

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

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Ministry of Labour and Social Affairs of the Czech Republic

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Summary

This Report was prepared in cooperation with and by reference to documentation of ministries, regional and local government authorities, non-profit organizations, the Czech Statistical Office, the Research Institute for Labour and Social Affairs and experts specializing in demographic developments and older persons. The participative approach was based on the authentic experiences and opinions of older persons, and their evaluation of services, needs and problems in different areas of life, as documented by non-profit organizations (e.g. in focus groups, questionnaire surveys, discussions, etc.) and by professionals working with the elderly. The experiences of older persons and their families gained from the system of health and social services, the experience of older persons on the job market and, in general, their assessment of their own opportunities for social participation emerged as the most suitable factors in participative evaluations.

In 2002 the Government of the Czech Republic in response to continuing demographic and social changes in Czech society adopted a comprehensive strategy on ageing called "National Programme of Preparation for Ageing for the period of 2003-2007" (NPPA)¹. The strategy aims to increase the economic and social participation of older persons, to promote a change in policies and approaches to ageing and older persons, and to mainstream ageing issues into all levels and sectors of society. The strategy is a general framework for the development of specific programmes and policies on ageing. It is a programme for all generations and all society based on a human rights approach and life course approach to ageing issues. The NPPA introduces a number of various measures to increase the employment of older persons, to prevent early retirement, to improve the health of older persons, to prevent age discrimination and abuse of human rights, to increase the opportunities of life-long learning and educational activities, to improve social and health services in order to enable older persons to lead independent lives and to help families to reconcile employment and care responsibilities. The NPPA abides by and elaborates on the principles and recommendations of the Montreal Declaration (1999), the Vienna International Plan of Action on Ageing (1982), the UN Principles for Older Persons (1991) and other UN documents. The NPPA is consistent with the conclusions of the Second World Assembly on Ageing in Madrid (2002) and the ministerial conference on ageing in Berlin.

The adoption of the NPPA deepened the debate on the social and economic implications of demographic developments and on the opportunities and living conditions of older persons in the Czech Republic, and encouraged activities to support quality of life for older people, including the activities of older persons themselves. Civil society organizations entered into constructive dialogue and co-operation with the representatives of local and regional government, state administration and members of the government (e.g. the civic association ŽIVOT 90 [LIFE 90] organized several conferences on the implementation of the NPPA which also referred to the RIS/MIPAA.). The priorities and objectives laid down in the NPPA were reflected in policy-making and activities of ministries, legislative measures, grant schemes, research policy and other areas. Recently there has been a notable move away from an emphasis on the negative aspects of demographic developments, with a focus instead on pointing out the economic and social benefits of prolonging life and the growth in the number of older persons. There is also greater awareness of the specific needs of older persons. The NPPA (RIS) has thus helped spread awareness of the issues of population ageing and living

¹ See Annex 4

conditions in old age, and of the changes required at the level of both state administration and local and regional government.

Changes are gradually being made to the structure of the pension system, social services are being modernized, and more attention is being paid to the issues of older workers. As the population's age structure changes, the employment of older persons is increasing along with the number and share of older persons in active employment policy programmes. Nonetheless, in previous years the number and share of older persons in total unemployment has also risen. Active ageing is a long-term political priority; various activities and projects exist in support older employees. Even so, the status of older persons on the labour market, especially those approaching retirement age, those with lower education and those living in areas of higher unemployment, is still unsatisfactory. Therefore, in addition to specific measures targeting this group of persons and their employers, a reduction in the general unemployment coupled with economic growth and a higher standard of education (including lifelong learning and the development of computer and language skills) is a crucial factor in increasing the employment of older persons.

Differentiated geriatric care is steadily developing and modern geriatric methods are being put into practice. However, progress is not intensive or systematic enough. One of the key priorities and challenges in caring for older persons remains the integration of health and social services and the creation of a supporting environment at local level. Local politics are a significant vehicle for improvements in this situation. These challenges can only be addressed successfully if a strong partnership is formed between the central government and local government, where joint, lasting efforts are made to advance living conditions and the quality of life at local level. The question of adapting the design of services and products to the needs and state of health of older persons, as well as the protection of adults in need of care against all forms of abuse, requires a more consistent approach.

Population ageing and old age are horizontal themes that touch on most areas of life, public services and policies. In terms of health, income and age, older people are a heterogeneous group. The disparities are not only regional, but also depend on differences between the generations. Measures implemented under individual policies which are important in relation to population ageing, such as pension policy, employment policy, health policy, housing policy, social protection issues, education policy and family policy, are interactive. The chief principles of the approach to ageing in the Czech Republic include an emphasis on human rights, gender aspects of ageing, life-course approach to health and poverty, differences between rural and urban areas, and special attention paid to minorities (older persons with disabilities, those suffering from dementia or mental disease, ethnic minorities, etc.).

