

**Report on the Implementation of the UNECE Regional  
Implementation Strategy (RIS) for the Madrid International  
Action Plan on Ageing in the Czech Republic**

October 2011

Ministry of Labour and Social Affairs of the Czech Republic

**Content**

Executive Summary ..... 3

General Information..... 5

National ageing situation ..... 6

Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages ..... 8

Commitment 2: To ensure full integration and participation of older persons in society ..... 11

Commitment 3: To promote equitable and sustainable economic growth in response to population ageing ..... 14

Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences ..... 16

Commitment 5: To enable labour markets to respond to the economic and social consequences of population ageing ..... 18

Commitment 6: To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions..... 21

Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being..... 24

Commitment 8: To mainstream a gender approach in an ageing society..... 27

Commitment 9: To support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members ..... 29

Commitment 10: To promote the implementation and follow-up of the regional implementation strategy through regional cooperation..... 31

Conclusions and Priorities for the Future ..... 32

Annexes ..... 35

## Executive Summary

This report was prepared in cooperation with and on the basis of documentation supplied by ministries, regional and local governments, NGOs, the Czech Statistical Office, the Research Institute for Labour and Social Affairs and experts working in the field of demographic change and older people. The participatory approach employed was based on older people's experiences and views, their evaluation of services, needs and problems in various areas of life, as recorded by NGOs (e.g. in focus groups, questionnaire surveys, discussions, etc.) and professionals working with older people.

Many measures to address the challenges arising from population ageing and to improve the quality of life of older persons and seniors have been implemented since 2007. The most important changes include:

1. Building on the National Programme of Preparation for Ageing for 2003 - 2007 by the creation of a second National Programme of Preparation for Ageing for 2008 - 2012, based on the results of the evaluation of the previous National Programme. In addition to the priorities and objectives, the said Programme also defines the individual measures, the meeting of which will lead to the attainment of the given objectives. The program includes all the important areas of the life of seniors and was based on the cooperation of ministries, regional and local governments, NGOs, the Government Council for Older Persons and Population Ageing and other major players active in the area of senior citizens and population ageing.
2. The adoption of the so-called Anti-Discrimination Act, which unequivocally defines direct and indirect discrimination, permissible forms of treatment and defines defences against discrimination. Although the ban on discrimination is also anchored in other legislation (Labour Code, Employment Act), the adoption of the so-called Anti-Discrimination Act is to unify and clarify the prohibition of discrimination.
3. The adoption of the long-awaited Social Services Act. The clear definition of various types of social services, the introduction of quality standards, which serve as a tool for controlling adherence to quality in the provision of social services, and the implementation of a register of social services can, based on a five-year evaluation of its functioning, be regarded first and foremost as a positive contribution.
4. Continuous adjustment of the pension insurance system to demographic trends in the population. The main issues are, first and foremost, the gradual increase in life expectancy, the tightening of the conditions for taking early retirement or receiving a disability pension, the permitting of work in retirement without restriction, and the gradual introduction of the so-called second pillar of pension insurance.

Some of the aspects that the Czech Republic should focus on in the future include:

1. Creating measurable indicators of the performance of individual measures in the third National Programme of Preparation for Ageing for 2013 - 2017 in the Czech Republic. The experience from the assessment of the performance of the previous National Programme (Quality of Life in Old Age) clearly shows the need to develop an effective tool for measuring progress in a given year.
2. From the perspective of social groups, seniors (individuals 65 years and over) spent the largest portion of their income on housing, with housing costs accounting for 31.1% of this group of households' net cash income in 2009. The increasing number of smaller households combined with an increase in housing costs may, in the future, reduce the availability of housing for senior citizens and for single parents with children. Ensuring the availability of suitable housing is an absolutely essential condition for a stable life and for the enjoyment of a healthy and active old age. It may, in the future, be considered necessary to modify the conditions for the provision of support to the establishment of apartments for seniors and persons with disabilities through the construction and removal of barriers in existing apartments. The big challenge is also the involvement of private investors in the development of housing for seniors, e.g. in the area of rental housing.
3. Raising the awareness of companies and enterprises of the age-management tools, motivating them in creating healthy working conditions and using all the tools and trends leading to older workers remaining in employment for as long as possible. In the future, it will also be necessary to intensively deal with finding a solution to structural unemployment.
4. Although the newly adopted Social Services Act brings many positive changes leading to improvements in and streamlining of the delivery of social services, negative aspects that will need to be addressed in the future also manifested themselves within five years of its operation. At the present time, it will thus be necessary to focus on providing for the efficient use of the care allowance and providing for the stable and efficient financing of social services by the state.

## **General Information**

*Country name:*

Czech Republic

*Report author:*

The report was prepared on the basis of documentation supplied by the Ministry of Labour and Social Affairs, the Ministry of Education, Youth and Sports, the Ministry of Health, the Ministry of the Interior, the Ministry for Regional Development, the Ministry of Industry and Trade, the Research Institute for Labour and Social Affairs, the Czech Statistical Office, the Government Council for Older Persons and Population Ageing, and the Government Council for Equal Opportunities for Men and Women. Furthermore, the report made use of material of the following non-governmental organisations and individuals: Život90, o.s., Atriowood s.r.o., Elpida, o.p.s, Diakonie ČCE, Prof. Ing. Petr Vavříň, DrSc., Chairman of the Association of Universities of the Third Age

*Name and contact details of official national focal point on ageing:*

Ms. Lenka Bočková, Ministry of Labour and Social Affairs of the Czech Republic, Department for Social Services, the Poříčním právu 1, 128 01 Prague 2, Czech Republic, Phone: +420.22192.2688, Fax: +420.22192.2306, E-mail: [lenka.bockova@mpsv.cz](mailto:lenka.bockova@mpsv.cz)

*Name, reference and date of Adoption or the status of policy document on ageing  
Quality of Life in Old Age:*

National Programme of Preparation for Ageing for 2008 – 2012

Websites: [http://www.mpsv.cz/files/clanky/5607/starnuti\\_en\\_web.pdf](http://www.mpsv.cz/files/clanky/5607/starnuti_en_web.pdf)

## National ageing situation

In the Czech Republic, the share of people over 50 years of age was almost 36% of all people in this country in 2008, with people aged 65 years and over making up almost 15% of the total. The proportion of the Czech population aged more than 50 years of age did not differ significantly from the average for the population of the EU27. The Czech Republic has, compared to the EU27, slightly higher values for the older population, i.e. aged 50-64 years of age, whereas, on the contrary, the proportion of its population over 65 years of age shows a value slightly lower than the EU27 average.

The population of the Czech Republic grew by three thousand in the first quarter of 2011 to 10,535,000 people. This entire growth was the result of positive net migration, with natural change resulting in the population decreasing by 0,7 thousand of people.

The gross domestic product (GDP) for the population increased gradually until 2009, when it reached 95% of the previous year's GDP. The general unemployment rate increased gradually from 5.3% in 2007 to 7.3% in 2010. The average real wage fell from 4.3% to 0.4%. The development of the above values is mainly due to the economic crisis, which came to bear on the Czech Republic in 2009.

The ratio of the average age pension to the average wage was 40.6% in 2007, but this figure rose to 41.2% in 2010. The average inflation rate in 2010 grew by 1.5% on 2009.

The results of an international comparison show that the median disposable income in 2009 of people in the Czech Republic aged 65 and over reached 78% of the median disposable income of people aged 0 - 64 years, which is slightly below the EU average, where this indicator reached a level of 86%. The median disposable income of people in the Czech Republic over 65 years of age has fallen slightly from 83% in 2005 to 78% in 2009. The ratio of people aged over 65 at risk of poverty was lower in 2009 (7.2%) than the percentage of people at risk of poverty in the general population (8.6%). But there are significant differences between the genders in the 65 and over age group, with 10.1% of women in this age group being at risk of poverty, whereas for men this figure is only about 3% in the same age category. The meaningful indicator of the number of people below the poverty line indicates the lowest level of representation for people more than 65 years of age, with the value for 2010 being only 0.3% for this age category. This indicator remained at approximately the same values between 2007 and 2010.

A comparison with the European Union suggests that the Czech Republic has a slightly above-average employment of persons in the 20 - 64 year age group. The situation for older workers is different. Two different tendencies can be recognized upon making a comparison with data from other EU Member States. As far as the 55 - 64 year age group is concerned, the Czech Republic reported values similar to that of the EU27 average, where approximately 46.8% of people in the monitored age group were employed. In contrast, the oldest of the five-year long age groups, i.e. the 60-64 year age group, the proportion of employed people in the Czech Republic is lower (25%) than the EU rate (30%). The differences are even more pronounced when comparing employment rates in this age group by gender. The employment rate for women in the Czech Republic in the 60-64 year age group is 14.6% compared to the EU average of 22.5%. As for long-term trends, we see an

increase, both at the EU level and in the Czech Republic, in employment in the 55 – 64 year age group. While in 1998 the employment rate in the Czech Republic was 37.1%, ten years later the employment rate increased by 10.5% to 47.6%. A similar trend can also be observed at the EU level, where the 2008 employment rate in the 55 – 64 year age group was 2% lower than in the Czech Republic.

The government deficit increased from CZK 26.9 billion in 2007 to 182.7 billion CZK in 2010, which represents a government deficit to GDP ratio of 4.8%. This means that the Maastricht criterion (3%) has been exceeded by 1.8%. The Government of the Czech Republic is therefore currently adopting a number of austerity measures aimed at reducing the government deficit. One of the key challenges in preparing the country for the ageing of the population is to stabilise the pension insurance system by the establishment of a so-called funded pillar, which should, in the future, lead to its sustainability being assured.

**Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages**

The most important document in the area of population ageing is the National Programme of Preparation for Ageing for 2008 - 2012 (hereinafter the "Programme") that was adopted by resolution No. 8 of the Government of the Czech Republic of 9 January 2008. The Programme is based on the assumption that in order to improve the quality of life in old age and to find a successful solution to the challenges related to demographic ageing it is necessary to focus on the following strategic areas and priorities, which should be promoted horizontally throughout all sectors and at all levels of public administration: (1) Active ageing; (2) Age-friendly environment and community; (3) Improving health and health care for older persons; (4) Supporting family and carers; (5) Supporting social participation of older persons and protecting human rights.

The above-mentioned strategic areas are connected with partial measures which are assessed every year in cooperation with all significant parties operating at individual levels of public administration, self-government and non-governmental sphere in the respective area. The name of the programme and at the same time its key concept "Quality of Life in Old Age" exceeds the boundaries of individual administrative competencies and public administration levels. For this reason its implementation requires a comprehensive and complex approach and cooperation across all sectors of society. At the same time, it requires a strategic partnership of the government and self-government to fulfill the commitment of a higher quality of life in old age.

The approach to older persons and the population ageing described in this programme corresponds to the following principles: (1) Lifelong approach; (2) Partnership of the government and self-government; (3) Intergenerational relationships and cohesion; (4) Special attention paid to handicapped and vulnerable groups; (5) Gender approach; (6) Dialogue with civil society and social partners; (7) Individual and social responsibility; (8) Reduction of social and geographical differences; (9) Evidence-based policy; (10) Dignity; (11) Awareness and mainstreaming.

The annual assessment of the Programme of Preparation for Ageing is then submitted to the Government Council for Older Persons and Population Ageing (hereinafter the Council), which is an advisory and initiative body of the Government and which may, where necessary, suggest and take steps for updating or strengthening the performance of the Programme (full wording of the Programme is attached as Annex No. 2).

During 2012 (the last year of validity of the Programme), a new version of the Programme will be drafted, which will serve as a follow-up to the preceding document. The new version of the Programme of Preparation for Ageing is to include measurable indicators relating to individual measures, which will help achieve a more precise measurement of the progress reached in fulfilling the individual measures.

The Council, which was established upon Government Resolution No. 288 of 22 March 2006, by performing its activities, seeks to create appropriate conditions for a healthy, active and dignified ageing and old age in the Czech Republic, as well as to actively involve older persons in the economic and social development of the society within the context of demographic development. The Council meets three times a year and involves the participation of the following significant persons in this field: *Deputy Minister of Finance; Director of Higher Education Institution Department; Deputy Minister of Interior; Deputy*



*Minister of Health; Deputy Minister of Transportation; Deputy Minister for Regional Development; Government Commissioner for Human Rights; Chief Director of Demography and Social Statistics Branch of the Czech Statistical Office; Representative of the Committee on Health and Social Policy of the Senate of the Parliament of the Czech Republic; Representative of the Committee on Social Policy of the Chamber of Deputies of the Parliament of the Czech Republic; Representative of the Confederation of Industry of the Czech Republic; Representative of the Confederation of Industry of the Czech Republic; Representative of the Confederation of Employers' and Entrepreneurs' Associations of the Czech Republic; Representative of the Association of Health Insurance Companies of the Czech Republic; Director of the General Health Insurance Company; Representative of the Association of Regions of the Czech Republic; Representative of the Union of Towns and Municipalities of the Czech Republic; Representative of the Association of Providers of Social Services of the Czech Republic; 2 Representatives of non-governmental organizations; 3 representatives of organization of older persons; 3 experts.*

During the period of 2007 to 2011, the Council adopted several basic recommendations; the Government of the Czech Republic discussed them and assigned the competent ministries to take steps leading to implementation of the Council's recommendations.

These include in particular the following:

- Recommendation of the Government Council for Older Persons and Population Ageing on preparing a concept of solution to the issue of Alzheimer's Disease and similar diseases in the Czech Republic
- Recommendation of the Government Council for Older Persons and Population Ageing on adopting measures in the field of support of development and implementation of technologies and services in assisted life for senior citizens
- Recommendation of the Government Council for Older Persons and Population Ageing on supporting the global conference of the International Federation on Ageing in Prague in 2012
- Adoption of the proposal for establishing the subsidy programme "Support of publicly effective activities of older persons' organizations with nationwide scope of operation" with effect from 2011.

One of the priorities of the Czech Republic is to increase the number of older employees and to keep them in the job market for the longest period possible. To reach this aim, it is necessary to prevent age discrimination, which prevents older persons from entering and remaining in the job market.

The prohibition of discrimination on the grounds of age is embodied in the Employment Act, as amended, and in the Labour Code. These legal regulations, however, do not specify the possibilities of protection of the person who is discriminated against. This led to the adoption of the so-called Antidiscrimination Act (198/2009 Coll., of 23 April 2008, Act on equal treatment and on the legal means of protection against discrimination and on amendment to some laws), which came into force in the Czech Republic on 1 September 2009.

Besides enacting the prohibition of direct and indirect discrimination, this Act regulates permissible forms of unequal treatment where: *"(an employer) requires a condition of a minimum age, professional experience or time of employment that is necessary for due performance of the respective employment or occupation or for access to certain rights and obligations relating to the employment or occupation,"* or where *"...due performance or*

*the respective employment or occupation requires a professional training that is disproportionately long with respect to the date on which the person applying for the respective employment or occupation reaches retirement age pursuant to a special law”.*

Discrimination is neither deemed to occur in case of unequal treatment related to stating a different retirement age for men and women. In the area of employment, unequal treatment for which there is a factual cause resulting from the nature of the working activity is not deemed discrimination. At the same time, the requirements applied must be appropriate. Unequal treatment on the grounds of age that is objectively justified by a legitimate aim which is attained by appropriate and necessary means is therefore not discrimination.

This Act also newly regulates the possibilities of defence in case of violation of the equal treatment right or in case of discrimination. Pursuant to Section 10 (1): “...*a person who has been affected by such conduct has a right to seek judicial protection against discrimination, elimination of consequences of the discriminatory intervention and a reasonable satisfaction.*”

Furthermore, a monetary compensation for a non-proprietary loss may be awarded where a person’s reputation or respect in society has been reduced (Full wording of the Antidiscrimination Act is attached as Annex No. 4).

The prohibition of discrimination on the grounds of age was also reflected in the Bill amending Act No. 20/1966 Coll., on Public Health Care, which explicitly stated a requirement of an equal access to medical services for all patients, and stipulated the specific enforceable rights of patients. According to the draft of the above-quoted Act, the patient will become the main participant in the process of providing medical services, and the main emphasis will be put on the patient’s rights and individual needs. At present, the draft bill is going through the comment procedure; after the comments are incorporated, the bill will be submitted to the Government to be adopted and, subsequently, to the Chamber of Deputies of the Parliament of the Czech Republic to be considered.

### Conclusion

In initiating and implementing political measures, older persons and non-governmental organizations closely cooperate particularly through the Government Council for Older Persons and Population Ageing. Some non-governmental organizations closely cooperate with Ministries in proposing the specific wording of concepts and laws. A specific example of such cooperation is Život 90 (Life 90), a non-profit older persons’ organization that was a pioneer of emergency care in the Czech Republic. The director of this organization was subsequently invited to join the working group consisting of representatives of the Ministry of Labour and Social Affairs, Ministry of Health, Ministry of the Interior and the Ministry of Industry and Trade; in the first half of 2011, the group prepared the Draft of concept of the development of technologies and services in assisted life for older persons.

## **Commitment 2: To ensure full integration and participation of older persons in society**

To ensure full integration and participation of older persons in society, it is necessary to perform research activity that will identify obstacles and suggest possible solutions. In the Czech Republic, this activity is performed by the Research Institute for Labour and Social Affairs (hereinafter RILSA), which concentrates mainly on applied research in the area of labour and social affairs at a regional, national and international level, formulated in line with current requirements of state administration bodies and possibly of non-profit or private entities. The main research fields of RILSA include: labour market and employment; social dialogue and labour relations; social protection; the family; equal opportunities; incomes and wages; social policy theory. During the period from 2007 to 2011, the Research Institute for Labour and Social Affairs of the Czech Republic realized the following researches into issues of older persons and their social integration.

- Providing social services for seniors and disabled people (2010)
- Financial preparation for life in retirement: awareness, approaches and values (2010)
- Ageing, age and discrimination – new connections (2008)
- Securing the needs of seniors emphasizing the role of the private sphere (2008)
- Family, partnership and demographic ageing (2008)
- Age mainstreaming as a management strategy for populations with ageing demographic structure (2007).

### *Active ageing in community centres*

The Czech Republic supports establishing of community centres for older persons by means of a financial subsidy provided for the social service “Daily Activities Centre” (defined pursuant to Act No. 108/2006 Coll., the Social Services Act, as amended). The daily activities centres provide activation and education activities, mediate contact with the social environment assistance in promoting the rights and interests of older persons. In cases of lower self-sufficiency, the centre also has to provide other services such as for example assistance in securing food. The aim of these centres is to prevent social exclusion of older persons (An example of a community centre is described in Annex No. 1 – Život90, o.s.).

