adopting a clear plan to reduce and ultimately replace institutional placements, including prolonged stays in gerontopsychiatric wards.
- Adopt a comprehensive plan for the transition from substitute to supported decision-making, in line with Article 12 CRPD, and ensure that tools respecting the will and preferences of older persons are effectively used in practice.
- Strengthen independent monitoring, complaint mechanisms and access to legal aid, in order to ensure effective protection against abuse, neglect, coercion and discrimination, including age-based abuse and financial exploitation. Effective safeguards require safe and accessible reporting, protection against retaliation, non-punitive incident review, staff training in prevention, adequate staffing and management focused on dignity, autonomy and freedom from ill-treatment.

12 PUBLIC DEFENDER OF RIGHTS. Written Submission for the 92nd Session of the Committee on the Elimination of Discrimination against Women regarding the Czech Republic [online], 2026.

13 PAQ RESEARCH. Living Conditions of Persons with High Care Needs. Research report (only in Czech). Prague: PAQ Research, 2026.

- Provide systematic support to private guardians, supporters, representatives by household members and informal carers, including training, advice, flexible and affordable home-based and respite services, adequate income and pension protection, and fair remuneration for informal carers. Such support should also recognise the gendered impact of informal care and include safeguards against undue control by informal carers, so that families can provide sustainable care that respects the rights, autonomy and dignity of older persons.

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Mr Vít Alexander Schorm
Deputy Public Defender of Rights
and Defender of Children's Rights