In March 2006, the Government of the Czech Republic set up the Government Council for Seniors and Population Ageing. This Council is an opportunity to gain new insights in and to increase awareness of needs and conditions of older persons and to support better-informed and more sensitive policy making and decision making in various settings and areas. In drawing up a policy targeted at older persons, the point of departure should be older people themselves. A prerequisite for success is that the policy must be consistent with the views and aspirations of genuine people and must concentrate on real barriers and conditions in their lives. Failure to grasp older persons' needs, social changes and possibilities of development would result in the slipping-away of opportunities offered by the new situation and would jeopardize older persons rights lead to discrimination. Conditions in old age cannot be separated from preceding stages in life. Health in old age is closely linked to living conditions in childhood and the social situation of

mothers and families. A socially and intergenerationally cohesive society would be impossible without a focus on those who are socially disadvantaged in various ways during their lives.

Demographic and economic situation

As in other developed countries, the most typical feature of demographic development in the Czech Republic is the ongoing population ageing. In the upcoming years, demographic ageing will be fuelled by the ageing of the large cohorts of baby boomers and, in particular, by the rising life expectancy in future. A significant change in the population's age structure can be considered a more important demographic phenomenon than a moderate fall in the population of the Czech Republic.

According to the results of the preliminary statistical balance, the population of the Czech Republic stood at 10,287,189 as at 31 December 2006. The natural increase was 1,400; the last natural increase before this was recorded in 1993. Net migration resulted in a gain of 34,700. The number of inhabitants in the Czech Republic has been continuously rising for four years, although up to 2005 this increase was due solely to foreign immigration. The overall population increase of 36,100 in 2006 was the highest since the establishment of the independent Czech Republic in 1993. Between 1994 and 2005, there was an intensive influx of foreign nationals. As at 31 March 2006, there were 287,351 foreign nationals registered in the Czech Republic (171,303 men and 116,068 women). The migration trends are likely to change as the Czech Republic becomes more prosperous; nationals of European Community states can be expected to become more interested in residing in the Czech Republic. Foreigners accounted for 3% of the total workforce in the country in 2004.

As at 1 January 2006, there were 1,456,391 (14.2%) people aged 65 or over; the population 60+ was 2,054,380 (20%) in the Czech Republic. According to the middle projection of the Czech Statistical Office (CZSO), persons over the age of 65 years will account for 22.8% of the Czech population in 2030, and 31.3% of the Czech population in 2050 (equivalent to roughly three million people), compared to 14.2% in 2005. In relative terms, the number of persons in the higher age brackets will expand fastest. In 2050, there should be about half a million inhabitants aged 85 or over in the Czech Republic (compared to 101,718 as at 1 January 2006). According to a forecast of population developments up to 2065, drawn up by experts from the Department of Demography and Geodemography at the Faculty of Natural Sciences, Charles University (Boris Burcin and Tomáš Kučera), in 2065 the life expectancy at birth should be 84 for men and 88.3 for women (as opposed to 73.4 years for men and 79.7 years for women in 2006).

In the Czech Republic, the major decline in birth rates in the 1990s and the stagnation of fertility at a low level have significantly contributed to the shifting age structure. Demographic prognoses predict a slow but sure rise in the fertility rate, which is currently one of the lowest in the world. The total fertility rate increased to 1.33 in 2006, breaking through the "lowest-low" level of 1.3. The most rapid increase was recorded by first order fertility rate, to 0.66 first births per woman. However, the fertility level remains low, unable to maintain the reproduction of the population in long-term view – the net reproduction rate, representing the number of girls per woman surviving until the age of the mother, stood at 0.64. The continuing postponement of motherhood until women reach older ages is documented by the increase in the mean age of mothers by 0.3 years to 28.9 years in total and to 26.9 years at first birth. Children born outside marriage accounted for 33.3% of live births (in 2005 the figure was 31.7%); among first births the figure was even higher, at 41.6%. In contrast, the proportion of premarital conception is decreasing: 30.0% of marital first children were born up to 8 months after marriage in 2006. The number of live births in 2006 was 105,800, by 3,600 more than in the previous year and the highest figure since 1995, when the number of live births fell under 100,000 for the first time.

In 2006, 104,400 deaths were registered, 3,500 fewer than in the previous year. The main causes of death are diseases of the circulatory system and neoplasms, which account for 74% of deaths. The number of infant deaths was 352, the infant mortality rate continued to decrease to 3.3 deaths under 1 year of age per 1,000 live births. The total abortion rate in 2006 was 0.53, the total induced abortion rate was 0.34.