An important role in ensuring the social integration and activation of older people is played by town self-government authorities, which support establishing the so-called senior clubs. Senior clubs organize social activities which provide senior citizens with a support of their common meetings and enable them an active way of life. The activities of senior clubs help prevent social exclusion and loneliness, positively influence their physical and mental health and contribute to their personal feeling of well-being. The senior clubs are often organized by older persons themselves, while local authorities provide them with support, for example by means of ensuring suitable premises for the meetings.

### *Housing*

Every year, the Ministry for Regional Development announces the subprogramme Support of construction of subsidized flats, which specifies the terms for providing subsidies for building subsidized flats for persons with special needs in the area of housing. Two subsidy titles were announced in 2009:

- a care flat is intended for persons whose movement and orientation ability is reduced due to old age or ill health;

- a starter flat is intended for persons who, due to a difficult life situation, have no access to housing, even if all existing housing policy tools are used.

Several changes were made in the Programme in 2010; these changes should have a positive influence on increasing the availability of housing for older persons:

- Seniors and persons with disabilities do not have to report their income anymore. The main criterion for the lease of a care flat is age over 70 years or such state of health that places the person into the 1<sup>st</sup> degree of lowered self-sufficiency pursuant to the Social Services Act.
- The scope of recipients of the subsidy was enlarged to include any legal entities as well as natural persons. So far, the support was only designated for municipalities. The proposed change will lead to a larger use of private financial means in building the social housing, and enable non-profit organizations and other investors to join the programme. Nevertheless, the influence of the municipality remains unchanged.

The following table shows the numbers of flats which are to be built with the support of the subsidy granted in 2010.

Year	Subsidy title	No. of flats building of which was commenced in respective year <sup>[1]</sup>	Total financial resources for commenced flats in mil. CZK <sup>[2]</sup>	Financial resources provided in respective year in mil. CZK <sup>[3]</sup>	
2010	Subsidized flats	<b>Total</b>	<b>283</b>	<b>159,708</b>	<b>165,729</b>
		Care flats	149	86,108	91,423
		Starter flats	134	73,600	74,306

<sup>[1]</sup> Number of flats building of which was commenced in respective year

<sup>[2]</sup> Total amount of subsidy for flats commenced in the respective year that is stated in the Decision on participation of the state budget in financing the event

<sup>[3]</sup> Amounts actually provide in the respective year for commenced, unfinished and nearly finished events

Older persons are becoming an increasingly significant consumer group, which is reflected in the enlarging offer of services and products for older persons (An example of building new flats for older Citizen is described in the Annex No. 1 – Atriowood, s.r.o).

#### *Participation of seniors in decision-making political processes*

Besides the Government Council for Older Persons and Population Ageing (see Commitment 1) it is the senior and pro-senior organizations that have the most important influence on the participation of seniors in decision-making on issues that are significant for them. For example, the citizens association Seniors Council of the Czech Republic participates in creating the social, medical and housing legislation of the state. Given the wide representation of other senior groupings in the Seniors Council of the Czech Republic, it is entitled to perform negotiating, consulting, arguing, informing, initiative, inspecting, inter-generation unification and advisory functions in relation to the Government. The representatives of the Seniors Council of the Czech Republic are also members of the Government Council for Older Persons and Population Ageing, where they regularly apply the suggestions and comments for the improvement of life of the senior citizens.

The so-called Regional Seniors Councils are being established in individual regions as partner bodies of regional administration authorities, while Municipal Seniors Councils are being established in individual municipalities as partner advisory bodies of municipal authorities. Regional Seniors Councils cooperate with regional authorities in the creation and inspection of the mid-term plans of the development of social services, as well as in conceptual issues of health care, traffic service, etc. Establishing and activities of Regional Seniors Councils are supported by the Memorandum on Cooperation concluded between the Seniors Council and the Association of Regions of the Czech Republic. Municipal Seniors Councils participate in the preparation of community plans of social services; adopt opinions and proposals regarding the accessibility of rental housing for senior citizens, the quality of healthcare, the public transport etc.

The Ministry for Regional Development grants subsidy to the Seniors Council of the Czech Republic where possible, and supports the counseling activity especially in the area of housing through other non-profit organizations.

The inter-generational dialogue is significantly supported also by non-governmental non-profit organizations (An example of good practice is described in Annex 1 – Elpida, o.p.s).

#### *Media image of older persons*

One of the most often mentioned answers which have resulted from the above-mentioned research *Securing the needs of seniors emphasizing the role of the private sphere* (2008), in which the participants (non-governmental non-profit organizations providing social services for seniors) were asked to state the most serious problems which make their work with older persons more difficult, was the issue of negative image of senior citizens in Czech society.

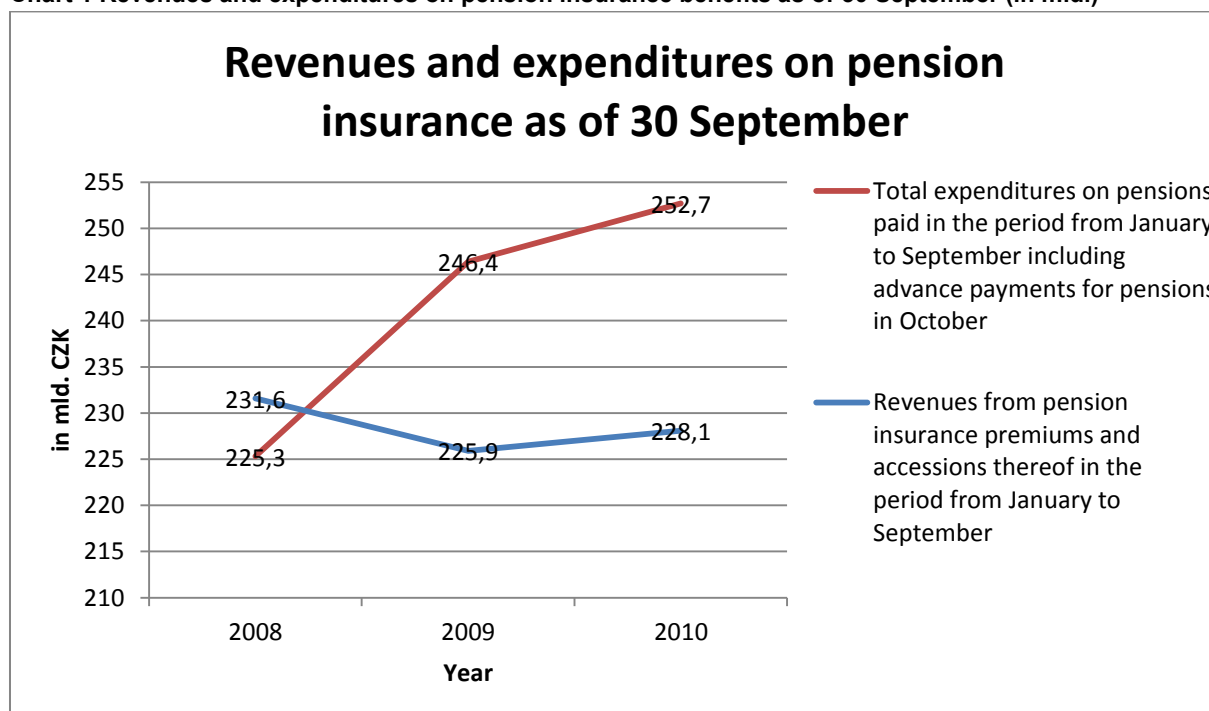
In order to improve the situation in this area, the Parliament of the Czech Republic adopted Act No. 132/2010 on audiovisual services upon request and on amendment of some laws, which became effective on 1 June 2010. Pursuant to Section 6 (2) thereof, *“a provider of audiovisual media service shall upon request ensure that the audiovisual media service shall not include any communication prepared intentionally in such a manner that it would have any influence on the subconsciousness of a natural person without the person perceiving the same consciously, and that it shall not instigate hatred on the grounds of sex, race, skin colour, mother tongue, faith and religion, political or other opinion, national or social origin, belonging to a national or ethnic minority, property, family or other status”*.

An important role in the area of improving the media image of senior citizens is played particularly by non-profit organizations, which realize innovative projects for the purpose of raising public awareness (a specific example of such project is described in Annex 1 – Diakonie ČCE).

### Commitment 3: To promote equitable and sustainable economic growth in response to population ageing

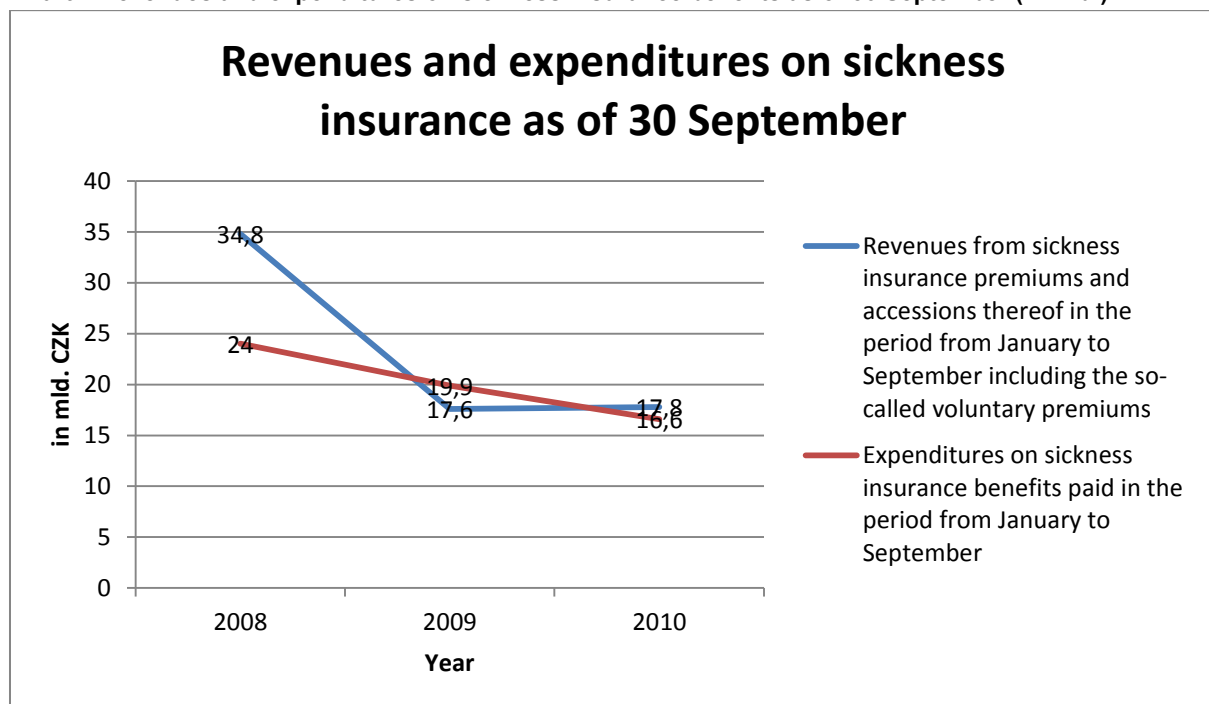
Population ageing brings about not only opportunities for society development, but also new challenges which must be adapted to. In the Czech Republic, these include particularly ensuring fiscal sustainability, especially in the area of the pension system and health care. Among other priorities there is the ensuring of employment for persons in pre-retirement age so as to prevent them from leaving the employment market too early. Chart 1 shows the development of revenues and expenditures on pension insurance in January to September 2008 – 2010. It is obvious that the pension system only had a surplus in 2008. Since 2009, the pension account has been in negative numbers.

Chart 1 Revenues and expenditures on pension insurance benefits as of 30 September (in mld.)



The unsustainability is beginning to occur also in sickness insurance, although positive figures were achieved in 2010. Still, the sickness insurance system is no longer sustainable.

**Chart 2 Revenues and expenditures on sickness insurance benefits as of 30 September (in mld.)**



The pension and sickness insurance together constitute the so-called social insurance account. As of 30 September 2010, the social insurance account reached the amount of CZK -23.5 mld. From what has been said, it follows that the deficit in the respective areas is increasing, in particular also due to population ageing.

In order to maintain the financial sustainability of the pension scheme, the Czech Republic has adopted the following measures which have a systemic as well as parametric nature:

- increasing the age limit for retirement
- gradual reduction of different age limits for retirement of women
- implementation of the second pillar of pension insurance
- increasing the value added tax
- restricting and tightening the conditions enabling earlier retirement
- supporting employment of older persons and keeping them in employment market.

Reforms are gradually performed in health care, too; these, for instance, introduce fees in health care or newly define the so-called above-standard treatment. Since 2011, an employee is entitled to a sickness pay from the 22<sup>nd</sup> calendar day of his/her temporary incapacity to work to the end of the incapacity to work; however, the maximum possible time of receiving the sickness pay is 380 calendar days counted from the moment of creation of the temporary incapacity to work. For the first 21 calendar days, an employee with a continuing employment that establishes participation in sickness insurance is secured by reimbursement of wage provided to him/her by the employer. The reimbursement of wage is provided for working days from the 4<sup>th</sup> working day of temporary incapacity to work.

#### **Commitment 4: To adjust social protection systems in response to demographic changes and their social and economic consequences**

The percentage of people over 65 years of age who are at risk of poverty is lower than the percentage of people at risk of poverty in the entire population. On the other hand, from the point of view of sex there is a higher percentage of women over 65 years at risk of poverty compared to the entire population and at the same time a significantly lower percentage of men over 65 years at risk of poverty compared to the entire population.

The number of people below poverty line is lowest in the category of people over 65 years; in 2010, these people only made up 0.3% of this age category. This indicator reached approximately the same amounts between 2007 and 2010.

As far as sustainability of pensions is concerned, according to the pension expenditure indicator that is calculated as a percentage of GDP, Czech Republic might – according to Eurostat projection – experience a gradual increase of pension expenditures by nearly 3% from 2007 to 2060. In this respect, Czech Republic has a lower percentage of expenditures on pensions from the total GDP compared to the EU27 average.

Social services provided to older persons pursuant to Social Services Act No. 108/2006 Coll., as amended, secure aid in taking care of the person, securing food, accommodation, assistance in household maintenance, nursing, assistance in upbringing, providing information, arranging contact with social environment, psycho- and sociotherapy, assistance in promoting the rights and interests of the elderly. The social services for the seniors include the following types: social counseling, social and healthcare services, social rehabilitation, personal assistance, home care service, easement services, day care centres, old people's homes, asylum homes, telephone crisis intervention, crisis assistance, reception centres, etc. The Ministry of Labour and Social Affairs regularly provides contributions to the operation and development of social services provided by non-governmental non-profit organizations by means of a subsidy competition announced every year. At the same time, the Ministry supervises the quality of the provided social services by controlling the compliance with quality standards.

Due to a change of legislation governing the pension insurance that became effective on 1 January 2010, a person performing gainful activity is entitled to old-age pension even if the employment is agreed for an temporary or permanent period that is longer than one year (before this amendment, a person receiving old-age pension was only allowed to work for a maximum of one year, after which time the employment contract could be renewed, but again only for the maximum of one year). With effect from 1 January 2010, this Act has also introduced the possibility to receive one half of the old-age pension during the performance of gainful activity and at the same time to increase the percentage rate of the pension by 1.5% for every 180 days of performing this gainful activity.

The process of increasing the retirement age continues in line with the provisions adopted as part of the parametric changes of the basic pension insurance (Act No. 306/2008 Coll., with effect from 1 January 2010): for men, childless women and women who have raised one child to 65 years and for the other women to 62 to 64 years according to the number of raised children. In June 2011, an amendment to the Pension Insurance Act was adopted pursuant to which the gradual increasing of the retirement age shall continue even after reaching the age of 65 years with the aim of unifying the retirement age of men and women,



that should be attained in 2041 for persons born in 1975 upon reaching the retirement age of 66 years and 8 months; after 2041, the retirement age shall be increased equally for men and women by 2 months a year.

Furthermore, a systemic change of the pension system of the Czech Republic is taking place at present. Within the scope of the pension reform, the so-called 2<sup>nd</sup> pillar of pension insurance will be established – pension fund saving (so-called opt-out), consisting in transferring 3% of social insurance to private individual accounts of Czech citizens kept at pension companies, provided that another additional own payment is paid by owners of these accounts at least in the amount of 2% of the base for the calculation of social insurance contribution. The Government has agreed that within the scope of inter-generational solidarity, offsprings will have an opportunity have a voluntary payment of a sum amounting to one percent of their wage, i.e., of the assessment basis, paid to their retired parents. This bonus will neither be deducted from their wage nor from their own pension insurance. It will be solely a state contribution, by means of which children will have an opportunity to “make some extra money” for their retired parents by a mere consent.

The voluntary supplementary, contribution-defined, capital financed supplementary pension insurance with the state contribution (the so-called 3<sup>rd</sup> pillar) is still used in the Czech Republic. Pensions awarded from the third pillar still make up only a negligible part of retired people’s incomes at the moment.

The Czech Republic currently uses the 1<sup>st</sup> and 3<sup>rd</sup> pillar of pension insurance, and implementation of the 2<sup>nd</sup> pillar in the Czech pension system may probably be expected from 2013.

## **Commitment 5: To enable labour markets to respond to the economic and social consequences of population ageing**

Employment rate of persons aged 55 to 64 years has gone through a positive development over the past years. During the eight-year period from 2001 to 2009 it increased from 52.1 to 65.5%, i.e. by 13.4%. It was the fastest growth among all age groups over 15 years. Absolute numbers document that the category of people aged 55 to 64 years increased in number by 314 thousand in the above-mentioned period, of which nearly 240 thousand people found a job. The relative increase in the number of people in this category was 26.9% (from 1.17 to 1.48 million), while the number of employed people increased by 54.3% (from 440.2 thsd. to 679.3 thsd.).

This development is a result of impact of several significant factors, whose individual force cannot be quantified easily. There is an obvious demographic influence consisting in the increase of the number of persons in this age category. This impact was, however, accompanied with a continuous increase in the offer of job opportunities, especially in the period of a strong economic growth, which lasted practically until the middle of 2008. Another reason may be the relatively easy employment of people entitled to old-age pension; until the end of the last year these people could only be employed for a temporary period, while at the same time these employments were excepted from the ban on "chaining" of contracts. This legal regulation might, on the other hand, also be the cause of faster than average decline in employment rate of persons aged 55-64 years in the time of economic recession, because it facilitates their dismissals. One of the key factors seems to be the postponing of retirement age, especially in employing women aged 55 to 59 years. Another important influence is undoubtedly the trend of a decreasing ratio of pensions to the average wage, which makes older persons work longer to keep their standard of living. Last but not least, there is a significant sociological influence: the need or willingness to take care of (grand)children, that is for parents to support their grown-up children financially.