The economic activity rate in the Czech Republic is above the EU average and, despite a slightly falling tendency, remains one of the highest in Europe (70.4% total, 78.4% men, 62.4% women which means slight decrease in comparison with 72.0%, 80.0% men 64.0% women in 1998). The Czech Republic's employment rate is above that of the EU average. In 2005, the total employment rate in the Czech Republic came to 64.8% (women 56.3%, men 73.3%). Employment rate of older workers was 44.5% (59.3% men and 30.9% women) in 2005 (in comparison 37.1% total, 53.2% men, and 22.9% women in 1998). Employment rate for age group 55 – 59 was 61.6% (78.5% men and 45.8 women) and for age group 60 – 64 it was 22.3% (33.7% men and 12.3% women)². Share of age group 55 – 64 in total employed population increased from 8,2% in 1993 to 14,7% in 2006. Of 4828.1 thousand employed people were 242.0 employed part-time (5%). Reasons for part-time employment were health condition 47,6% (of which 20% men and 27,7% women) care for children or disabled person (43,9%, of which 43% women, 0,5% men) unavailability of suitable full-time job 38,7% (4,7% men, 34,1% women), and participation at education (school or retraining scheme) 17,4% (8,0% men, 9,4% women).

Significant regional disparities – especially due to structural changes, insufficient mobility (however, the lower migration of workers and their families is balanced out to some extent by the fact that approximately a third of the economically active population commutes to work) and workforce flexibility – are reflected in the employment rate. Considering the fall in the fertility rate and the higher proportion of young people progressing to higher education, it can be assumed that the Czech Republic will not have a sufficient internal source of labour. Migrant workers will probably fill the gap in the workforce to a certain extent. A key factor in this respect is support for the integration of foreign nationals who have been legally established in the Czech Republic for many years.

The unemployment rate in the Czech Republic was 8.3% in 2004, and fell to 7.9% in 2005 and further to 7,2% in 2006. These levels are lower than the EU-25 averages for the same period (2005 – 8,7%, 2006 – 7,9%). Long-term unemployment rate was 4,2% in 2006. In 2005 there were 410.2 thousand unemployed persons of which 33.1 thousand were in aged 55-64. Share of this age group in total number of unemployed is slightly rising (from 5,8% in 1993 to 8,1% in 2005).

GDP per capita purchasing power parity came to 73% of the figure for the EU-25 in 2005. The dynamism of GDP growth has been increasing recently. In addition, this growth is well structured, as it is primarily powered by investments and exports. GDP growth in 2004 and 2005 benefited from growth in employment and, in particular, growth in overall productivity. The rate of GDP growth and the trend towards the real convergence of the Czech economy to that of the EU-15 should remain at a similar level in following years. Economic performance, however, could be endangered by a fall in the rate of growth in the neighbouring countries to which most Czech exports are directed, and by the possible transfer of foreign investment to countries with lower labour costs, lower taxation and fewer barriers to the labour market.

The policy of preparing for population ageing should respond to two key challenges: integrate older persons into economic and social development and create an age-inclusive society. As a result of increasing levels of education and improved health, the swelling number of senior citizens offers potential for the social and economic development of society. It is in the

² For more details see statistical annex of this report.

Czech Republic's interests for seniors to have ample opportunity to enjoy an active and full-value life, and to live in a society, which is constructive to their needs and preferences.

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.

In 2002 the Government of the Czech Republic adopted the "National Programme of Preparation for Ageing for the period of 2003-2007" (NPPA). The first report on the implementation of the NPPA was approved on 16 November 2005. In March 2006, the government established the Government Council for Seniors and the Ageing Population in order to increase the involvement of key stakeholders in the process of implementing the NPPA and to further develop ageing policy in the Czech Republic. The updated plan on ageing should be submitted to the government together with the second report on the implementation of the NPPA in October 2007.

According to its statutes, the council "strives to cultivate conditions for healthy, active and dignified ageing and old age in the Czech Republic, and for the active involvement of older persons in the economic and social development of society in the context of demographic development; it strives to ensure the equal status of seniors in all areas of life and the protection of their human rights, and to foster intergenerational relations within the family and society".

The council includes representatives of the government, social partners, health insurance companies, experts, NGOs and other organisations. The Ministries of Health, Finance, the Interior, Education, Youth and Sport, and Regional Development are represented in the council along with the chairman of the Government Council for Human Rights, the Vice-President of the Czech Statistical Office (CZSO), representatives of the parliamentary committees for social policy and health, representatives of the Association of Regions of the Czech Republic, and representatives of the Union of Towns and Municipalities of the Czech Republic. These bodies need to be represented in the council to guarantee sound cooperation in the handling of tasks within the council's competence.

The council has established four working groups focusing on the priority issues of employment, health care, housing and public awareness and social participation.

1. The working group on health and social policy and for health and social services should inter alia focus on health and social policy in the context of population ageing, the cultivation of conditions for a healthy and active old age, the development of geriatrics and geriatric services, advances in the gerontology training of medical staff and other professions, the support of research into gerontology, the development of health and social services, and the acquisition of empirical and statistical data.

2. The working group on employment, lifelong learning and social security should inter alia focus on the labour market and employment policy in the context of population ageing, issues associated with the employment and employability of older persons (50+), the development of lifelong learning, and social security in the context of the labour market and population ageing.

3. The working group on the support of information, social participation and the elimination of the discrimination of older persons should inter alia focus on shaping the concept of an information and communication strategy designed to raise awareness about ageing and old age, preparations for old age, positive approaches to older persons, increasing 'gerontology literacy', reducing discrimination and ageism in society, fostering a society friendly to all

generations, assessing the social situation and needs of older persons, and raising awareness about human rights.

4. The working group on housing and residential social services should inter alia focus on housing policy, housing designed to cope with the health and mobility of senior citizens, the safety of the home environment and public institutions, the cultivation of a supportive and enabling environment for old age and older persons, the removal of architectural and other barriers, the development of housing for older persons with a senior-friendly design, the development of residential social services for senior citizens.

The council creates room for discussions of specific problems and therefore is an important vehicle for the profiling of priorities and needs emerging as a result of demographic changes; it is also a key tool for age-mainstreaming (ageing mainstreaming). While the problem of demographic ageing is generally reflected in various conceptual documents, the opportunities and needs of older persons are not also paid sufficient attention.

In 2002, the Government of the Czech Republic asked regional governors and the mayors of the largest chartered cities for their cooperation and for the production of regional and local programmes of ageing preparations; it also requested that regional and local activities in this field be promoted. Regional and local government contributes to the conceptual solution in various areas. Regional and local policy plays a fundamental role in many areas, including housing, transport and health care. Therefore, close cooperation in the future between state administration and regional and local government is essential for the fulfillment of the objectives under the NPPA (RIS).

COMMITMENT 2: To ensure full integration and participation of older persons in society

Below we refer to some of the activities carried out in the past to integrate older persons into society.

A Social Services Act (see annex) has been drawn up and passed during last period. The Act came into effect in 2007. This legislation champions the option for persons with reduced self-sufficiency to remain in the natural social (home) environment; it introduces a system for the registration of social service providers and a system for the control of social service quality. This law also gives rise to the 'care allowance', which is granted based on an assessment of the health of the person and his/her care needs.

In 2004 and 2005, the National Computer Literacy Programme was implemented, which stressed the principle of equal opportunities for citizens in access to information technology and targeted the older age groups of the population. In 2004, the programme's largest age category was 50-59 years; women accounted for 68% of all participants.

In November 2005, the Ministry of Labour and Social Affairs held an international conference on the 'Position and Discrimination of Seniors in the Czech Republic', which was attended by top experts and representatives of prominent non-profit organizations from the Czech Republic and abroad. The papers delivered at this conference discussed the human rights of older persons, and discrimination in various areas of life, including labour market, the provision of health care. Attention focused inter alia on elder abuse.

A bill has been prepared on legal means of protection against discrimination and on equal treatment (the Antidiscrimination Act), which is intended to help penalize and defend against discrimination on grounds of age and other reasons for discrimination in the fields of access to employment, entrepreneurship, education, health care, social security, housing and other areas. The enactment of this legislation is a government priority.

The Czech Republic, in cooperation with the association Život 90 (Life 90), contributes to the project 'From Isolation to Inclusion'. Under this project, a regional plan for the social inclusion of older persons is prepared in collaboration with the Královéhradecký Region. Another project output is methodology for the creation of the regional plan and a database of innovative measures and examples of good practice (more detailed information is available at www.i2i-project.net).

The Czech Republic participated in the 'Regions for All Ages' programme of UK charity organisation Age Concern. This programme is geared towards the development of regional policy in the context of population ageing and its goal was to ensure that policies and programmes respond effectively to ageing and the aspirations and concerns of older people. Under the programme, a manual – the 'Age-Proofing Toolkit' – was produced, which should help taking demographic ageing and the needs of older persons into better account in policy-making. In November 2005, the conference 'Building Cohesion in Ageing Europe' was held.

One of the objectives of modern health and social policy is inclusion of persons with various health conditions and health restrictions into the labour market and into society. Modern technology can facilitate access to number of services and help overcome barriers in people's environment, communication and other areas. Bearing in mind the rising number of older persons and the rapid advances in information technology and the spread of the Internet in

society, it is imperative to ensure equal access to new cutting-edge technology and to promote the development of information technology that complies with the needs of persons with various limitations or disabilities.