A relatively greater vulnerability of persons aged 55-64 years at labour market is obvious in the reversal of the increasing trend of employment rate between 2008 and 2009. It is also obvious with respect to the development of the rate of economic activity of people in this age category. The economic activity rate of men aged 55-59 years decreased in this period by 0.9%, of men aged 60-64 years by 1.3%, while in the other age groups the economic activity rates were increasing or, at worst, stagnating.

Retired workers thus amounted to almost 5% of the total number of workers and are thus a significant part of active working resources. Practically every other old-age pensioner works in a part-time employment (49.2%). As for women, their share amounts to nearly 60%, compared to approximately 40% of men. This difference between the sexes is caused mainly by the fact that there are more self-employed men among the retired workers.

### *Measures supporting the increase of employment rate:*

The pension insurance system can significantly influence the working activity of persons entitled to old-age pension. With respect to that, the following measures were adopted as part of the parametric changes in the basic pension insurance pursuant to Act No. 306/2008 Coll. with effect from 1 January 2010:

- cancellation of the condition of making one-year max. employment contracts for the right to old-age pension along with income from gainful activity;

- establishing the possibility of increasing the percentage assessment of the old-age pension for the time of gainful activity performed after the creation of the right to old-age pension, while simultaneously receiving the old-age pension in full amount, or in half of the amount.

Neither the gainful activity nor the amount of income results in reducing any kind of pension from the basic pension insurance.

Pursuant to the Employment Act, persons over 50 years of age are considered to be one of the groups at risk to which labour offices pay an increased attention in employment mediation. An individual action plan has been introduced in order to increase the employment opportunities; it is prepared by the labour office together with the job applicant. It includes in particular the following: *“determination of the procedure and time schedule for the performance of individual measures to increase the chance of mediating employment for a job applicant.”* Its content is based particularly on the following: *“...qualification acquired, state of health, skills and abilities of the applicant.”* The individual action plan is prepared for a job applicant who has been continuously registered as a job applicant for over 5 months. The group of older workers is greatly at risk in case of unemployment; an increased protection through a longer time of granting unemployment benefits is therefore applied in case of unemployment:

- (a) *under 50 years of age 5 months*
- (b) *from 50 to 55 years of age 8 months*
- (c) *over 55 years of age 11 months*

The period of payment of unemployment benefits according to age is thus newly differentiated, allowing for the fact that finding a new job is very difficult at this age.

Other measures aimed at increasing employability of older persons, overcoming the barriers preventing their remaining in the labour market and adaptation of requalifications to their needs and to the needs of the labour market – these are also the aims of partial projects within the individual support areas of the European Social Fund (hereinafter the ESF). The support areas aimed at the target group 50 years and older in relation to the labour market include in particular the following:

- Increasing the adaptability of employees of restructured companies (An example of good practice is described in Annex 1 – Education as a way towards higher adaptability of employees at risk due to restructuring in the Liberec region)
- Strengthening active employment policies (An example of good practice is described in Annex 1 – Active fifty in the South Moravian region)
- Integration of socially excluded groups in the labour market (An example of good practice is described in Annex 1 – Example of good practice No. 7)

The aim of improving the conditions at workplace is also dealt with at the Occupational Safety Research Institute (hereinafter VÚBP), which operates a website publishing current information for employees and employers from the area of OHS, campaigns, publishing activity, research, education, and answering questions on OHS and labour law etc. During the period from September 2008 to April 2009, VÚBP upon ILSA’s call dealt with the project *“OHS and risk factors in workers over 50 years – employment of older persons with proposals for measures on the level of branch and enterprise”*.

The project defined and identified the problems of the target group of employees aged 50+ concerning especially the quality of working life, working conditions, OHS including

identification of risks. It mapped and analyzed the existing barriers preventing employment of older persons and suggested possible solutions.

The results were also reported to the Government Council for Older Persons and Population Ageing.

*Conclusion:*

The employment rate of people at pre-retirement and retirement age is relatively low in the Czech Republic and remains below the average of that in the European Union countries. This is especially the case of women in this age category.

The development of employment of people aged 55 to 64 years in the period from 2001 to 2008 was, nevertheless, positive. The employment rate was increasing also due to legislative measures, in particular by reducing the limitation of concurrence of income from gainful activity and old-age pension and the gradual postponing the retirement age after 60 years. This postponing of the retirement age is more dynamic with women, with the aim of reaching the same age limit for retirement for men and women. This resulted in a significantly faster growth of employment rate of women aged 55 to 60 years. On the other hand, with women over 60 years, this dynamics is markedly weaker. Besides the legislative and regulatory factors, the increase in employment rate of the respective age group was also supported by the economic growth that – especially in the period from 2006 to the 1<sup>st</sup> half of 2008 – brought about a fast creation of new employment opportunities that nearly resulted in a workforce shortage.

A problem of employment policy that has for a long time been neglected is the so-called structural unemployment. The urgent challenge that still needs to be faced is the balance between the offer of job opportunities on the labour market and the kind of professional qualification and education that the “older” job applicants can offer to their potential employers. The key solutions include the offers of lifelong learning, requalifications and other possibilities of increasing or changing the qualification of job applicants at pre-retirement and retirement age.

## **Commitment 6: To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions**

A wide range of activities aimed at human rights and intergenerational cohesion are realized as part of the current reform at regional schools. These two topics have been incorporated in the framework educational programmes. Education according to the framework and school education programmes strongly emphasizes education of children and pupils in the field of human rights, as well as the requirement to provide them with key civic competences – such as e.g. respect for personal values of other people, ability to empathize with other people's situation, disapproval of oppression and violence, racial and intergenerational tolerance, intergenerational relationships, education towards positive interpersonal relationships in the family and in the society etc.

The principle of lifelong approach is also reflected in the area of education, which concentrates on topics of fundamental human rights and values from its preschool forms:

- Preschool education – providing an introduction to what is (not) in accordance with basic human values and norms – educational themes *Child and Society* and *Child and the Others*.
- Primary education – human rights issues, including prevention of all kinds of discrimination, positive interpersonal and intergenerational relationships – educational themes: *Man and the World*, *Man and Society* and *Man and Health*.  
Furthermore, the Ministry of Education, Youth and Sports established a new supplementary educational subject: *Ethical Education*. It includes the following topics: interpersonal relationships and communication, human dignity, interpersonal social empathy, prosocial behavior in personal relationships and social life etc.
- Secondary education – realization of the programme “*Strategy of preventing risky behaviour of children and youth within the competence of the Ministry of Education, Youth and Sports in 2009 – 2012*”
- Higher education – educational fields according to specific fields and branches of study. Themes such as e.g. education in human rights, human rights protection, prevention of race, religion and intergenerational intolerance, etc. are an integral part of all teacher preparation and many other study programmes and fields.

The current school reform brings about a gradual change of the content and aims of education. The new approach to education is now based on the idea that the current scope of knowledge and the rapid development of production technologies do not allow us to clearly define what our children will actually need in about 20 or 30 years (only 20% of the entire workforce has changed over the past ten years, while 80% of the entire technical equipment required for the development of this working activity has changed at the same time). Therefore, education is built on a certain amount of appropriately interconnected knowledge and a great emphasis is put on universally important skills which will enable the pupils to quickly adapt to the needs of further education and future employment. These skills include: ability to learn, be creative and solve problems, ability to communicate effectively with people as well as with technology, ability to cooperate, to respect own and other people's rights, to tolerate the others, to care for nature and culture, ability to take care of their health and safety, to recognize and develop their own skills. As far as methodology is concerned, education includes activities which are based on active group work and relations between information from different subjects (fields).

Regarding harmonization of further education opportunities with the needs of the labour market, the qualification requirements of the labour market are not systematically monitored and analyzed. Some individual projects exist, but they are not interconnected in any way, and their sustainability cannot be guaranteed.

For most of the population of the Czech Republic, learning is mainly connected with attending school to receive the initial education. Most Czech people believe that learning/education is finished upon leaving school, and that if they study at school, they will not have to learn later. Furthermore, starting with further education requires overcoming certain barriers (to find a suitable course, agree on a suitable date etc.). Price is another important factor: further education is rather expensive, while its effect is rather slow and hard to identify. The only motivation factor can be the fact that the expenses related to increasing the qualification of employees constitute a tax-deductible item (that means the amount that may be applied in a tax return when calculating the employer's tax). When considering the tax deductibility, Act No. 262/2006 Coll., Labour Code, concentrates on whether the education relates to the company's object of business and whether it represents improvement or upgrading of qualification. The expenses for trainings which improve qualification (education as part of further education) may be deducted from tax. In case of qualification upgrading, they are not deductible (education as part of initial education). The education activities that may be deemed tax-deductible include for instance language courses, professional trainings, tax and accounting courses, as long as these relate to the company's object of business.

Employers play an important role in upgrading and improving the qualification of their employees. According to researches, 69.9% of employers care for the professional development of their employees by providing targeted educational activities. At present, however, employers are not motivated to educate their employees more than absolutely necessary.

### **Education for seniors**

Education for seniors is organized by means of special professional courses that are realized especially at public universities. Nearly all Czech public universities organize these education activities under the name University of the Third Age (U3A). Dozens of special courses and lecture cycles are offered at 21 out of 26 Czech public universities. The total number of senior students enrolled in them exceeds 20 thousand. These U3As are usually attended by older persons from university towns and their close neighborhood. Therefore the universities establish detached centres outside the university towns so as to provide an education opportunity also for people living in the country. Naturally, the high professional and pedagogical quality of education must be secured in this case, too. It is therefore necessary to observe the rule that a U3A may only be realized by an institution that has a professional link with a university that has at least one Master's study programme accredited by the Ministry of Education, Youth and Sports. Individual U3As at Czech universities are joined together by the U3A Association in the Czech Republic, which organizes an international professional conference every year, mediates contacts with European organizations (AIUTA, EFOS), co-ordinates the mutual cooperation of member universities and deals with major problems of senior education. U3As are financed by means of share financing. Approximately 30% of expenses are paid by the students in the form of enrolment fees. The Government provides a significant support through the Ministry of Education, Youth and Sports. Its annual contribution amounts to CZK 30-40 million. At the moment, the main part of this subsidy is paid to the individual schools through Development Projects of the Ministry

of Education, Youth and Sports. Pursuant to the amendment that is being prepared, the subsidy will be distributed according to the number of students and the number of lessons with active presence of a lecturer. A certain amount of expenses is paid by the schools themselves: by a cheaper lease of school premises and other operational facilities (telephones, heating, lighting).

## **Commitment 7: To strive to ensure quality of life at all ages and maintain independent living including health and well-being**

Upon recommendation of the Government Council for Older Persons and Population Ageing regarding the preparation of a concept of solving the issues of Alzheimer's disease and similar diseases in the Czech Republic, the Government of the Czech Republic adopted the Resolution No. 711 of 6 October 2010, which states that a draft concept of solving the issues of Alzheimer's disease and similar diseases in the Czech Republic would be submitted to the Government of the Czech Republic. The concept clearly indicates that the following four areas need to be dealt with:

- Ensuring performance and coordination of research and education of medical professionals
- Ensuring care for patients – in their homes (possibility to use a multidisciplinary field team of workers and cooperation with the local centre of the network for Alzheimer's disease, and to use the respite stays and day-care centres), institutional care (health-care centres of different specializations, social services facilities with units specialized in care for patients with Alzheimer's disease, which will cooperate with individual centres of the created network)
- Ensuring care for the carers – both family and professional carers (information, support, facilitation of respite stays)
- System of educating the professional carers for patients with Alzheimer's disease in cooperation with the network of centres (education of medical professionals, education of professionals in social services)

At present, the Government is preparing a Long-term Care Act; the Czech Republic has not had one so far. This motion should ensure, within the limits of the existing mechanisms, financing an accessible and good-quality long-term medical and social care (hereinafter the "long-term care"), provided in an effective and equal way in homes as well as institutions. The present or potential clients and their family members must start participating more in the system of ensuring the long-term care.

The aims of the above-mentioned bill include the following:

- To specify the area of long-term care, healthcare and social services provided in its scope, the clients' rights, requirements for personnel and material equipment of the providers and financing the long-term care.
- To overcome the segmentation and obstacles between the healthcare and social care services.
- To ensure the optimal way of providing the long-term care according to individual client's needs, if possible in the client's home, and an interconnection of their different forms (home/field, day-care/outpatient, institutional/stay).
- To create new working opportunities in the area of long-term care and to support hiring the appropriate number of qualified workers for these services.
- To ensure the quality of the provided services, to set the minimum standards and their equal accessibility for everybody; this will lead to independent and dignified life of an individual.
- To increase the effectivity of services provided.

Health Support Specialists from the National Institute of Public Health (NIPH, SZÚ in Czech), cooperating with other entities, such as the Regional Hygiene Institutes, the National



Network of Healthy Towns, regional authorities, individual municipalities, non-governmental non-profit organizations etc., regularly organizes the so-called “Healthy Days” in order to promote the responsible approach to life in old age and increase the healthcare knowledge and competencies of people.

Also the Universities of the Third Age regularly include special courses into their education programmes to increase awareness of the different aspects of individual diseases, their prevention and the healthy lifestyle.

The Ministry of Health regularly supports interesting projects run by non-governmental or public organizations by means of the subsidy programme “Equal Opportunities for People with Disabilities” (hereinafter the “Programme”). This system of providing state financial subsidies is a necessary complement of the solution to problems relating to care for people with disabilities. The yearmarked subsidies granted to specific projects developed in response to current needs significantly support the realization of tasks of the Ministry of Health in implementing the Government Resolution. The supported areas for the period 2011-2014 include the support of preparation of information materials and educational activities for broad public as part of the prevention of disabilities or other diseases.

The subsidy programmes of the Ministry of Health (Equal Opportunities for People with Disabilities and Grant Support Programme) also include projects that support healthy and active ageing. This is e.g. the case of Radioprogramme “Home care” (accessibility and quality of home care from the point of view of its users – seniors), “Support of Active Lifestyle for the Seniors” – exercise for seniors, or support of “Generation”, a magazine for older people.

In 2010, the subsidy programme of the Head Hygienist’s section “National Health Programme – Health Support Projects” granted financial support to 5 projects aimed at health of older people. The projects were called “World on the Table”, “Seniors’ Days”, “Seniors’ Responsibility for their Old Age Life”, “It’s Never Too Late – How to Grow Old More Successfully” and the project “Healthy Ageing – Stage 2”.

As part of activity of the National Institute of Public Health, the second stage of the above-mentioned two-year project “Healthy Ageing” was realized in 2010; all the deployed health support branches of the National Institute of Public Health participated in it. This project was aimed at supporting active healthy ageing in all its parts that may be influenced by old people themselves, i.e. especially exercise, diet, mental health, lifestyle, prevention of injuries etc. The project included lectures and discussions on issues that are most interesting for older people, e.g. excessive stress and how to manage it, what is a balanced diet, how to keep mentally fit, how to ensure good sleep, how to walk and prevent accidents etc.

Health is a very complex area that includes, in addition to physical and mental health, also issues such as injuries, diet, personal security, first aid, socially-pathological phenomena, sports and exercise and many other areas. For these reasons, the Ministry of Education, Youth and Sports established a working group Health 21 consisting of employees of individual groups of the Ministry of Education, Youth and Sports, that coordinates the activities of the ministry relating to health and by means of Zdraví 21 regularly describes the current state of health support within the ministry. Regarding the health issues and the ways of improving health, the Ministry of Education, Youth and Sports cooperates with other Ministries (e.g. with the Ministries of Health and Agriculture), universities, non-governmental organizations and other partners. At present, the Ministry of Education, Youth and Sports concentrates particularly on the issue of accidents and the issue of diet, which is connected with the obesity of children, youth and adults?

Due to population ageing, the amount of reimbursement of expenses incurred by health care that is provided in relation to old age is increasing. In this sense, it is in the interest of insurance companies, with respect to limited financial resources, to support – e.g. as part of preventive programmes – such activities which might help achieve a healthy and active life in old age. The public health insurance system is solidaristic, and the position of the insured in it is equal not only from the point of view of their state of health, but also from the point of view of age or social category.

## **Commitment 8: To mainstream a gender approach in an ageing society**

The Government Council for Equal Opportunities of Women and Men is one of the permanent advisory bodies of the Government; it assesses the different situations and needs of women and men in individual areas and policies and prepares proposals for promoting and attaining equal opportunities of women and men. When submitting materials and proposals for measures at the Government meeting during the interdepartmental comment procedure, it also performs systematic assessment of the different situation and different needs of women and men within the category of older persons. One of the problem areas of the Czech Republic are the differences between women and men in remuneration for work (the so-called gender pay gap), with subsequent differences in the amount of benefits paid from the pension insurance system (Table No. 8).

**Table 1 Different average income between women and men, 2009**

	Women	Men
Average pay	CZK 22,414	CZK 29,953
Average OAP	CZK 9,124	CZK 11,174
Average FDP	CZK 8,925	CZK 10,301

*Resource: CSO*

*Note: OAP – old-age pension, FDP – full disability pension*

The so-called feminization of poverty is also reflected in the Updated Measures of Priorities and Procedures of the Government in Implementing Equal Opportunities for Women and Men, which is a fundamental annual Government material aiming towards a conceptual implementation of equality of women and men. The Updated Measures of Priorities for 2010 also included a task to improve and extend the care for persons in need and to seek to overcome the horizontal gender segregation on the labour market e.g. by means of increasing the prestige and remuneration in the typically female dominated occupations (including caretaking areas). Overcoming the horizontal gender segregation on the labour market plays an important role in diminishing the differences in the remuneration of women and men, and, subsequently, in diminishing the difference in old-age pensions.

The aim of pension insurance is to provide a substitution for pre-retirement incomes. The Czech pension insurance partially reduces the men's and women's income inequality due to the existence of the so-called reduction borders, which are used to determine the calculation base for calculating the pension (for higher wages the compensation ratio is lower than for lower wages).

This fact is also reflected in the Government document called the National Reform Programme of the Czech Republic 2011 adopted as a contribution to the Europe 2020 Strategy. This programme anticipates reduction of female poverty by the so-called small pension reform that proposes gradual postponing of the retirement age and a longer staying in the labour market.