In 2006, the Ministry of Labour and Social Affairs co-organized, with Dům techniky, s.r.o. a conference called 'Gerontechnology and Technology for Persons with Disabilities – the Future Course'. This conference discussed the use of technology and design in social inclusion, including areas such as town-planning and housing, transport, design, new health and assistive technology and materials, communication technology, and smart technology. It can be assumed that the new technology will play an increasing role in improving the self-sufficiency of older persons, alongside improvements in health and the removal of barriers.

Technology is becoming an increasingly important element in the provision of social and health services, and makes a significant contribution to integration, independence, and the ability for people to live in their home environment. A good example is emergency care secured in the form of communication and information technology. In 2005, the ŽIVOT 90 received the 'Makropulos Prize' from the Minister for Health for this emergency care service. This prize is awarded for various projects addressing senior's health and social needs.

Modern communication and information systems in IVIS and ADAS vehicles can help older drivers by reducing complexity, increasing the driver's confidence, and offering suitable replacements for impaired senses (a system for better visibility).

The Internet is steadily becoming a key source of information on how to tackle various situations in life and a key means of communication. Several websites have been set up in the Czech Republic, which provide information, counselling and help to older persons and their families. For example, since 2002 the website at www.pecujici.cz has posted materials for carers and older persons. The aim is to enable older chronically ill persons to remain in their home environment for as long as possible. Another web portal operating as an advice centre is www.seniori.org, a project of the Czech Helsinki Committee.

Research is a very important aspect in formulating a policy in the context of population ageing. The Czech Republic has been involved in a project 'Generations and Gender Survey: prospective longitudinal study'. The Research Institute for Labour and Social Affairs has implemented several projects on ageing issues, including 'Current problems of family policy with regard to features specific to various stages of the family cycle', 'Age discrimination issues' (2003), 'The older middle generation' (2004), 'Analysis of the results of the 2001 census with regard to changes in family and household structure and the generational fertility of women' (2004), 'Age-mainstreaming' (2006-2007), and 'Meeting the needs of seniors with an emphasis on the role of the non-state sector' (2007).

Research into ageism has concentrated primarily on the labour market and issues related to the pension and health system. Although this matter is not discussed much in public, it is reflected in Czech society. Chronological age and old age are used to define individual stages of life, as one of the determining elements behind our behaviour towards individuals, in the recruitment and dismissal of workers, in our definitions of occupational skills and access to services and goods. Most commonly, the older population has particular experience of ageist stereotypes and conduct, which are reflected in communications (e.g. patronizing forms of address, ridicule, and underestimates of older people's skills due to their age).

This new form of systematic stereotyping and discrimination of individuals on grounds of their (usually higher) age can take various forms and is specific in that anyone can be a potential victim as everyone starts ageing from birth. This makes research into ageism extremely

important. Today there are several persuasive foreign studies indicating that the negative self-appraisal of older persons, as one of the consequences of ageism, reduces their hopes of a longer life. Ultimately, ageism influences the functionality of numerous social areas, including social policy.

Clearly, in the upcoming period, an emphasis must be placed on eliminating age as a distracting variable everywhere this is possible and socially expedient, especially in situations where the negative effect of ageism on the well-being of an individual, social groups or the whole of society can be demonstrated. It is necessary, in particular, to distinguish and determine the extent to which formal and informal barriers limit opportunities for individuals at different ages to live together, work together, learn together, rest together, respect each other and socialize with each other.

Steps and measures have been taken to ensure the barrier-free access to public transport and public buildings. Low-floor municipal transport vehicles, the specification of low-floor vehicle use on timetables, and the addition of lifts and ramps to construction projects involving the installation of steps and staircases ensure the accessibility of public passenger transport. On the railways, barrier-free access is ensured by an adjustment to the platform height and a slip-resistant surface finish; when vehicles are replaced, the new vehicles are ordered with a floor height ensuring easy boarding and alighting.

Under the Support Programme for the Replacement of Municipal Transport Vehicles and Regular Public Service Vehicles, carriers can apply for a grant towards the acquisition of low-floor vehicles or vehicles with built-in facilities to make boarding easier for disabled persons and persons with limited mobility. Every year, the State Fund for Transport Infrastructure (SFTI) prepares 'Rules for the provision of grants for the implementation of programmes to increase transport safety and access to persons with limited mobility and orientation'. Between 2001 and 2006, CZK 246.2 million was disbursed from the SFTI budget for 106 projects to implement these programmes. The indicative budget for 2007 has earmarked CZK 95 million for these purposes. The grants mainly concern road and railway infrastructure. Since 2006, the programme has included support for the acquisition of information systems for the blind and sight-impaired on barrier-free routes set up by municipalities. This trend continues in 2007.

The accessibility of the railways is enhanced significantly by the replacement of the existing rolling stock, whether in the form of new vehicles or the modernization of existing vehicles (the latter is more common because of the lower costs). Most of these vehicles are designed as low-floor vehicles, and the state grants more aid for their acquisition as they improve the opportunities for people with reduced mobility and orientation to move around.

In keeping with the Czech Republic's transport policy, a new programme of support for the replacement of public transport vehicles is being prepared for the 2008-2013 period. The aim of the programme will be to increase the accessibility of public transport for persons with reduced mobility and orientation.

Every year, the Ministry of Culture supports ten to twelve projects for seniors as part of grant award procedures for the promotion of amateur artistic activity (especially in film, video, drama, fine art and choirs) and traditional folk culture. Support of these projects for seniors amounts to approximately CZK 1 million every year.

The Ministry of Culture, via the National Information and Advice Centre for Culture (NIPOS), conducts national surveys of the cultural dimension of seniors' lives. The aim of the

survey is to examine cultural needs, compare them with culture supplied, and describe objective barriers preventing broader participation of older persons in cultural life. Outside the scope of the survey, this group's opinions on its status in society and its satisfaction with its life are sought. The first year of the survey focused on cultural needs; the next year (2007) will concentrate on reconciling culture on offer with these needs.

It is clear from the initial results that more than half of seniors live without a partner. Although practically every other older person has health problems, more than 80% go outside every day. Most seniors regularly listen to the radio or watch television, and approximately 60% have a mobile telephone. Only 3% have a computer and Internet connection.

The National Senior Theatre Festival, drawing on experience in other countries, was conceived in 1995. It takes place as a biennial at different places in the Czech Republic. This festival gives senior actors, who are usually part of intergenerational drama groups, the chance to meet.

NIPOS cooperates with the Seniorforum event. This has been held since 1993; since 2003, it has been under the patronage of UNICA, the international nongovernmental organization of amateur film. This is the only competition of its kind (for filmmakers over the age of 58) not only in the Czech Republic, but – as far as we know – in the world. The Amateur Filmmakers Club in Kroměříž organizes it. In its projects, NIPOS also uses senior folk groups, which, in the past decade, have started forming alongside folk groups, either as an integral component or an off-shoot.

In the mass media, programmes are developed to target the specific problems of older persons. The Czech Television Act provides that the public service Czech Television must prepare closed captions or open subtitles for the hearing impaired or simultaneous interpreting in sign language for at least 70% of the programmes it broadcasts. As of 1 January 2007, any distributor of Czech audiovisual work made available via copies with the possibility of adding subtitles must add closed captions to these copies for the hearing impaired, many of whom are seniors.

An important condition of life in a community is housing adapted to the requirements of older persons. The Ministry of Regional Development and the State Housing Development Fund have incorporated a condition in their programmes that in cases where ten or more rental apartments are built with grants, at least 10% of the flats must be 'adjustable flats'. These are apartments where basic structural and technical alterations are made to suit the housing requirements of disabled persons. These flats are prepared for the addition of extra fittings or assistive technology depending on the specific disability and individual requirements of the tenant.

The goal of the Programme for the Construction of Subsidized Flats is to build municipality-owned rental apartments for persons who are disadvantaged in their access to housing not only because of their income, but for other reasons too (e.g. state of health, age, adverse social situation or circumstances in life) and who tend to be at risk of social exclusion. The provision of a grant is conditional on the organization of social services. The programme defines three areas of grants:

- Sheltered flats – for persons with health problems, all sheltered flats must be adjustable, i.e. they comply with essential barrier-free requirements without further structural adjustments. Buildings housing sheltered flats must comply with general technical requirements ensuring that disabled persons can use them. Sheltered flats meet the housing needs of seniors with

reduced self-sufficiency, as a condition for the provision of a grant is the organization of social services in line with tenants' individual needs.

- Halfway flats – for persons and households with social handicaps who live a conflict-based life.
- Starter flats – for persons who do not have access to housing even with the use of all existing social and housing policy instruments.

The Ministry of Agriculture is contributing to the preparation of a KLAS housing project. KLAS homes – rural houses for a tranquil, active old age, use the experiences of the French MARPA concept as a model. The aim of the project is to let rural seniors enjoy a dignified, quality old age in the rural habitat they know and have an affinity with, and thus it ensures that these old persons benefit from the corresponding quality and the availability of medical and social services. The KLAS houses form a barrier-free complex of studio flats with a small garden, designed to accommodate an individual or a couple, which provide privacy and intimacy for each resident. A KLAS home also has communal areas (a common room, dining room) and one residential unit for staff. KLAS homes are located in a municipality within easy reach of village life and related services – shops, pubs, a hairdresser's, a doctor's surgery, a municipal authority, and a community centre – while encouraging openness to the world outside. KLAS homes can be acquired by reconstructing an existing suitable building or by constructing a new building on municipal land.