The Government of the Czech Republic agreed in its Policy Statement in 2010 to promote i.a. the parental involvement in childcare. The Policy Statement also states that the Government of the Czech Republic shall support the development of childcare services and part-time employment for parents with children up to 6 years.

The Government also wishes to support the development of alternative family care at the pre-primary education stage, development of company kindergartens, alternative pre-school institutions of the type of mother and family centres, as well as the institute of neighbourhood childcare. The Government wishes to create conditions for a better return of parents to a gainful activity.

On 22 April 2009, the Government Council for Equal Opportunities of Women and Men appointed the Committee for Harmonization of Work, Private and Family Life.

The key precondition of effective harmonization of the working, private and family life is, in addition to a sufficient offer of an accessible non-family care for small children, a sufficient offer of flexible working hours. The support of flexible employment forms should be directed at men as well as at women. It is important to discriminate between the so-called voluntary flexibility, where an employee works flexi-time voluntarily, and the so-called involuntary flexibility, where an employee is employed this way because the only alternative to that is unemployment.

Flexible forms of work are used relatively rarely in the Czech Republic. According to the last data of the Czech Statistical Office, the ratio of part-time jobs in the overall employment was 5.5%, of which there were 8.5% women and 2.0% men. The ratio of people who were employed part-time involuntarily was 16.1% of all men part-time workers and 9.5% women part-time workers. As far as education of part-time workers is concerned, the percentage of people with no education, basic education and lower secondary education employed part-time in 2009 was 11.2% women and 6.4% men. The percentage of women with higher secondary and post-secondary education working part-time was 8.0% and men in this category made up 1.7%. Among part-time workers with tertiary education there were 9.4% women and 2.3% men.

The Updated Measures of Priorities for 2010 at the same time state the measures for the support of establishing, operation and development of social services (e.g. caretaking services, day-care centres, personal assistance), which applies directly to women (including older-aged women) who more often care for older, often immobile people.

## **Commitment 9: To support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members**

In order to secure an information source and a professional support for informal carers, the Ministry of Health provided financial resources for the operation of the Internet portal “Caring Online” that assists family members in caring for a dependent senior in the environment where he/she is feeling best, i.e. at home. This Internet portal is a source of important information on health and social care. The family members can e.g. ask professionals in writing about anything they need to know. This project was chosen by the EU as one of the good practice examples.

The Ministry of Labour and Social Affairs supports implementation of educational programmes for informal as well as professional carers. From 2007 to June 2011, 423 qualification courses for social services workers were accredited pursuant to Section 37 of Decree No. 505/2006 Coll., 1454 courses for the target group of the social services workers – lifelong education and 243 courses for the target group of the natural persons who provide assistance to recipients of the care allowance (informal carers).

The area of education and professional development is, as one of the separate chapters, also included in the document “Priorities of the Development of Social Services for 2009 – 2012”, that was acknowledged by the Government of the Czech Republic in September 2009.

The Labour Code in Section 191 states that important personal obstacles to work include also the period of taking care of another household member that a child in the cases laid down in Section 39 of the Sickness Insurance Act. An employer shall excuse the absence of an employee from work during this obstacle to work. The Labour Code thus enables an employee to care for a household member whose state of health as a result of an illness or injury requires a necessary care by another natural person.

In Sections 240 and 241, the Labour Code further regulates the working conditions of employees taking care of bedridden persons:

- It follows from Section 240 of the Labour Code that an employee who proves that he or she, mostly on his or her own, systematically takes care of a person who under a special legislation is considered bedridden (dependent on another person’s care) in the 2nd stage (largely bedridden), in the 3<sup>rd</sup> stage (severely bedridden) or in the 4<sup>th</sup> stage (fully bedridden) may only be instructed to go on a business trip outside the municipality (locality) of their workplace or home address with their consent; the employer may only transfer them to another location (municipality) at their own request.
- It follows from Section 241 of the Labour Code that where an employee who proves that he or she, mostly on his or her own, systematically takes care of a person who under a special legislation is considered bedridden (dependent on another person’s care) in the 2nd stage (largely bedridden), in the 3<sup>rd</sup> stage (severely bedridden) or in the 4<sup>th</sup> stage (fully bedridden) requests to work only part-time or requests some other suitable adjustment to her or his weekly working hours, the employer is obliged to comply with such request, unless this is prevented by serious operational reasons.

The Social Services Act (No. 108/2006 Coll.) regulates the use of a new allowance – the so-called care allowance. The care allowance is granted to largely or fully bedridden persons for in order to secure the needed assistance for them. Its amount differs according to the stage of their dependence (4 stages), which is assessed in relation to the amount of assistance needed from another natural person for caring of the person and for ensuring self-sufficiency. The recipient of the care allowance can thus decide on his or her own whether he or she will use the formal care through one of the social services or whether he or she will prefer an informal care that is most often provided by the family or acquaintances of the allowance recipient. If the person uses the informal care, i.e. that of his or her family, the carer may use the care allowance to pay the expenses of care for his or her acquaintance, which facilitates this kind of care.

Under the above-mentioned Act, respite services are provided and supported financially; these may be provided in their terrain, outpatient or inpatient (stay) form. In 2010, the total of 202 respite services was supported from the state budget. At present, the respite services are realized by 257 providers.

**Commitment 10: To promote the implementation and follow-up of the regional implementation strategy through regional cooperation**

The Czech Republic regularly participates in all meetings of the UNECE's Working Group on Ageing. Furthermore, the Czech Republic was also elected member of a narrower "Bureau" of the Working Group.

RIS / MIPAA is an important basis for formulating the policies regarding ageing at the national level. This strategic document served as a basis for the creation of the National Programme of Preparation for Ageing for 2008 – 2012.

The Czech Republic considers the non-governmental organizations to be an indispensable partner in drawing up the aims of the policies and assessing the implementation of strategic documents on the national as well as international level. Also within RIS / MIPAA, their activities were an important part of assessment of the progress attained according to individual commitments included in this document.

The Ministry of Labour and Social Affairs agreed to organize the multi-disciplinary training programme in social policy, in cooperation with the International Institute on Ageing United Nations (INIA) and the UNECE Population Activities Unit. The Capacity-building Training Programme named "Addressing Current Social and Health Issues in Ageing" was held in Prague on 3-7 October 2011. Its aim was to strengthen the capacity of participants to improve understanding of the complex consequences of longevity and changes in societies, to adopt holistic approach to policy making, implement evidence-based and participatory approach to policy making and develop effective policies to address priority social and health issues to achieve better quality of life in ageing societies. The Programme consisted of lectures and seminars.

The UNECE Population Activities Unit was very helpful in preparing the organization of the seminar. In particular, it arranged for communicating the information of the planned seminar, so that there was a sufficient number of applicants, provided advice during preparation activities, provided printed materials for the participants, prepared and processed assessment forms for the participants of the seminar, arranged for active participation at the seminar, communication during the education programme with the participants and teachers of the seminar, etc.

## Conclusions and Priorities for the Future

The challenges faced by most societies as a result of the population ageing must be solved by means of complex measures and by cooperation with all related parties and throughout all spheres in the society. In this respect, therefore, it is important to establish a partnership of the Government, self-government and non-governmental organizations in order to ensure the most effective and efficient process of dealing with the challenges resulting from the population ageing. In the Czech Republic, the most important contribution in this field is made by the activities of the Government Council for Older Persons and Population Ageing, in which all the significant parties are included, and which has a considerable influence on forming political measures and discussing the current problems and searching their solutions. An important step was also the adoption of the second National Programme of Preparation for Ageing for 2008 - 2012, which clearly declares the priorities and formulates the measures whose implementation is assessed every year. A new national programme of preparation for ageing that will reflect the outcomes of the previous document will be prepared during 2012.

Between 2007 and 2011, many laws influencing the life of older persons were adopted or amended. The most important of them is probably the Social Services Act, which newly defines the individual types of social services, establishes the duty to register and adhere to the minimum quality standards in providing social services, and also defines a new social benefit – care allowance – that pertains to a social service user. This way the client gets the authority to decide what kind of service and at what provider he or she will use.

Another change was the adoption of the Antidiscrimination Act, which clearly defines direct and indirect discrimination, specifies legitimate possibilities of equal treatment and defines the possibilities of protection against discrimination. Although the ban on discrimination had been included in several legal documents before (e.g. in the Employment Act and in the Labour code), this legal regulation brings unification of the ban on discrimination, and therefore also a more effective protection against the occurrence of unequal treatment.

Many parametric changes were performed in the pension system of the Czech Republic in the period from 2007 to 2011. The most important one is obviously the gradual prolonging of working life by means of postponing the retirement age, gradual unification of the retirement age for men and women, tightening of the terms for early retirement and cancellation of limitations of working activity at the time of receiving the pension insurance benefits. As part of the currently implemented pension reform, the Czech Republic will create the so-called 2<sup>nd</sup> pillar that has been missing so far.

At present, the Government of the Czech Republic is preparing a Long-term Care Act that will have a significant impact on the older-aged citizens. The newly prepared legislation should strengthen the cooperation between health care and social care, because these two components are interconnected and cannot be separated. In the context of the social and health services, it is also necessary to improve the quality of care for people suffering from Alzheimer's disease and similar diseases, because the occurrence rate of these diseases is constantly increasing. Another piece of legislation that is being prepared is the Rehabilitation Coordination Act; it shall lead to interconnecting all components of rehabilitation and to make the system of providing rehabilitation more effective. In the area of healthcare, there is a gradual tendency towards strengthening the rights of patients.



In the future, the Czech Republic will definitely face further increasing of people aged 50 and more years, especially in the age group of 80 and more years. Consequently, it will be necessary to continue with introducing reforms aimed at stabilizing the pension and health insurance system, with increasing the employability of older persons and with developing social and health services which correspond to individual needs of the older generation. In next years, it will be necessary to focus on matching the offer and demand of the labour market, adjusting the workplace to the needs of older workers and increasing safety at work.

Since 2007, the Czech Republic has implemented many significant measures and laws in the policy of population ageing. The Czech Republic is a stable country striving for a balanced budget, and therefore it reflects the consequences of the increasing number of older people in the continuously implemented reforms.

Nevertheless, there are some areas which will need to be addressed more in the Czech Republic:

- Intergenerational solidarity and dialogue – it is necessary to change the negative approach towards population ageing and older people that is a prerequisite for the creation and development of age discrimination. In the Czech Republic, the age discrimination occurs especially in the working life of older persons, which leads to difficulties in keeping a job or finding a new one.
- Employment of older persons – the age-management principles are not accentuated enough in companies, and there is an insufficient offer of flexi-time employments, which are often taken up by older persons. In spite of the need to pay more attention to older people at labour offices there is a shortage of staff at these offices, and therefore this requirement is difficult to meet.
- Housing for older persons – the needs of citizens are constantly changing during their lives, which also applies to housing. There are several projects aimed at developing suitable housing for older people, but this offer is still insufficient. An unsuitable housing leads results in a need to use stay social services. The issue of appropriate housing for older people is closely related to the financial issue. With respect to lower income of the older persons, it is necessary to provide for an architecturally adequate housing that is financially accessible at the same time. Older people should have an opportunity to live in an environment in which they have lived for most of their lives, which they know well and where they have their friends and/or families. Ensuring the local accessibility is another important principle for securing a suitable housing for older people.
- Development of information and communication technologies for older people – assisted life services for older people may significantly reduce the negative consequences of population ageing, especially by enabling the older people to stay in their natural home environment for a longer time.
- Development of voluntary work – the development of active ageing must not necessarily mean only emphasis on paid work, but also using the older people's experience by developing voluntary activities.

The development of active ageing will be a significant challenge for the Czech Republic in the next years. This notion is considerably broad and includes many areas of social life. Also the future research activities should engage in active ageing and enabling participation of older persons in the life of the society. It is necessary to find out the old people's

preferences, barriers which they face, and also suggest possible ways that will lead to the development of active ageing.

The Czech Republic considers the process of mutual experience exchange to be vital for the successful implementation of new political measures in the area of population ageing.

## **Annex**

Annex No. 1 – Good Practice Examples

Annex No. 2 – National Programme of Preparation for Ageing for 2008 – 2012

Annex No. 3 – Statistical data

Annex No. 4 – Antidiscrimination Act No. 198/2009 Coll.

## Annex 1: Good Practice Examples

## Content

Good practice example 1 – Život 90, o.s.....	3
Good practice example 2 – Atriowood, s.r.o .....	4
Good practice example 3 – Elpida, o.p.s. ....	5
Good practice example 4 - Diakonie ČCE (Diaconia of the Evangelical Church of Czech Brethren) .....	6
Good practice example 5 – Education to higher adaptability of employees at risk of restructuring within the Liberec Region.....	7
Good practice example 6 – Active at Fifty within the South-Moravian Region.....	8
Good practice example 7.....	9

### **Good practice example 1 – Život 90, o.s.**

The objective of the daytime service center is to help in the area of self-support and promotion of physical fitness of seniors. For this reason, its main and integral part is the education within the Senior Academy during morning and afternoon hours. The specific description and pricelist of the services is published and regularly updated on information boards at the reception area of the PORTUS House, within information materials of the organization (Zpravodaj Senioři), and on the organization's website. There are currently 88 courses under way – both within the PORTUS House as well as externally. All courses are conducted by skilled and competent lecturers specializing in the area in question. The courses are offered for different durations: a year, six months, three months, and eight weeks. The most common education areas are as follows: language courses, computer and web-related training, individual course in handling mobile phones, and specialized lectures. In the area of fitness courses, the most popular are rehabilitation physical education, yoga, strolls in Old Prague, Nordic Walking. Furthermore, the Senior Academy runs the following clubs – chess club, philatelic club, octogenarians club, etc. In the area of arts, the Senior Academy offers Introduction to landscape painting, choirs, etc. A number of other events for seniors are organized within the center, e.g. debates, cultural events, etc.

One of the fundamental ideas, which were accentuated upon the formation of ŽIVOT 90, was the fact that seniors should not become mere passive recipient of provided services, but they should offer their capacity and experience to serve others. For this reason, a great deal of attention is paid to the work of volunteers. Most volunteers of ŽIVOT 90 are also seniors. The age of our volunteers ranges from 17 to 90 years. This leads to interesting and useful intergenerational interactions during the voluntary activities. In total, 80 long-term volunteers and 62 volunteers for nonrecurring events of the organization work in ŽIVOT 90.

(Website: <http://www.zivot90.cz>)

## **Good practice example 2 – Atriowood, s.r.o**

The ATRIO WOOD system offers high-quality housing suitable for seniors, in order to prevent their social exclusion. The method of use and nature of these apartments make them ideal investments for municipalities and nongovernment organizations; however, they are also suitable for private investors, whose services focus on providing care to these population groups.

The project had mainly been prepared on the basis of long-term experience abroad in the area of housing particularly intended for medically disadvantaged persons, who may face with certain complications of living within standard conditions. The ATRIO WOOD system represents a compilation of all positive findings, which were considered optimal from the perspective of technical and economic perspective and, above all, with respect to comfortable living for this clientele. The objective of the system is to create an optimal and universal type of scarce and highly desired barrier-free apartments, especially for small municipalities. The key principles applied within the ATRIO WOOD project include high quality of workmanship, quick development, and low acquisition/operating costs of the apartments. The successfulness of this system has been tested on many projects implemented during the recent years, as the projects verified the fulfillment of prerequisites set down during the preparation stage of the task.

(Website: <http://www.atriowood.cz/>)

### **Good practice example 3 – Elpida, o.p.s.**

Elpida is non-government organization for older people in the Czech Republic. Its main activities are (1) providing a free, anonym crises helpline for seniors; (2) Elpida Centre of education and free time; (3) Publishing a magazine for seniors called Vital.

Age discrimination is one of the most serious topics not only in the context of employment but also across the whole society. Because of this reason Elpida have begun the long-term campaign called „Respect my granny!” Ageing should be considered as a success of modern society, a dream of many generations. This non-profit organization wants to show especially to young people that older generations have a lot to offer – experience, context, wisdom. To achieve this goal Elpida has prepared two main activities:

1. The campaign with young Czech actors and singers and their grandparents. “I am against age discrimination and you?”(It is written on the posters, which are placed in the public area) and invite young people to join internet discussion about ageing ([www.mluvmeostari.cz](http://www.mluvmeostari.cz)).
2. Please The Trees Tour 2011/2012 against age discrimination - the chorus of older people and young rock band Please the Trees was put together. They play and sing in clubs for the young across the Czech Republic. The goal is to entertain people and show them that generations working together can do something great.

Please The Trees Tour 2011/2012 is beginning with three concerts in November and December 2011, six more concerts will follow in 2012.



#### **Good practice example 4 - Diakonie ČCE (Diaconia of the Evangelical Church of Czech Brethren)**

At the turning of 2010 and 2011, the Diaconia started its long-term campaign “Open to Seniors”, the objective of which is to change the way the public perceives seniors. The campaign emphasizes that old age and ageing have their quality and value and points out that seniors are often overlooked and undervalued within the society. The campaign thus strives to stir up debate in respect of the most commonly disseminated mistakes, stereotypes, and prejudices formed within the society vis-à-vis seniors. Furthermore, the seniors are the most numerous group of clients serviced by the Diaconia in its centers throughout the Czech Republic.

The key message of the initial campaign series became the slogan: “Today's taboo is old age”. During the first stage, posters in the form of optometric boards were created, as part of outdoor advertising, on telephone booths throughout the Czech Republic as well as in a number of printed media. Controversial statements contained in the advertising draw attention to the fact supported by a number of sociology studies, as it has not been highly publicized.

In 2011, the Diaconia created a television advertisement with an addressing statement “Old age can give us more ...”. Positively controversial spot is broadcasted on public television (ČT) and multiplexes throughout the Czech Republic.

The campaign also consists of the preparation of principles for journalists, who write about seniors.

For more information about the campaign, see <http://www.otevrenoseniorum.cz>

## **Good practice example 5 – Education to higher adaptability of employees at risk of restructuring within the Liberec Region**

Another example is the implemented grant project “Education to higher adaptability of employees at risk of restructuring within the Liberec Region” of Regional Chamber of Commerce in Liberec acting as the beneficiary. The project strives to improve adaptability of employees, who are at risk of unemployment due to structural changes within industries and sectors they work in. The project activities are aimed at the Liberec Region, which has been severally hit by the economic crisis. These employees receive qualification required for their work mobility in the form of consulting and educational programs. Special attention will be paid to employees, who are disadvantaged on the labor market because of their age. Employees at risk are trained for new jobs and new working careers by improving their competencies, which are seen as crucial for the current labor market. The target groups comprise employees working under notice of termination as well as specific groups of employees (both employees working under notice and employees who receive their notice of termination after joining the project) over 50 years of age and young people below 25 years of age.