The Czech Republic is becoming an immigrant (recipient) country and the number of foreign nationals in the Czech Republic is rising. It is important to place a stress on the specific risks and needs of older persons from this target group. Developments in the migration situation in the 1990s gave rise to the Concept for the Integration of Foreign Nationals in the Czech Republic, which was adopted by the government in 2000. This concept is updated every year. Foreign nationals of an advanced age are considered a special category or a disadvantaged group of foreigners (as are minors or lone women) because of the high risk that they will find themselves isolated. Their integration is therefore the subject of special attention in the form of measures applied primarily via the Plans of Integration Policies (PIP) of the individual ministries involved. Each PIP should contain the legal, organizational, methodological and practical aspects behind the implementation of the Concept for the Integration of Foreign Nationals in the competence of the relevant ministry, and should take into account the impacts on the target group at all ages. PIPs are updated every year.

The Ministry of Labour and Social Affairs (MoLSA), in the implementation of the Plan of Integration Policy in its competence, thoroughly applies 'integration mainstreaming', i.e. in the creation of all ministry policies and legal provisions and on adoption of measures in the MoLSA's competence it takes into consideration the impact of the prepared policy, legal regulation or measure on the target group at all ages, including the above-mentioned disadvantaged group of foreign nationals within the scope of the integration of foreigners.

In legal regulations where the coordinator is the MoLSA, a stand-still clause is applied, i.e. in the future there will be no deterioration in the legal status of foreign nationals compared to the current situation; derogations from this principle are possible solely in exceptional and legitimate cases. In cases where applications for permanent residence are submitted, an exception will be granted for foreign nationals over the age of 60: the condition of supplying a document confirming knowledge of the Czech language will not apply to them.

In 2002, the Ministry of Defence approved the 'Ministry of Defence concept of care for participants in the national struggle for liberation, military pensions and ministerial pensioners'. The aim is to ensure consistency with the system of state social care and to create the basis for military seniors to contribute to social life intensively in their old age. In the application of the

concept, the Ministry of Defence cooperates with individual civic associations, which draw together participants in the resistance, war veterans, and ministerial pensioners.

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

The basic instrument for the support of growth in the context of demographic ageing is an increase in general employment and especially in the employment older persons. In this respect, one of the Czech Republic's priorities is to encourage lifelong learning and the support of business. Promoting the reconciliation of family and professional roles is also important. More on these activities can be found in Commitments 5, 6 and 9.

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

Reform measures in basic pension insurance are adopted on an ongoing basis. The latest major measure involved parametric changes to legislation effective as of 1 January 2004. Within the scope of public budget reform, adjustments have been made both to system income (the Contributions Act) and to system expenditure (the Pension Insurance Act). These modifications mainly involved extensions to the retirement age (up to 63 for men and childless women and 59-62 for other women) and a restriction on the evaluation of study periods. In terms of pension system income, the pension insurance rate was increased (from 26% to 28%; this was countered by a simultaneous reduction in the rate of the contribution to the state employment policy from 3.6% to 1.6%) and the annual minimum assessment base for self-employed persons was increased (progressively to 50% of the difference between income and expenditure, but at least twelve times a quarter of the average wage).

With effect as of 1 January 2004, the possibility of taking one of the two types of early retirement was restricted, and with effect as of 1 January 2007, one of the two current types of early retirement was discontinued. In the first stage of pension reform, one of the measures proposed is for those who have reached retirement age but continue to earning money from a living to collect only half their old-age benefit, with the possibility of recalculating the benefit to take this situation into account.

Under a political agreement from the first half of 2004, a Team of Experts (the 'Bezděk Commission') was formed, which had representatives from all Czech parliamentary political parties. The work carried out by the Team of Experts included analyses conducted at the end of 2004 and the beginning of 2005 to investigate the existing basic pension insurance and possible parametric adjustments, and proposals for the reform of the system presented by the individual political parties. This activity resulted in a Final Report, published in June 2005, which summed up the analyses and offered conclusions and recommendations on how to proceed with pension reform in the Czech Republic. After the Final Report had been drawn up, political talks continued, culminating at the end of 2005 in the draft 'Agreement of the Political Parties' on the further continuation of the pension reform. In the end, this Agreement was not signed.