The specific group of employees over 50 includes people with extensive experience and many years of practice in their respective professions; however, they are not attractive for their employers from the perspective of work. They no longer have the required flexibility, work pace, and their productivity of work decreases with increasing age. These people often do not know their price, are apathetic, afraid to compete with younger colleagues, and frequently forget to display their strengths. After being let go, they feel useless and cease to hope in finding a new job, because their age plays a big role in the hiring decision of a new employer.

The key activities of the project are: Preparing employees for further professional learning, Career-related consulting, Training of participants - Soft skills, IT courses, Specialized language courses, Professional training and requalification, and Mediation of jobs and the promotion thereof.

## **Good practice example 6 – Active at Fifty within the South-Moravian Region**

The project Active at Fifty within the South-Moravian Region targets reintegration of job applicants and candidates over 50 years of age into the labor market. The only precondition for eligibility for the project is reaching the age of 50 during the year they are entered into the project. In order to prevent unemployment, the target group also includes job candidates. Furthermore, the project does not exclude disabled people, socially inadapted people and/or people with low level of qualification.

The main objective of the project is to improve employment and employability of the target group comprising job applicants and candidates by improving, extending, or changing their qualification and subsequent employment. The main contribution consists in updating and improving the knowledge and skills of the target group and their easier subsequent placement on the labor market.

Clients may – based on identification of their prerequisites and consultations with experts – undergo a motivational and consulting module, introduction to PC course, and requalification course(s), the composition of which is tailored to the requirements of the labor market. A qualified psychologist will be available to clients as part of the individual consulting throughout the implementation stage. Personal assistants play their role during the search for suitable employment, preparing for interviews, as well as the actual interviews. 100 people will be employed upon passing the project activities.

500 people will be enrolled in the project.

## Good practice example 7

The project specializes in the support of reintegration of women over 50 in the labor market in the form of the so-called self-employment. Target group: Women over 50 years of age. Project objective: The primary project objective is to facilitate access to labor market for women over 50 or to help women over 50 to start their own small business and lead them to the so-called self-employment and economic independence.

The instruments for achieving the aforementioned goal will be used to acquire the target group in the form of recruitment leaflets or, as appropriate, campaigns aimed at acquiring women from the target group, consulting activities, training program "Starting small business for women aged 50+" and experience sharing by local businesswomen in the form of a seminar. The secondary project objective is to promote the strengthening of employment within the Příbram region and to reducing unemployment for the given group at risk (women aged 50+) by improving their self-confidence and developing their potential and skills.

The project has been subdivided into 4 parts:

1. Campaign in the form of recruitment leaflets aimed at the acquisition of women from the target group.
2. Consulting center for new businesswomen "Start 50+" throughout the term of the project intended not only for new businesswomen within the project, but also for 50+ women "from the outside", who had already started and are in need of some consultations. The consulting will online include an online consulting room.
3. Training program "Starting small business for women aged 50+" – how to go about a business activity and financing alternatives, introduction to PC – total scope of 8 weeks / 160 hours.
4. Interactive meeting with local businesswomen or women-entrepreneurs (lecture, experience sharing, facing and overcoming difficulties in business) in the extent of 5-hour interactive workshop.

The project output will be the preparation and printing of a brochure with practical information relating to a starting business and contacts to consulting institutions. We expect the creation of 3 jobs in the form of the so-called self-employment – i.e. we assume that 3 of the 24 trained women will get a trade certificate prior to the project completion; however, in the long-term, we expect the total number of jobs created in the form the so-called self-employment of these women to be higher.

MINISTRY OF LABOUR AND SOCIAL AFFAIRS  
OF THE CZECH REPUBLIC

# Quality of Life in Old Age

National Programme of Preparation for Ageing for 2008 – 2012





# **Quality of Life in Old Age**

**National Programme of Preparation for Ageing  
for 2008 – 2012**

Prague 2008





## **Table of contents**

1	Introduction .....	9
2	Basic principles .....	13
3	Strategic priorities .....	21
4	Active ageing .....	21
5	Age-friendly environment and community .....	29
6	Health and healthy ageing .....	35
7	Family and care .....	43
8	Participation and human rights.....	49
9	Implementation and cooperation .....	55



# GOVERNMENT OF THE CZECH REPUBLIC



## RESOLUTION

### OF THE GOVERNMENT OF THE CZECH REPUBLIC

**of the 9<sup>th</sup> January 2008 No. 8**

on the National Programme of Preparation for Ageing for 2008 – 2012

The Government

**I. Approves** the National Programme of Preparation for Ageing for 2008 – 2012 contained in the Part III of the submitted material No. 1878/07 (hereinafter “the Programme”);

#### **II. Obliges**

1. The Minister for Regional Development, the Deputy Prime Minister and Minister of Environment, the Minister of Transport, the Minister of Defence, the Minister of Education, Youth and Sports, the Minister of Interior, the Minister of Health, the Minister of Agriculture, the Minister of Industry and Trade, the Minister of Finance, the Minister of Justice, and the Minister of Culture

a) to implement the priorities and measures set out in the Programme,

b) to prepare and submit annually to the Deputy Prime Minister and Minister of Labour and Social Affairs a report on the implementation of the priorities and measures set out in the Programme within their authority in prior

year by May 31; the first report for the year 2008 shall be submitted by May 31, 2009,

2. The Deputy Prime Minister and Minister of Labour and Social Affairs

a) to implement the priorities and measures set out in the Programme,

b) to submit annually to the Government Council for Seniors and Population Ageing a report on the implementation of the priorities and measures set out in the Programme; the first report shall be submitted to the Council by June 30, 2009,

c) to publish this resolution in the Official journal of the government for the regional and local government authorities;

**III. Calls upon** the Governors of the Regions, the Mayor of the Capital City of Prague, the Mayors of Statutory Cities of Brno, Ostrava a Plzeň and the Mayors of Municipalities to cooperate in the implementation of the priorities and measures set out in the Programme and to support regional and local activities in this area.

To be implemented by:

Deputy Prime Minister and  
the Minister Labour and Social Affairs,  
Deputy Prime Minister and  
the Minister of Environment,  
the Minister for Regional Development,  
the Minister of Transport, the Minister of Education, Youth and Sports,  
the Minister of Interior, the Minister of Health,  
the Minister of Agriculture, the Minister of Industry and Trade,  
the Minister of Finance, the Minister of Justice,  
the Minister of Culture, the Minister of Defence

# 1. Introduction

1. 1. Better living and working conditions, higher quality of health care and higher level of social protection lead to the fact that fewer people today die prematurely during childhood and working life. More people are now given the chance to live longer than in the past and old age is becoming a direct experience for an ever-increasing number of people. At the same time, the lifestyle, potential and expectations of older people are changing together with the rising life expectancy. People are living healthier and more active lives.

1. 2. According to the population projection prepared by the Czech Statistical Office, in 2050, about a half million people aged 85 years and over (compared to 101,718 in 2006) and almost three million people over 65 years (i.e. 31.3 % of the population)<sup>1</sup> will live in the Czech Republic. In 2050, life expectancy at birth is projected to be 78.9 years for men and 84.5 years for women<sup>2</sup> (compared to 73.4 and 79.7 years for men and women, respectively, in 2006). It is expected that in the period 2000 - 2050 the proportion of the population aged 80 and over in economically advanced countries will increase three times, however, the number of people aged 100 and over will increase 15.5 times.<sup>3</sup> The total fertility rate in the first half of 2007 was 1.4 children per woman and has thus exceeded the level of 1.3 considered being very low. However, fertility remains at low levels that, in the long-term, do not ensure the simple replacement of the population.

1. 3. Demographic development depends on economic and social development. At the same time it is one of the important factors that need to be integrated into policy making in various areas. The rising number and proportion of older people requires adapting services and products to the needs and preferences of older people and supporting economic growth. A strategy addressing population ageing should take advantage of the potential of older people and help to create an intergenerationally cohesive and age inclusive society. At the same time it is desirable to evaluate the efficiency of the measures in support of families and reconciliation of family and working life.

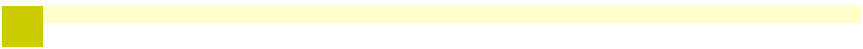
1. 4. Better health and longer life are important values in themselves. The society, in which people are healthier, more educated and live longer,

---

<sup>1</sup> Median variant of the population development projection prepared by the Czech Statistical Office. The number of the population over 85 years is as of January 1, 2006.

<sup>2</sup> According to the prognosis of the population development prepared by the Faculty of Science of Charles University life expectancy at birth in 2050 will be 82 years for men and 86.7 years for women. (B. Burcin and T. Kučera: Forecast of the Czech Republic's population development in 2003 – 2065).

<sup>3</sup> World Population Ageing, the United Nations Organization, 2002.

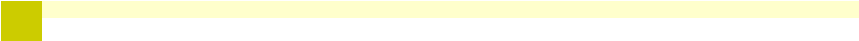


represents an opportunity for economic and social development. The increased life expectancy means that on average, we all have a chance to live a longer life, have a longer relationship with our parents and provide support to our children and grandchildren for a longer time. This benefit cannot be measured by economic criteria only.

1. 5. The demographic ageing is mostly considered to be a negative phenomenon and issues related to demographic ageing are often reduced to reform of pension system. However, to ensure the quality of life and exploit the experience and potential of the rising number of older people it is necessary to do more. It is necessary to take measures in various areas, in particular, change the negative approach to ageing of the population and older people that is often stereotyped and ageist and provokes concerns that undermine intergenerational cohesion and pave the way for age discrimination. At the same time it neglects not only the potential of older people, but also implications and possibilities of scientific, technological and economic development.

1. 6. In order to improve the quality of life of older people and support prosperity in an ageing society, it is necessary to provide all people over their life course with opportunities for self-fulfillment, learning, education and active life. Linear model of education, work and pension becomes increasingly outdated and boundaries between individual stages of the life cycle become more flexible and less distinct. Older persons have similarly as all other people the right to be assessed as individuals, on the basis of their abilities and needs, regardless of their age, sex, colour of skin, disability or other characteristics. Older persons and their knowledge and experience should be placed in the centre of changes implemented in response to population ageing.

1. 7. Citizens of all ages should play an active role in shaping the nature and quality of the services provided to them. In the labour market, as well as in the provision of health care, social and other services, it is desirable to make a radical change in the approach to older persons. The ageing society cannot afford to exclude older persons from the labour market and not to give an opportunity to those who want to live an active life. Health care for older people must prevent long-term dependence and institutionalization. We need in particular more opportunities for an active and independent life of older persons, not only more residential facilities. We need age-friendly communities that provide their citizens with more opportunities for social activities and worthwhile leisure time pursuits. We need community centers offering support and flexible services to older people and families. We need the supply of appropriate and decent housing conducive to social integration and responsive to the needs and limitations of older persons.

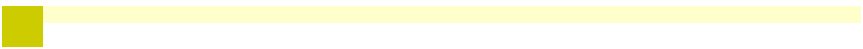


1. 8. The Government has set in its policy statement as a priority to pay increased attention to the quality of life of older people. In order to ensure higher quality of life of older people in the context of population ageing, conceptual changes and measures in various areas need to be adopted. Any measures taken now will have significant impact on the quality of life of future generations of older people and all of us. The failure in addressing the challenges and opportunities brought about by a significant demographic change, can give rise to inefficient policies and insensitive services that are unable to exploit the potential and reflect the needs and aspirations of the rising proportion and number of older people. Well-planned proactive and preventive solutions are cheaper and more efficient.

1. 9. We will live an ever-increasing part of our life in old age. Should people over 65 years account for a third of the population, it will be pointless to differentiate between services and products for older persons and mainstream services. All services and products, not only special services for older persons, must also meet the needs, limitations and preferences of older people. The services must be of better quality, more flexible and must meet the needs of all people regardless of their health condition and age-related limitations. It is proper and reasonable to do our best to create conditions for dignified, healthy and active life in the second half of life and for the realization of the potential and aspirations of the rising proportion of older people. A half of life of an ever-increasing number of people will be lived after the age of 50. The population ageing has been also labeled as a “quiet revolution”. We need to ask whether our institutions, environment, way of life and thinking are ready for gradual, but sure onset of the longevity society.

1. 10. The Programme sets out the basic prerequisites for creating a supportive, integrating and friendly environment for both ourselves and for others. It seeks to promote solidarity and cohesion between generations, inspire an interest in the situation, difficulties and preferences of older people in the Czech Republic, and enhance their subjective and objective safety, and protect the rights of vulnerable groups of older persons. The Programme builds on the National Programme of Preparation for Ageing for 2003 – 2007 and the experience of its implementation. It sets out the priorities and measures for the next five years. In 2012, it will be evaluated and revised. However, the strategic priorities should apply for a longer period.

1. 11. The quality of life of older people is a value and cross-section theme that goes beyond the boundaries of administrative powers and levels. It requires a comprehensive and integrated approach and cooperation across sectors of society. It requires creating strategic partnership between the Government and local government aimed at fulfilling the commitment to



enhance the quality of life of older persons. We should all ask what quality of life in old age we wish to accomplish for our parents and ourselves and what needs to be done to make it happen. Population ageing and quality of life of older persons are issues that concern us all.



## 2. Basic principles

The approach to older people and population ageing is based on the following overarching principles:

### 2.1. Life-course approach to health and ageing

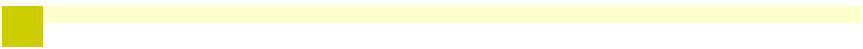
Health and quality of life in old age is to a large extent determined by conditions, events and decisions during childhood and adulthood, including by environment and lifestyle factors. The life-course approach to health means paying attention to specific risks related to individual life stages and transitions and to different needs of various age groups. Although the life-course approach puts emphasis on prevention, it is also necessary to adopt targeted measures aimed at elimination and compensation of existing problems and risks. Health and quality of life can be influenced and improved at any age. The life-course approach needs to be applied not only to health, but also to education, employability, housing, material welfare or social participation.

### 2.2. Partnership between the Government and the local government

Creating conditions for healthy, dignified and active ageing requires strategic and long-term partnership between the Government and local government. The local and regional government has substantial influence on the availability and quality of transport, housing, health and social services, as well as opportunities for social, cultural and leisure time activities, safety and other services and conditions important for quality of life. Local government should play leading role in promoting age-friendly environment and improving the quality of life of local communities. The Government should support and cooperate with local governments in implementing the objectives at the local level taking into account differences and specific needs of individual regions.

### 2.3. Intergenerational relationships and cohesion

Individual generations are interdependent. Intergenerational relationships provide framework for the transfer of values, culture and experience. Intergenerational solidarity and age diversity in the workplace, community and family are factors influencing social cohesion and economic development. Relationships between generations are of paramount importance for individual and social development and for quality of life at all ages. Old age represents positive values and older persons play an important role in families, communities and society as a whole. Active role of older people in families, communities and society should be further promoted. Promotion of



intergenerational relationships and cooperation should thus be incorporated into activities implemented in response to population ageing and contribute to development of a society for all ages. Removal of age barriers and greater intergenerational cohesion can benefit the whole society.

#### 2.4. Special attention paid to disadvantaged and vulnerable groups

Older people with serious disabilities, including persons suffering from dementia, mentally ill persons, migrants, people living in deprived rural and urban areas etc. require special attention and measures due to accumulated risk of social exclusion. The approach to older people from ethnic minorities must be culturally sensitive. Special attention must be paid to persons who are victims of totalitarian regimes, ex-servicemen and other groups requiring special care.

#### 2.5. Gender approach

Due to longer life expectancy, women prevail in older age groups, and their proportion in the population increases with age (at the age of 100 years the female/male ratio is 4:1). As a result, older women live without a partner more often than older men. Older women are more often widowed than older men, who are more often married. The proportion of widows in every age group over 50 years is gradually rising and it is much higher, compared to men. In the 70-74 age bracket, numbers of widows exceed numbers of married women (at the age of 72 by age unit).<sup>4</sup> Amongst the oldest age groups, the risk of poverty is several times higher for women than for men. Men and women face different risks in the labour market and they are also exposed to different health risks and have different health needs. Women's health is generally worse than that of men, including the level of disability, risk of institutionalization, social isolation and some age-related diseases (e.g. Alzheimer's disease or osteoporosis). On the other hand, cardiovascular mortality or suicide rate is higher among men. An important gender aspect also concerns informal and formal (professional) carers. Women account for about two thirds of informal carers. Policies related to ageing and older people, such as e.g. pension, health, family and income policy or support for care and carers should thus be gender sensitive and fair. Account needs to be taken not only of the prevailing number of women in higher age brackets, but in particular of different risks, needs and specificities of men and women in individual areas of life.

---

<sup>4</sup> The Czech Statistical Office (And years go by... 2006)

## 2.6. Dialogue with civil society and social partners

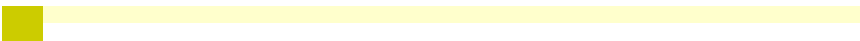
The organizations promoting interests of older people are active partners in policy-making. Non-profit organizations often operate at a local level, introduce new services, possess valuable knowledge and experience and contribute to the improvement of the quality of life of older people. It is desirable to exploit their potential for the improvement of the situation of older people in various areas. Non-profit organizations and interests they promote are diverse, as is the older population. All social partners need to be involved in the process, if we intend to improve the situation of older people in the labour market and in other areas. In line with a participative approach, it is desirable to seek the involvement and participation of older people themselves in addressing the issues that concern them, and in the development of society. Cooperation with the civil sector and social partners is developing, inter alia, through the Government Council for Older Persons and Population Ageing.

## 2.7. Responsibility of individuals and society

Individuals and society have joint responsibility for the quality of life in old age and active participation of older persons in society. Dignified position and active life of older people in the society result, inter alia, from active approach to and responsibility for own life, intergenerational relationships, and imparting important traditions, values and experience to younger people. Older people should endeavour to play an active role and make an active contribution to the society, community and family. Older people, similarly as all other people, are accountable for exploiting the opportunities for self-fulfillment and taking responsible approach to own life and health. Society should provide to people of all ages equal opportunities and conditions for a healthy and active life. The quality of life of older persons also requires personal maturity and recognizing and responding to the spiritual needs and issues of life. Old age, ageing, dying, and death are fundamental themes and at the same time a unique experience. The issue of old age cannot be reduced to quality of care and living conditions.

## 2.8. Decreasing social and geographic disparities (equity)

Older people are a very heterogeneous group. Ageing and old age brings about different risks and difficulties to those who have been in some way disadvantaged during their lives, and have lower income or are in poorer health. Moreover, the solution to these difficulties can depend on the level of education and financial situation. It is proper and right to seek social justice and decrease regional disparities in the availability and quality of services and opportunities and guarantee equal access to important services and products, including



housing, transport and health care for all groups of older people. Special attention needs to be paid to geographic disparities, and specific problems and needs of individual regions and subregions of the Czech Republic, in particular differences between urban and rural areas.

### 2.9. Evidence-based policy

A policy and specific measures addressing ageing issues and areas important for the quality of life of older people need to be well founded and evidence-based and must be continually monitored and evaluated. In the area of health care, social services, housing, employment, education, etc. it is necessary to build on research priorities set in the “The Research Agenda on Ageing for the 21st Century”, which was prepared and adopted on the basis of collaboration between the International Association of Gerontology and the UN Programme on Ageing in Valencia in 2002.

### 2.10. Dignity

Dignity in old age and in the provision of care and assistance to older people is a value that requires guaranteeing the right to free choice and participation in decision-making on the manner, scope and place of the provision of care and assistance. The right to self-fulfillment and the right to free choice must be guaranteed to all, not only to the healthy and self-reliant ones. It is necessary to avoid paternalistic approach reducing older people’ needs and old age itself to social and health issues. It requires addressing spiritual and cultural needs of older people, “empowerment” and promotion of active independence.

### 2.11. Awareness and mainstreaming

The issues related to the quality of life of older people and demographic ageing are comprehensive and cross-sectional. The potential and needs of older people in various spheres of life can be easily neglected due to the lack of interest and support, ignorance, uncertainty, ambivalence or ageism. It is necessary to know the needs, preferences, risks and limitations of various groups of older people. Systematic attention paid to specific risks and needs of older and old persons in various areas can make individual policies and services more sensitive and prevent social exclusion and harm it might cause to individuals, families and society as a whole. By adopting a participatory approach we can learn more about citizens’ opinions on dignity and quality of life in old age, on relationships between generations, active life or participation in society. Mainstreaming ageing and the needs of older people into the activities of various institutions and agencies can lead to the adoption of

legislative or other measures aimed at the solution of a particular problem and consequently to the better quality of life for more people. An active interest in and assessment of impact of proposed policies and measures on older people could result in preventing their undesirable implications or their timely correction.

**Measures:**

2. A. Promote the application of the above principles in individual areas at all levels (national, regional and local) and assess the impact of policies and measures on older people. Put emphasis on preventing age discrimination and the protection of human rights.

Responsibility: GCSPA

Co-responsibility: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA, MHRM

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: on an ongoing basis

2. B. Establish cooperation with the Committee for Regulatory Reform and Efficient Public Administration with a view to performing an in-depth assessment and analysis of impacts of regulation on the older persons population.

Responsibility: GCSPA

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: 2008

2. C. Assess the impacts of reforms and measures adopted in the area of the pension system, health care, housing and social services on the current and future situation of older persons.

Responsibility: MLSA, MH, MRD

Cooperation: MF, CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: on an ongoing basis

2. D. Promote responsible approach to health and material welfare in old age and increase health-related and financial knowledge and skills of people. Raise awareness of older persons about ways of solving difficult life situations.

Responsibility: GCSPA

Co-responsibility: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MIT, MA, MHRM

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: on an ongoing basis

2. E. Support positive approach of the public to older persons, old age and ageing and promote positive media culture relating to older persons. Support creation of information, educational and activating programmes for older persons in the media.

Responsibility: GCSPA

Co-responsibility: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA, MHRM

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: on an ongoing basis

2. F. Incorporate priorities set out in “The Research Agenda on Ageing for the 21st Century” adopted in Valencia in 2002 into research policy. Increase availability and use of research results by relevant stakeholders.

Responsibility: MLSA, MH, MEYS, MRD, MT, MD, MIT, MA

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: on an ongoing basis

2. G. Reduce social and regional disparities in access to public services.

Responsibility: GCSPA

Co-responsibility: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA, MHRM

Cooperation: MJ, regional and local government, organizations representing and advocating for the interests of older people, non-governmental and not-for-profit organizations

Implementation: on an ongoing basis

2. H. Address specific needs and situation of older women and older men in individual policies (gender mainstreaming).

Responsibility: GCSPA

Co-responsibility: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA, MHRM

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people; scientific, research and educational institutions

Implementation: on an ongoing basis

2. I. Draft a policy on care for ex-servicemen (war veterans) and create conditions for improving their quality of life.

Responsibility: MD

Cooperation: CGGS, regional and local government, organizations representing and advocating for the interests of older people

Implementation: 2012





### **3. Strategic priorities**

The Programme is based on the premise that to improve the quality of life of older people and successfully address the challenges associated with population ageing, it is necessary to focus on the following priority areas. It is desirable to promote the priorities outlined below across sectors and policy domains and at all levels of government.

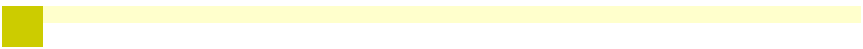
- Active ageing
- Age-friendly environment and community
- Improving health and health care in old age
- Supporting family and carers
- Supporting participation of older persons in society and protecting human rights

### **4. Active ageing**

4.1. A key strategy to address economic challenges of population ageing is to increase an economic activity and employment rate. The problem of population ageing is not so much its impact on economy, but rather its interaction with the situation in the labour market and the features of the pension system. Ageing and possible shortage of work force can be to a large extent offset by increasing employment. Economic impact of population ageing will much depend on how we take advantage of the gains in life expectancy.

4.2. Competitiveness of the economy increasingly depends on investments in education and health over the life course and on taking advantage of the skills and abilities of older people. To be able and willing to work longer it is important that people are healthier and more satisfied. They should be educated and prepared for a longer and more flexible career and taking an active approach to the development of their skills. Society and employers should systematically reflect this fact in their human resources development policies and start to invest in skills and employability of the rising numbers of older people in the labour market. To increase employment of older people and extend working life, employers and older employees must be motivated to do so. To extend working and active life it is desirable to improve the quality of working life.

4.3. The financing of the pension and health insurance system is based on the level of economic activity and solidarity between economically active

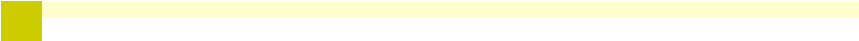


and inactive persons. In order to ensure financial sustainability of these systems, employment rates of all groups of the population need to be increased. In the context of demographic ageing, it is essential to achieve the European employment policy targets, i.e. to increase an overall employment rate to 70%, an employment rate for women to 60 % and an employment rate of older persons (55-64 years) to 50 % by 2010. In the following period, until 2012, it is desirable to achieve an employment rate for older persons of 55 %.

4.4. The economic activity of older persons contributes to the quality of their life as well as of their family and the whole society. It improves standard of living of older people. Work is a source of satisfaction, identity, social status, appreciation, self-esteem and social relationships. The possibility to choose freely between retirement and continuing to work should be available to all persons, regardless of age, sex, disability, skin colour or other grounds. Policy and programmes promoting active ageing should focus in particular on decreasing differences between employment rates of older women and men and on improving the opportunities of people with lower qualification and otherwise disadvantaged persons in the labour market. It is important to support those with lower qualification and education, in order to be given the same chances for a longer and better working life.

4.5. A transition from economic activity to economic inactivity should be made more flexible. The pension age should not put an individual into a situation where they have to make a choice only between complete exit from the labour market and continuing to work full-time. Employers in cooperation with social partners should develop policy towards older and former employees and support their greater and better participation in the labour market. Older people can stay in the labour market longer, if they are given the opportunity to do so and if high quality jobs are created for them.

4.6. The reform of the labour market must be carried out in line with the reform of the pension system. The increase in the statutory pension age must be accompanied by comprehensive measures to increase employment rates of older people, to extend working life and reduce unemployment rates of older people. It is desirable to improve employees' health by improving working conditions and the quality of work and by health promotion in the workplace. A level of total employment rate, high quality and productivity of working life and delaying retirement are more important for financial "sustainability" of the pension system than the proportions of age groups in population and demographic dependency ratios. The postponement of effective exit age from the labour market, rather than statutory pension age itself, and increasing economic activity of older people are decisive factors for the adaptation of the pension system to population ageing.

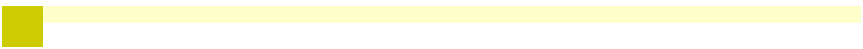


4.7. The way older people are viewed in the labour market and in other areas of life is often stereotyped. Age discrimination and exclusion from the labour market lead to exclusion from society. Age discrimination can affect all individuals as they move through their lifespan. Age roles and norms regulate social relationships. Nevertheless, it is necessary to challenge stereotypes and to change approach to ageing and older people. It is desirable to change the existing attitude to this disadvantaged group both on the part of the employers and a society as a whole. In employment, as well as in any other area of life, people must be assessed on the basis of their abilities and skills. It is desirable to avoid stigmatizing older people as being less flexible and productive.

4.8. The economic activity of older people, including the economic activity after the statutory pension age depends on many factors. Generally, it is higher in places where there is higher demand for workforce and low unemployment. The economic activity of older people differs across regions and social groups. The higher level of education and qualification allows for more opportunities and flexibility in the labour market. An age in which individuals face problems in the labour market can significantly differ among individual professions and sectors of economy. It is not possible to determine a generally valid age limit after which people lose the ability to participate in the labour market and society.

4.9. Education policy plays a crucial role in addressing the challenges of population ageing, not only in ensuring the required qualification and flexibility of the work force and conditions for participation in lifelong learning, but also in improving health and financial competencies of the population. This requires adopting a life course approach to work and employability and creating equal access to knowledge and skills development opportunities across the life course for all. The quality of education of the next generations and its impact on labour productivity can significantly offset the impact of population ageing. It is important to predict demand for workforce, strengthen ties between further education and labour market requirements and eliminate disproportion between professional education and qualification requirements on the work force.

4.10. In order to create a comprehensive system of further education, it is necessary to clarify the roles and responsibilities of government departments and other parties involved in further professional education and to establish the system of its financing. Furthermore, it is desirable to create institutional structures, standards and procedures for external evaluation of the quality of supply of further education (certification of educational institutions, certification of the quality of instructors and accreditation of educational programmes). Educational activities on the part of both employees and



employers are to a large extent dependent on their interest in and awareness of the benefits of education. Consequently, it is necessary to raise awareness of employees and employers about the opportunities and benefits of education.

4.11. Older workers can be a valuable resource for employers due to their long-time working experience, maturity and lower turnover. Human resources management taking into account age structure and the needs of older workers contributes to higher job satisfaction and labour productivity, boosts motivation, reduces absenteeism, promotes health and improves relationships in the workplace. Age management strengthens social dialogue and improves the image of a company. It is an instrument for exploitation of valuable expertise of workers. A work team comprising workers of various ages is more stable and more productive. Age management requires the creation of a new model of work, learning and balance between professional and family obligations over the life course.

4.12. Participation in the labour market very much depends on the reconciliation of work and family life. In order to increase employment rates of older women who primarily participate in the provision of informal care, it is necessary to provide carers with respite social services and flexible working conditions, in particular flexible working time. Those who care for older relatives should be given the same right and opportunity to continue their working career as parents caring for children. Carers must not be faced with the choice between care or career or with choice between permanent institutional care and informal care without sufficient assistance and support.

4.13. An active life in old age is inconceivable without adequate material security. Low income may significantly restrict the opportunities of older people to live healthy and active life and participate in society. Consequently, the pension system needs to be reformed in a way that ensures an adequate income and allows for opportunities to live an active life. The pension system should be both intergenerationally and socially equitable.

4.14. Changes in age structure of the population exert pressure on the expenditure side of the pension system, in particular in the case of the PAYG (pay as you go) and defined benefit pension system, which is also in place in the Czech Republic. Consequently, the current pension system is financially unsustainable in the long-term view without making appropriate changes. These changes should be based on adaptation of the pension system to changing demographic parameters and should not rely on better economic or demographic development. The pension reform should be regarded as a continuous process of adaptation, rather than as a one-off change.

4.15. Rising longevity may lead to higher risk of poverty for those who survive to very old age, in particular in pension systems where valorization of pensions reflects only changes in costs (indexation) or is lower than wage earnings valorisation. It is thus necessary to pay more attention to adequacy of pension benefits when reforming pension system with the view of ensuring its financial sustainability to prevent the risk of poverty.

### **Measures:**

4. A. Increase the supply and availability of life-long learning for employers and employees. Support employers and employees investing in increasing knowledge and skills of older workers and providing conditions for gradual retirement and for employing pensioners.

Responsibility: MLSA, MEYS, MIT

Cooperation: MF, social partners, regional and local government, non-governmental and not-for-profit organizations

Implementation: on an ongoing basis

4. B. Prepare a policy on the development of the system of further education and its financing.

Responsibility: MLSA, MEYS, MIT

Cooperation: MF, social partners, regional and local government, non-governmental and not-for-profit organizations

Implementation: 2009

4. C. Offer special retraining and career counselling programmes to older persons under employment programmes. Ensure that individual action plans and solution of job situation are mandatorily offered to unemployed persons aged 50 and over.

Responsibility: MLSA

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations

Implementation: on an ongoing basis

4. D. Analyze, in cooperation with social partners and responsible ministries, the possibility and feasibility of introducing various types of financial incentives and support for employers and employees to further education and to education and employment of older persons.

Responsibility: MLSA

Cooperation: MEYS, MF, social partners, regional and local government, non-governmental and not-for-profit organizations

Implementation: 2008

4. E. Prepare changes in the pension system that will enable concurrent working on indefinite employment contract after reaching the pension age and pension receipt. Propose measures in support of gradual retirement.

Responsibility: MLSA

Cooperation: MF, social partners

Implementation: 2008

4. F. Monitor and analyze the causes and development of long-term sickness (over 6 months) and disabilities (disability pensions) in population aged 50 and over.

Responsibility: MLSA

Cooperation: Czech Social Security Administration

Implementation: on an ongoing basis

4. G. Adjust the pension system to the demographic development, in particular by changes in the pension age.

Responsibility: MLSA

Cooperation: social partners

Implementation: on an ongoing basis

4. H. Monitor the risk of poverty of individual groups of old-age pensioners (by age, sex and other categories) as part of income monitoring.

Responsibility: MLSA

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations

Implementation: on an ongoing basis

4. I. Extend the possibilities for employers to contribute to employees participating in the supplementary pension insurance scheme.

Responsibility: MF

Cooperation: MLSA, MIT, social partners, regional and local government, non-governmental and not-for-profit organizations

Implementation: 2009

4. J. Raise awareness of the benefits of age diversity in the workplace, good practice in age management and human resources management, age discrimination and protection against discrimination.

Responsibility: MLSA, MIT

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

4. K. Motivate and support employers' activities aimed at creation of healthy working conditions and health promotion in the workplace.

Responsibility: MLSA, MH

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

4. L. In the Labour Force Sample Survey (LFSS) and in other statistical surveys conducted in the labour market focus on the situation of older persons and pensioners.

Responsibility: Czech Statistical Office

Cooperation: MLSA, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA, research and educational institutions

Implementation: on an ongoing basis

4. M. Monitor employers' experiences with older workers, use of short-term employment contracts and part time jobs and experience of discrimination in individual sectors and regions. Support research into this area.

Responsibility: MLSA

Cooperation: social partners, research and educational institutions, Czech Statistical Office, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

4. N. Develop financial literacy skills and support health education of primary school pupils, with emphasis put on changing needs and economic situation over the life course and in old age.

Responsibility: MEYS

Cooperation: MH, MLSA, MF, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

4. O. Support adult education in schools through projects co-funded by the European Social Fund. Establish life-long learning centres that will promote both supply of and demand for life-long learning.

Responsibility: MEYS

Cooperation: MLSA, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA, educational institutions

Implementation: on an ongoing basis

4. P. Implement the “Support for individual further education” project that will focus on the development of ICT, language and other skills.

Responsibility: MEYS

Cooperation: MLSA, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

4. Q. Raise pensioners’ awareness about the employment opportunities. Support the establishment of information sources that will provide older persons with information on the professional and self-fulfillment opportunities.

Responsibility: MLSA

Cooperation: MI, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

4. R. As part of support for business activities, adopt measures that reflect specificities and disadvantages of older persons and encourage them to pursue business activities.

Responsibility: MIT, MLSA

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis



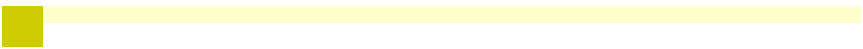
## 5. Age-friendly environment and community

5.1. Age-friendly environment and socially cohesive community that offer opportunities for an active life and contacts between generations have crucial impact on maintaining the independence and quality of life of older people. The environment in the wider sense includes the climate and relationship of society to old age and older people. Positive attitude of the society to old age and older people is the most general and crucial precondition for increasing participation of older people in the society.

5.2. The local government plays crucial role in creating age-friendly communities and ensuring the availability, accessibility and quality of public transport, housing, health care, social services and other services and conditions supporting an independent, safe and active life. Supportive and enabling environment not only includes physical environment, but also social environment, i.e. social relationships and contacts. Family, community and conditions that encourage social interactions and relationships are of paramount importance for the quality of life of older people.

5.3. A necessary prerequisite for an active and healthy life is not only sufficient income, but also mobility. Transport is part of daily life of most older people in cities and rural areas. Currently, a number of services and activities are not accessible without use of public or individual transport. The availability of and easy-access to public transport, as well as its quality and safety, are important factors for the use of basic services and for participation in cultural and social activities, including simple visiting. It is not only important that public transport is accessible, comfortable and easy to use, but also that social support is available to the users and psychological barriers are overcome. Transport needs of the most disadvantaged persons can be effectively addressed by special transport services.

5.4. Safe housing and environment supporting mobility and social relationships is a necessary prerequisite for maintaining independence and social participation of older people. Housing consistent with functional health status enables people with health and other limitations to live in their homes. Barrier-free housing increases safety and makes caring easier for both informal and professional carers. Adaptable dwellings comply with construction and technical conditions for an easy access housing that meets the needs of persons with limited mobility and orientation ability without any additional accommodation. These dwellings are prepared for installation of housing equipment or compensatory aids in line with particular disability and individual needs.



5.5. Housing should reflect various needs and situations people might face in the course of life. The old age is part of life and the likelihood that we will live an increasingly longer part of our lives in old age is rising. Preventive measures are more efficient and cheaper than costly solutions of various life situations. In line with the concept of lifetime homes, it is desirable to define minimum standards for easy-access housing and ensure their implementation in all new housing construction projects.

5.6. The proportion of persons with health limitations and disabilities in the population is increasing with age. Measures aimed to improve mobility of persons with disabilities should simultaneously address the limitations and needs of older people and vice versa. It is crucial that the solutions aimed to remove the barriers are consistent with the needs of persons with various disabilities. More age-friendly transport services and environment can be beneficial for persons of all ages in various life situations. Persons with disabilities may face multiple disadvantages and barriers to mobility as they age.

5.7. To create an environment and develop services which are friendly to the needs and preferences of older people requires that those who design and provide such services are aware of the needs and limitations of older persons and include them as potential users, as well as their families, in their planning, shaping and provision.

5.8. A design that respects ageing-related changes and limitations enhances dignity, safety, self-sufficiency and independent living. Development of information technologies, gerontotechnology and design allows for a wide and varied range of innovative measures to support of an independent life for persons with various health limitations. Assistive technologies provided in homes of persons with limited self-care and self-mobility improves the quality of life of those persons and their families. In the long-term, technologically advanced (“smart”) solutions are more economical and significantly support maintaining natural social networks. The availability of “assistive” technologies and services, e.g. emergency care should be extended and available to all disadvantaged persons in all regions and municipalities in the Czech Republic.

5.9. Access of older people, their families and friends to relevant and reliable information is of paramount importance for the availability of various activities and services and responsible and competent handling of difficult situations. The awareness of and. One-off information campaigns and events, or establishment of counselling centres, information lines or contact points (persons) can raise the public awareness of such information. A wide supply of

services with a single access point is essential for flexible and coordinated services provision and intervention.

5.10. In order to raise public awareness of the needs of older people and to integrate a wide range of flexible services, it is desirable to develop community centres that can make a significant contribution to independence and social participation of older people. Community centres should be established on the basis of partnership between the local government and organizations of older persons or organizations promoting their interest that should be partners in policy making in a given community or region.

5.11. Residential homes for older people should be opened up to the community and transformed into community centres providing flexible services to older people living in a given locality. They should focus on the prevention, promotion of social activities and support for families and carers. Institutional facilities for older people should be more open to the life in a given community and residents and their relatives should have greater control over these facilities. Residential facilities should provide not only sheltered housing and individualized services to people inside these facilities, but also support older people and their families in the community.

5.12. In the case of emergencies (natural or humanitarian disasters etc.) older persons and persons with disabilities are exposed to higher risk of being neglected. Emergency plans thus should include the procedures addressing safety and protection of these vulnerable persons.

### **Measures:**

5. A. Raise the awareness of local governments about the WHO Age-Friendly Cities project. Support methodological elaboration of this project and putting its principles into practice.

Responsibility: MLSA, MH, MRD

Cooperation: MI, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. B. Support the development of emergency home care services and their links to emergency intervention services. Support the use of state-of-the-art technologies, including gerontotechnology, to support independent living and increase the availability of services and goods to older persons.

Responsibility: MLSA

Cooperation: MH, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. C. Support the application of the “design for all” standards and the development of design solutions focused on the needs of older people. Support education in this area.

Responsibility: MIT

Cooperation: MH, MLSA, MEYS, MI, MRD, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. D. Propose and support social programmes aimed at maintaining an independent life of older persons in rural areas and and improving their quality of life.

Responsibility: MA

Cooperation: MLSA, MRD, regional and local government, organizations representing and advocating for the interests of older people

Implementation: on an ongoing basis

5. E. Incorporate construction and technical parameters of an adaptable (for people with disabilities) dwelling into the Decree of the MRD on general technical requirements securing easy-access use of buildings in such a manner as to ensure basic easy-access nature of these dwellings (with no need to make any adaptations) that would facilitate a wide use of adaptable dwellings by persons with various types of disabilities or limitations.

Responsibility: MRD

Cooperation: CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

5. F. On the basis of the concept of “lifetime homes”, propose minimum standards for easy-access and adaptable housing. Raise awareness of the opportunities for appropriate adaptations of home environment and housing and development of counselling services in the area of dwelling adaptations.

Responsibility: MRD

Cooperation: MLSA, professional public, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2012

5. G. Support research into the use of transport by older persons, provision for transport needs, the availability and safety of transport services with regard to specific needs of older persons.

Responsibility: MT

Cooperation: MLSA, MI, MRD, CGGS, research and educational institutions, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. H. Transform residential social services for older persons (“seniors’ homes”) to provide sheltered housing and individualized services and to ensure the availability of both primary and specialized health care (geriatric, gerontopsychiatric etc.) to their users.

Responsibility: MLSA

Cooperation: MRD, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. I. Support local government and non-profit organizations in establishing community centres and counselling contact points for older persons.

Responsibility: MLSA

Cooperation: MH, MI, MIT, MRD, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. J. Incorporate the knowledge of needs and risks associated with ageing into education of police officers, lawyers, teachers, social workers and other relevant professions.

Responsibility: MLSA, MI, MEYS and MJ

Cooperation: MH, MRD, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

5. K. Continue the provision of support for the construction of rented dwellings for persons with limited self-care and self-sufficiency; continue to implement general technical requirements for the use of public buildings by persons with mobility and sensory disabilities as part of the new and existing

housing construction projects; elaborate the definition of support for social housing and extend financial support for municipalities in the area of social housing with emphasis put on responsibilities of municipalities.

Responsibility: MRD

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. L. Continue to increase the accessibility of public transport to persons with mobility and sensory disabilities. Support for the financial affordability of transport.

Responsibility: MT

Cooperation: MF, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

5. M. Prevent injuries and dependence of older people by removing architectural and transport barriers. Adopt measures to reduce the injury rate and increase safety of older people in their home environment and in health and social care facilities.

Responsibility: MLSA, MH, MRD, MT

Cooperation: CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

## 6. Health and healthy ageing

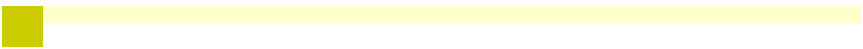
6.1. Despite the decreasing death rate and increasing life expectancy, Europe still faces serious health challenges, health inequities and premature deaths. In order to improve this situation, European countries must strive to reduce the death rate by focusing on chronic diseases, in particular circulatory diseases, coronary heart diseases, cancer and cerebrovascular accidents (brain strokes) and social disparities in health.

6.2. Health is a fundamental value for both individuals and the society and important factor of quality of life. At the same time, the overall quality of life, including the environment, significantly determines health. Apart from health condition and self-care capability, other factors, such as material welfare, age-friendly environment, personal contentment and well-being, mobility and leisure-time pursuits are important for the quality of life of older people.

6.3. The extension of life expectancy is accompanied by the reduction of serious disability. Frailty rather than loss of self-sufficiency is a dominant feature of longevity. Long-lived people need in particular supportive conditions for an independent active life in their homes and communities.

6.4. A change in the population's age structure is one of the factors affecting incidence of age-related diseases. The rising number of older people with specific health needs requires adapting health services to this situation, ensuring the availability of geriatric care, physiotherapy, long-term and palliative care and support for healthy life. The aim of health policy and health care in the context of population ageing is to extend healthy life span and reduce incidence of serious disabilities and loss of self-sufficiency. For these purposes, it is necessary to reduce the prevalence, incidence and consequences of chronic diseases and other factors leading to decrease in functional status and self-sufficiency.

6.5. Health condition of older population needs to be assessed not only on the basis of their life expectancy (mortality aspects) and prevalence of diseases (the "disease-specific outcomes" concept), but in particular by functional health status (disability aspects) and health-related quality of life (satisfaction, self-fulfillment, dignity, autonomy, participation aspects). Health includes physical, mental and social health and is characterized by life satisfaction and well-being, not only by the absence of a disease or disability. The level of expenditure on health and social care must be an integral part of the assessment of the quality of health care for older people (expediency and efficiency aspect).



6.6. Health and functional disorders in old age, in particular in people aged 80 and over, often differ from and go beyond specific symptoms and consequences of individual diseases and are associated with involutory changes, including a declining health condition and functional capacity. Apart from the most serious and common diseases among the elderly (e.g. atherosclerosis and its organ symptoms and risk factors, cancer diseases, degenerative diseases of the locomotor system, such as osteo-arthritis or osteoporosis, Alzheimer's disease, age-related degeneration of retina, cataracts, injuries), multicause (multidetermined) frailty with specific geriatric syndromes and functional deficits (mobility disorders, stability disorders and falls, incontinence, nutrition disorders, disorders of cognitive function, etc.) is thus a top priority.

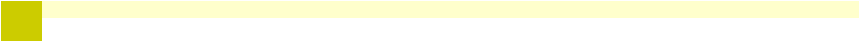
6.7. Quality health care for older people requires provision of the specialized geriatric care and at the same time geriatrically modified care and approach within individual health care professions and health specializations. Non-discrimination for older and frail patients does not mean non-distinguishing (ignoring differences), but quite the opposite, the recognition of and respect for specific needs and risks of frail geriatric patients.

6.8. In order to ensure the efficient provision of health care, it is necessary to strengthen primary health care and create an integrated model of care and services at the local (community) level. Health services should contribute to the integration of older people in the society and in the local environment and help them to mobilize their potential for independence and self-sufficiency. The challenges that we are facing in the context of population ageing are rather qualitative than quantitative, i.e. they lie in the change of approach and priorities in health care, rather than in simply raising the capacities while maintaining the current system and approach.

6.9. Population ageing requires a change in the health strategy. Health status of the population and expedient, efficient and effective use of financial, human and other resources, including expensive technologies and pharmaceuticals are decisive factors for the development of health care expenditure. An increase in health care expenditure will depend on the priorities and success of health policy and on the promotion of an active ageing. Healthy and active ageing is a precondition for increasing economic activity, which is the linchpin of the health insurance system. Measures adopted in response to population ageing must not reduce the quality and availability of health care to disadvantaged groups of the population.

6.10. The use of state-of-the-art technologies, e.g. assistance technologies and gerontechnology and better coordination of services can





reduce hospitalization time and result in savings in the health and social system, and, at the same time, improve safety and independence in home environment and health and social services facilities. The possibility to live in one's own home should be available to all, including persons requiring more demanding care.

6.11. Good quality mental health and social relationships strengthen overall health, hardiness, resilience, and personal adaptability. Conversely, depression can increase the risk of alcohol and drugs abuse, risk of self-neglect, and makes it harder to cope with life changes and increases the risk of social exclusion. Life changes in later life, such as retirement and loss of close relationships require more attention to older people at risk of isolation. Special attention needs to be paid to depression and dementia, in particular the Alzheimer's disease. Improving and promoting mental health and well-being is essential for better quality of life of older people. Life events, in particular in childhood, have significant impact on the quality of mental health in old age. Consequently, the life-course and preventive approach needs to be taken in order to improve mental health of older people.

6.12. Currently, the majority of health care is organized on the basis of the acute care model which does not respond to the needs of many patients, in particular older and chronically ill ones. For this reason, a top priority and integral part of health policy should be long-term care development. Quality, dignity, equal access, free choice, and flexibility between formal and informal care as well as between institutional and home care provision are important requirements for the long-term care system. Palliative care and concern for dignity and for spiritual and social needs of older people and carers should be an integral part of long-term care.

6.13. Long-term care includes both health and social care. For some older people health and social needs are inseparable. They need both health and social care. The long-term care system must be based on the integration of health and social care provided in institutional, outpatient and home settings. The development of the long-term care system requires transformation of the current long-term health care facilities and seniors' homes. The decreasing availability of domiciliary social care in most regions can be viewed as a negative phenomenon.

6.14. The integration of health and social services is one of the most serious challenges in the area of long-term care. The fact that there are several various providers and sources of financing in care for older people makes it harder to ensure continuity and comprehensiveness of care. The division of powers among several systems and providers and separate sources of financing

increase the risk of fragmentation and poor coordination of services, make the whole system more complicated for both clients and service providers, make services less flexible and responsibility for objectives and outcomes of care more unclear.

6.15. The wider the range of services rendered by a single provider, the higher flexibility of such provider. Health, social and other services should be integrated and rendered by a single provider at a single place, if possible. Community centres represent an appropriate model for such a concept of services provision. The issue of financing is of paramount importance to the integration and provision of continuous and comprehensive care. Although some home health care providers render domiciliary social care services, in general, neither required integration of health and social services, nor reduction of care provided in residential (institutional) facilities is happening.

6.16. Partnership between the government and local government may significantly help to reduce the problem of coordination of services. It is necessary to establish a single access point to the services and determine the entity responsible for the outcomes and efficiency of care.

6.17. The long-term care policy should be based on the priorities set out in the “Policy framework of support for transformation of residential social services into other types of social services provided in the natural community of the user and supporting social inclusion in the society”, which defines the barriers to deinstitutionalization of social services.

6.18. Health care may often prolong survival, however, in order to preserve and protect health, it is necessary to focus on the factors and conditions leading to the preservation and protection of health, including social determinants of health. In order to improve health of older people, it is necessary to adopt a life-course approach and create conditions for active and healthy ageing. Prevention and health promotion across the life span can help to increase self-sufficiency in old age.

### **Measures:**

6. A. In collaboration with the local and regional government create conditions and programmes supporting healthy and active ageing. Support exchange of experience and good practice in this field using the database of the National Network of Healthy Cities.

Responsibility: MH, MLSA

Cooperation: MRD, MT, MI, MD, MC, MIT, MA, CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA, scientific and research institutions

Implementation: on an ongoing basis

6. B. Analyze the availability of data on the health of the population with respect to age-related health needs and risks and analyze the statistical monitoring of social and health services. On the basis of this analysis modify the existing system of public health and social and health services monitoring.

Responsibility: MH, MLSA

Cooperation: CGGS, Czech Statistical Office, regional and local government, non-governmental and not-for-profit organizations, scientific and research institutions, GCSPA

Implementation: 2009

6. C. Prepare a policy framework on health and social services for older persons (“White Paper on Services for Older Persons”) that will set out basic strategy, priorities, principles and powers associated with the provision of health and social services for older persons. As part of the preparation of the new legislation, propose measures aimed at strengthening links between health and social care.

Responsibility: MLSA, MH

Cooperation: CGGS, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

6. D. Prepare an economic analysis of the current long-term care system as part of the health care and social services system. On the basis of this analysis draft measures on long-term care and implement the new legislation defining long-term care, including its financing.

Responsibility: MLSA, MH

Cooperation: CGGS, Czech Statistical Office, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

6. E. Adopt measures to strengthen the links between domiciliary (personal) care and home health care and links between health and social services in health care facilities and social care facilities. Determine the powers and responsibility for the coordination of health and social services for older

persons and for long-term care. Regulate conditions for handing over the patients and information between providers of health and social services.

Responsibility: MLSA, MH

Cooperation: CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA.

Implementation: on an ongoing basis

6. F. On the basis of the WHO's Age-friendly primary health care centres project create an appropriate legislative environment for the development of primary health care and for more friendly approach to the specific needs of frail older persons and prepare recommendations for the application of the "age-friendly PHC model" in the conditions of the Czech Republic.

Responsibility: MH, CGGS

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA, scientific and research institutions

Implementation: on an ongoing basis

6. G. Respond to population ageing and changing requirements for health care by setting an appropriate legislative conditions for health insurance companies and ensure the availability of professional geriatric care (hospital and outpatient one). Support the development of professional geriatric health care and implementation of the concept of geriatric care of the Czech Gerontological and Geriatric Society of the Czech Medical Association of Jan Evangelista Purkyně.

Responsibility: MH

Cooperation: CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

6. H. Support the development of rehabilitation services provided in both home and institutional settings and promote activities aimed at maintaining independent life for as long as possible.

Responsibility: MH, CGGS, health insurance companies

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

6. I. Prepare a plan of development of geriatric rehabilitation, geriatric nursing and gerontopsychiatric care.

Responsibility: MH, CGGS, health insurance companies

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

6. J. Incorporate the research and development priorities outlined in “the Research Agenda on Ageing for the 21st Century”, adopted in 2002 in Valencia, into the research and development programmes in the area of health services.

Responsibility: MH

Cooperation: CGGS, professional public, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

6. K. Prepare a methodology for comprehensive geriatric assessment and create conditions for its use in health and social services, including in the assessment of applicants for and clients of long-term care facilities. Promote measures to prevent institutionalization and dependence on long-term care.

Responsibility: MH, MLSA, CGGS

Cooperation: health insurance companies, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2009

6. L. Increase the availability of home health care, with emphasis put on home palliative and hospice care, and the availability of domiciliary care services in all regions of the Czech Republic. Consider adopting measures aimed at increasing the use of visiting service, timely identification of older persons exposed to social or other risk (screening) and treatment of older persons requiring systematic preventive or medical care (dispensarization).

Responsibility: MH, MLSA

Cooperation: CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: 2010

6. M. Include the knowledge and evidence from the area of gerontology, geriatrics and palliative care in education of general practitioners, individual medical specializations and the relevant non-medical professions.

Responsibility: MH, MEYS

Cooperation: CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

6. N. Support educational and other activities aimed at prevention of chronic diseases and health promotion (e.g. through improvement in physical activities and healthy nutrition).

Responsibility: MH

Cooperation: MLSA, MEYS, MA, CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

6. O. Continue to implement national projects focused on older persons as part of the programmes for non-governmental civic organisations active in the area of sports and physical education under the National Development Programme Sport for All. Create conditions for the participation of faculties preparing experts specializing in sports and physical education in addressing the issues associated with physical activities of older persons.

Responsibility: MEYS

Cooperation: CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

## 7. Family and care

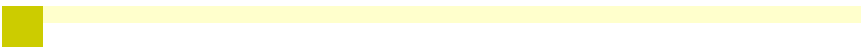
7. 1. Family mostly comprises three generations, and more increasingly four generations, regardless of whether these generations live together or not. The task of family policy is, on the one hand, to create conditions for healthy development of children that is one of the prerequisites for healthy life in adulthood and old age and, on the other hand, create conditions for intergenerational cohesion and solidarity in the family and society. Intense support and exchange between generations continue to play important role across the life course. Relationships between generations are beneficial to the development of both individual and society.

7. 2. Due to the low birth rate and decreasing mortality rate we have fewer children but “more” parents. Increasing life expectancy is not a threat, but rather an opportunity for solidarity between generations. Many older people remain active citizens until the end of their lives and rather provide than receive support. Only a minority of older people needs intensive and long-term care in old age.

7. 3. The adequate health care focused on functional improvement, prevention and intervention can significantly minimize the risk of dependence and the need of long-term care. Healthy and active ageing can contribute to the improvement of health, greater social inclusion and satisfaction and reduce the risk of the loss of self-sufficiency. Safe, barrier-free and age-friendly environment and design, state-of-the-art technologies supporting self-sufficiency and independent life can reduce the need for the provision of care or make it less demanding and thus ease the burden placed on caregivers.

7. 4. Older people are cared for mainly by family, especially spouses (partners) and children. It is unlikely that the family will lose its important role in the next years. The role of the family need not consist only in the provision of care, but also in securing the required help and assistance. Family policy thus should pay systematic attention to the adoption of comprehensive measures in support of families and carers.

7. 5. The provision of care is an important social event that imposes a significant burden on the family and carers and brings about a significant change in their life. The family and caregiver need social protection. Responsible and good quality care for close persons must not lead to a decrease in standard of living and increased risk of poverty. The care provided by both informal and professional carers must be appreciated and recognized by the society. Economic security is a necessary prerequisite for ensuring the quality of care.



7. 6. The provision of quality care depends on the availability of professional and skilled support, emotional backing and respite social services, including social support. The lack of assistance and social isolation puts carers' health as well as dignity and quality of care at risk and increases the risk of abuse and neglect. The care for carers has a significant impact on the final quality of care. The care of carers will not be sufficient, unless supported by friendly environment and appreciative atmosphere in the society.

7. 7. Most informal carers are older women. Consequently, the support for caregivers must be gender sensitive and fair. In order to increase the participation of older people, in particular of women, in the labour market, it is necessary to provide for reconciliation of family and working life. Supportive and flexible conditions helping to balance care and employment are contributing to the protection of income and a higher standard of living of the carers. The carers of older people, similarly as parents caring for children, should be given the opportunity to remain in the labour market and receive relevant support and protection.

7. 8. Institutional care is often the only way of ensuring care for older people and carers are thus often faced with the choice of being overburden or "institutionalize" their relatives (i.e. to put them into institutional care facility). Social and health services should be flexible, i.e. provide support and assistance to families and carers and facilitate complementary and flexible cooperation and transition between informal and formal care. Care-giving may be valuable and self-fulfilling experience, if the quality of life is at the centre of services and efforts.

7. 9. High quality domiciliary care service must be integrated with health services, in particular with primary health care and home health care. Good quality domiciliary care service must be linked to other services in order to ensure that care provided to older people at home supports their social integration, independence and participation. It must be available to people with various health limitations, different needs of care and household equipment. The provision of community care services must be linked to local housing policy.

7. 10. The development of high quality education is a key factor for improving the quality of care. Integration of gerontological and geriatric knowledge and expertise into the education of physicians and other health care professionals is essential for introducing modern geriatric methods and approaches into practice. Raising the awareness of ageing and the needs of older people should not only be incorporated into the education of health care



and other professionals, but also made available as the form of support to informal carers.

**Measures:**

7. A. Incorporate promotion of positive intergenerational and interpersonal relationships in the family and society into the educational framework programmes. Support projects and activities focused on intergenerational relationships and intergenerational cooperation.

Responsibility: MEYS

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. B. Support projects focusing on cooperation between students (pupils) and seniors in primary and secondary education within funding and other programmes (e.g. organizing meetings with surviving contemporaries, learning about family and regional history, work on a PC or art performances).

Responsibility: MEYS

Cooperation: regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. C. Support research and innovative projects and programmes that enable and support living at home, improve indoor and outdoor mobility and security in home and neighbourhood environment, and increase self-sufficiency of older persons.

Responsibility: MLSA

Cooperation: MH, CGGS, research and educational institutions, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. D. Support the development and availability of respite social and health services providing support, information and assistance to carers and families. Support projects and organizations focused on the provision of counselling services and assistance to older persons and caring families.

Responsibility: MLSA

Cooperation: MH, CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. E. As part of the funding programmes provide financial support primarily to such providers of social and health services that support independent living in home and facilitate carers' participation in the labour market.

Responsibility: MLSA

Cooperation: MH, CGGS, regional and local government, non-governmental and not-for-profit organizations, social partners, GCSPA

Implementation: on an ongoing basis

7. F. Support educational programmes for informal and professional carers.

Responsibility: MLSA, MH

Cooperation: MEYS, CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. G. Propose measures to support employees caring for persons with limited self-care capabilities, including measures aimed at increasing the availability of flexible working time and other measures supporting carers and reconciliation between work and family life. Support employers creating supportive conditions for carers.

Responsibility: MLSA

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. H. Analyze possibilities of introducing carers holiday in the conditions of the Czech Republic.

Responsibility: MLSA

Cooperation: social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

7. I. Prepare a policy on care for grieving relatives and survivors and create conditions for improving the quality of their life.

Responsibility: MRD

Cooperation: MLSA, MH, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis



## 8. Participation and human rights

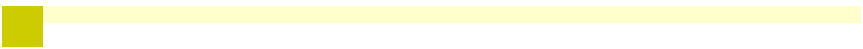
8. 1. Participation in the life of the community and society, the feeling of being appreciated and useful, the appreciation of experience and meaningful leisure-time activities are important for positive self-image and life satisfaction of people of all ages. It is important to support participation of older people in educational, cultural and social activities and in decision-making on issues that affect them significantly. Social inclusion presupposes maintaining social relationships and contacts, the right of self-determination and participation in the life of society.

8. 2. Older people have due to their life and professional experience a great potential to use their experience for the benefit of the community and the society. Older people can use their experience in volunteering which is a source of self-fulfillment and social contacts. Programmes for volunteers should exploit the potential of older people and provide opportunities for intergenerational relationships and solidarity. The experience of volunteering can encourage further participation in the labour market and the “second career”.

8. 3. Educational, special interest and leisure time activities are an important part of an active life. Participation in education increases personal adaptability and ability to cope with social and other changes, including the state-of-the-art information and communication technologies. Education brings about new perspectives and values, civic activities, and has positive impact on health and prevents social exclusion.

8. 4. Culture and cultural activities offer worthwhile leisure time pursuits and are a source of self-fulfillment and social contacts. Cultural activities contribute to the prevention of social exclusion and isolation. In old age more leisure time can be devoted to cultural activities. Cultural activities represent an opportunity for stronger intergenerational relationships and solidarity. Special attention needs to be paid to cultural and spiritual needs of the older generation and in particular of older people at risk of social isolation and exclusion.

8. 5. Internet is gradually becoming a key source of information, including on how to deal with various life situations, and a key means of communication. Technology development and changes in our environment are very rapid and form an important part of our everyday life. In the context of the rising number of older people, rapid development of information and communication technologies and “internetization” of society, it is important to ensure equal access to new information and communication technologies and



their use and support the development of information and communication technologies that meet the needs of persons with various health and other limitations.

8. 6. People have equal rights and dignity regardless of age. Discrimination and social exclusion have negative health and economic impacts not only on individuals, but society as a whole. Older people face discrimination in various areas of life. Discriminatory conduct is often considered normal and natural and may not be viewed as discriminatory. Age discrimination is frequent and yet under-researched.

8. 7. It is important for older people with disabilities, migrants and other minorities to have access to adequate social services. It requires taking a proactive approach to ensure that social, cultural, education, sports, and other social services and opportunities are available to these groups and to prevent their social exclusion.

8. 8. Mentally ill older people, including persons suffering from dementia, are at higher risk of institutionalization, abuse of their human rights and social exclusion. In the care for mentally ill persons, special attention needs to be paid to older people and their social inclusion.

8. 9. The need for safety is one of the basic human needs. Older people are at higher risk of becoming victims of property offences and violent offences. They can become victims of domestic violence, fraudulent practices or be exposed to various forms of abuse, including financial, psychological and sexual one. Abuse and neglect may occur in the family or in the provision of health or social services. Older people may be involuntarily dispossessed of their property, dwelling or involuntarily institutionalized (put into long-term care facility) through manipulative practices, in particular if they are dependent on care or suffer from dementia or are otherwise disadvantaged or vulnerable.

8. 10. The basic approach to addressing the problem of abuse and neglect of older people is the prevention. The preventive approach should focus on minimizing risk factors, increasing safety, identifying elderly persons at risk of abuse and neglect (timely screening and intervention), counselling services and providing support to carers and family. Special attention needs to be paid to the risk of mistreatment in the long-term institutional care. The public control of these facilities should play a positive role. At the same time it is necessary to provide comprehensive, dignified and effective assistance to victims of abuse and secure their safety. It is necessary to put in place arrangements for the effective identification and management of cases of all forms of abuse and neglect of older people. It is important, in particular, to protect human rights of persons with limited legal capacity and persons dependent on care.

8. 11. In order to improve the quality of services in the residential long-term care facilities it is necessary to open and integrate these facilities into the community, and avoid limiting the scope of the services only to health and social care and material welfare. Residential long term care services should provide older people with sheltered and individualized housing, personal assistance services, health care services and other services. Social services must focus on the quality and meaning of life. Although we need to support particularly living at home, it is also necessary to improve and develop the quality of long-term institutional care and overcome the stigma associated with institutionalized care.

8. 12. Older people represent a specific group of consumers. Some older people may have an idealized view of life in a residential home. Uninformed consumer choices in the area of housing, health and other areas may have long-term implications and adverse impact on safety and independence of older people and their rights.

8. 13. Dignity is the basic pillar and prerequisite for the development of services and care for older people. Every person, every living being needs concern and care. Securing dignity in care requires a number of practical and specific measures related to privacy, sexual life, personal hygiene, the use of the toilet, and other situations and areas. At risk, especially, is dignified life of persons with limited self-care capabilities, living at home or in health care or social care facilities, as well as of persons suffering from dementia and gerontopsychiatric patients. Protection of dignity necessitates a comprehensive and continuous attention, training and education aimed at promoting interpersonal relationships and in particular creating organizational conditions for qualified and dignified management of demanding and difficult situations in care.

**Measures:**

8. A. Support the participation of older people in decision-making on issues that have significant impact on their lives, including through organizations of older persons, organizations working with and for older persons and local and regional advisory councils of older persons. Put emphasis on the involvement in decision-making of disadvantaged groups of older persons, including older persons from ethnic and other minorities.

Responsibility: GCSPA

Cooperation: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA, regional and local government, research and educational institutions, organizations representing and advocating for the interests of older people

Implementation: on an ongoing basis

8. B. Support the participation of older persons in volunteering activities and create conditions for the participation of volunteers in the activities for older persons. Support the promotion of volunteering in the media.

Responsibility: MLSA, MH

Cooperation: MI, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. C. Support the participation of older persons in cultural activities and support projects that present and publicize these activities. Increase the accessibility of cultural events, cultural heritage and cultural and spiritual values to older persons at risk of social isolation and exclusion.

Responsibility: MC

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. D. Support the development of the universities of the third age and other educational activities for older persons. Support educational activities at the local level, including activities focused on ICT skills development. Promote the availability and awareness of information about educational opportunities for older persons.

Responsibility: MEYS

Cooperation: MLSA, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. E. Support research into areas where older persons are at risk of discrimination, abuse or other forms of violation of human rights. Focus on the causes and factors of discrimination and abuse of older people.

Responsibility: MLSA, MJ, MHRM

Cooperation: MI, research and educational institutions, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA



Implementation: on an ongoing basis

8. F. In crime prevention programmes focus on increasing the safety of older people. Raise the awareness of older persons and experts about the potential risk of victimization with a view of promoting safe behaviour and eliminate the risk of damage to health and property. To use available public funding to increase the safety of older persons.

Responsibility: MI, MJ, MHRM

Cooperation: MLSA, MJ, social partners, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. G. Raise the awareness of relevant stakeholders (agencies) and professionals, including lawyers, judges, police officers, and health and social care staff about the prevention, detection and management of cases of elder abuse.

Responsibility: MLSA, MI, MJ, MH

Cooperation: non-governmental and not-for-profit organizations, GCSPA, social partners, regional and local government, educational and research institutions

Implementation: on an ongoing basis

8. H. Support and implement activities aimed at preventing elder abuse and improve cooperation and exchange of information between local government, social care facilities, health care facilities and the police.

Responsibility: MLSA, MI, MJ, MH, MHRM

Cooperation: non-governmental and not-for-profit organizations, GCSPA, regional and local government

Implementation: on an ongoing basis

8. I. Increase the availability and accessibility of emergency and crisis intervention services, including crisis centres and crisis lines to older persons.

Responsibility: MLSA

Cooperation: MH, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. J. Raise awareness and skills of older persons in the area of consumer rights and adopt measures protecting consumer rights of older

persons. Focus on the areas where consumer rights of older persons are at risk, including the area of health and housing.

Responsibility: MIT, MRD, MLSA, MHRM

Cooperation: MH, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. K. Adopt measures aimed at the protection of dignity in health and social care. Place emphasis on free choice and securing sufficient privacy of the users of social and health care services. Adopt measures aimed at the reduction of the use of restraints (restrictive measures) and eliminate the use of net and cage beds in social services.

Responsibility: MLSA, MH, MHRM

Cooperation: CGGS, regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

8. L. Adopt measures protecting human rights and social inclusion of mentally ill older people, including persons suffering from dementia.

Responsibility: MLSA, MH

Cooperation: regional and local government, non-governmental and not-for-profit organizations, GCSPA

Implementation: on an ongoing basis

## 9. Implementation and cooperation

9. 1. The Government and relevant government departments are responsible for the fulfillment of the Programme. The Minister of Labour and Social Affairs should annually submit a report on implementation of the Programme to the Government Council for Seniors and Population Ageing.

9. 2. The objectives of the Programme are long-term and their fulfillment requires cooperation among non-governmental organizations, churches, professionals, research and educational institutions, social partners and other institutions and stakeholders. It requires in particular participation and an active approach of citizens of all ages. Civil society, including social partners, academia and professionals should participate in the evaluation of the implementation of the Programme. Public and independent evaluation of the implementation of the Programmes' objectives is essential.

9. 3. Measures aimed at improving the quality of life should be based on a comprehensive and holistic approach and cooperation among individual government departments and levels of public administration. The Government Council for Seniors and Population Ageing should make a significant contribution to the cooperation and fulfillment of the Programme.

9. 4. In order to develop age-friendly communities that provide opportunities for quality family life, education, cultural and social activities and interpersonal relationships, it is necessary to create a partnership between the Government and the local government. Regional and local initiatives aimed at improving and protecting health, increasing employment rates, safety and other initiatives are of fundamental importance. For this reason, it is necessary to deepen the dialogue and cooperation between the Government and the local government in individual areas.

9. 5. In order to improve the quality of life of older people and support equal opportunities for older people in the society, it is necessary to improve knowledge and awareness of the needs and preferences of older people. The organizations of older persons and organizations advocating their interests therefore are indispensable partners in policy-making and its implementation in various policy areas.

9. 6. The availability of appropriate statistical data and time series is necessary for the evaluation of the implementation of the Programme and individual aspects of quality of life in old age. Monitoring of indicators (statistical data) should be based on the priorities and objectives outlined in the Programme. On the basis of the public and professional debate of all relevant stakeholders, it is necessary to prepare a set of indicators for the monitoring of

the fulfillment of the Programmes' objectives and the quality of life in old age. The Government Council for Seniors and Population Ageing should cooperate in the preparation of indicators of the implementation of the Programme and situation of older people in the Czech Republic.

9. 7. Raising the awareness and interest of the public and media in the priorities, problems and issues set out in the Programme is of special importance. We need professional debate on the themes and problems introduced in the Programme that should result in greater consensus on how to effectively address these issues.

**Measures:**

9. A. Propose indicators of the implementation of the Programme and of the quality of life in old age.

Responsibility: GCSPA

Cooperation: Czech Statistical Office, government departments, research and educational institutions, regional and local government, organizations representing and advocating for the interests of older people

Implementation: 2008

9. B. Prepare annually a statistical overview of older people on the basis of selected available data.

Responsibility: Czech Statistical Office

Cooperation: government departments, GCSPA

Implementation: starting from 2009

9. C. Draw up a proposal for modalities and methods of monitoring prepared pursuant to task 9.A.

Responsibility: GCSPA

Cooperation: Czech Statistical Office, government departments, research and educational institutions

Implementation: 2010

9. D. Analyze and publish data on the older population obtained from the Population and Housing Census 2011.

Responsibility: Czech Statistical Office

Cooperation: GCSPA

Implementation: 2013

9. E. Annually update the Programme as a follow-up to the evaluation of the implementation of the Programme.

Responsibility: GCSPA

Cooperation: government departments, research and educational institutions, Czech Statistical Office, regional and local government, organizations representing and advocating for the interests of older people

Implementation: on an ongoing basis

9. F. Support close cooperation and dialogue among the Government, individual government departments and the regional and local government focusing on the priority issues outlined in the Programme.

Responsibility: GCSPA

Cooperation: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA, regional and local government, organizations representing and advocating for the interests of older people

Implementation: on an ongoing basis

9. G. Support the involvement and participation of citizens, including organizations representing and advocating for the interests of older people, social partners, academia and professionals, in the implementation and evaluation of the Programme.

Responsibility: GCSPA

Co-responsibility: MLSA, MH, MEYS, MRD, MT, MI, MF, MD, MC, MIT, MA

Cooperation: organizations representing and advocating for the interests of older people, social partners, research and educational institutions, regional and local government

Implementation: on an ongoing basis



## **Abbreviations**

CGGS - Czech Gerontological and Geriatric Society  
GCSPA - Government Council for Seniors and Population Ageing  
MA - Ministry of Agriculture  
MC - Ministry of Culture  
MD - Ministry of Defence  
MEYS - Ministry of Education, Youth and Sports  
MF - Ministry of Finance  
MH - Ministry of Health  
MHRM - Minister for Human Rights and National Minorities  
MI - Ministry of Interior  
MIT - Ministry of Industry and Trade  
MJ - Ministry of Justice  
MLSA - Ministry of Labour and Social Affairs  
MRD - Ministry for Regional Development  
MT - Ministry of Transport

Not for sale

## **National Programme of Preparation for Ageing for 2008 – 2012**

---

Published by the Ministry of Labour and Social Affairs,  
Na Poříčném právu 1, Praha 2  
First edition 2008, 300 copies, 60 pages  
Printed by Hartpress.

**ISBN 978-80-86878-66-9**