According to the current government's policy statement, pension reform should continue in three stages. The bill prepared in the first stage of work on parametric changes to the pension insurance contains a set of measures which follow up on the conclusions contained in the Final Report and on the draft Agreement of the Political Parties, and should stabilize the basic pension insurance. The proposed specific measures concern the expenditure side of basic pension insurance and can be broken down into a part concerning the insurance term and replacement insurance term, a part concerning the conditions of any claim to a pension, a part concerning the amount of the pension, a part concerning the conditions of a claim to the payment of a pension, and a part concerning a change to the definition of disability. The main changes proposed include the continuing gradual increases in retirement age, measures concerning replacement insurance periods, restrictions in additional periods calculated under disability pensions, the unification of ages when determining the length of an additional period for disability pensions, an extension to the compulsory insurance term for a claim to old age benefit, and the concurrence of earnings and part of a pension with the possibility of reconfiguring the old age benefit. The draft legislation should be presented to the government by the end of September 2007 and is expected to enter into effect as of 1 January 2009.

In the second stage of work connected with the parametric changes to the basic pension insurance, matters concerning the financing of basic pension insurance should be dealt with. In this respect, measures should be prepared and implemented in the field of private pensions (especially state-subsidized supplementary pension packages and life assurance), in particular the separation of the assets of shareholders and clients, the introduction of the possibility of providing variously tailored pension plans, greater motivation to make higher contributions, increased employer participation, support for the drawing of lifelong pensions from supplementary pension schemes. In the third stage, another voluntary savings pillar of the pension system, based on the 'opt-out option', should be introduced.

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

In the fourth quarter of 2006 (4Q 2006) the total employment rate of persons aged 15-64 as measured by the LFSS was 65.6% (74.2% men and 57.0% women). The number of unemployed persons (ILO methodology) came to 339,600 on average in Q4 2006. The general unemployment rate fell by 1.3 percentage points and stood at 6.6%, which was the lowest level in the last eight years. According to the LFSS results, the general unemployment rate according to ILO (derived for the age group 15-64) reached 6.6% in Q4 2006, which was an eight-year minimum. The registered unemployment rate according to the Ministry of Labour and Social Affairs of the Czech Republic (MoLSA) came to 7.5% in Q4 2006 and decreased by 1.1 percentage points year on year.

Despite the increase in the employment of older persons, the share of older job seekers in the overall unemployment rate is rising. Their share in overall unemployment in mid-2006 was 26.5%. Between 1993 and 2004, the economic activity of older workers rose among the lower age groups of older workers, and was particularly striking among women, who are catching up with the traditionally higher participation rate of men. In age group 60-64, on the other hand, economic activity has been increasing among men over the past 11 years but has stagnated among women. In age group 65+, the participation rate has decline for both sexes; this drop is more pronounced among men.

According to statistical data, employment and economy activity peak in the middle generation and then fall sharply among women aged around 50 (as they gradually reach the age limit for old-age benefit entitlements); among men there is a peak in the 30-39 age cohort, followed by a slow decline (deteriorating health). The economic activity of persons in the monitored age cohort also indicates significant gender differences in other characteristics. Research has confirmed a link between older persons' problems in the labour market and their skills. Among university degree holders, age as a barrier during the search for employment is rare (it was experienced by 14%), among those who left school straight after lower secondary education the figure was 60%. As people grow older, the barriers preventing them from finding new jobs related to age go up, while the barriers 'caused' by skills or gender decrease.

In spite of growing interest in the situation of older persons in the labour market and in "active ageing" we may say that in discussions about pension reform labour market policy is not generally seen by social partners and other stakeholders as a priority and as an integral part and a key measure to increase the sustainability of pension system. The situation in the labour market, especially in regions with higher unemployment which is caused mainly by structural changes, is not favourable for an increase in the employment of older persons or for the labour market participation of pensioners. Thus, the priorities of the "active ageing strategy" for the next few years should be strategies to decrease the level of general unemployment, to develop employers' strategies towards older employees (age management) and to introduce specific and differentiated incentives to remain in work.

According to new employment legislation (the Employment Act) the employment services have to pay special attention to persons aged over 50 years, who have the right to an individual action plan designed to increase their chances of finding a new job. Social partners, NGOs and other sectors of society including academia are becoming progressively aware of the priority of increasing the employment of older persons and this priority is recognised more in their own priorities and activities. Rising attention is being paid to the issues of ageing in research and

academia. The Research Institute for Labour and Social Affairs (RILSA) of the Ministry of Labour and Social Affairs of the Czech Republic has published, for example, the following reports: "Age discrimination – ageism: an introduction to the theory and incidence of discrimination approaches in selected areas with an emphasis on the labour market." (Vidovičova, 2005), "The elderly and social policy measures in the field of ageing – public opinion view. Empirical study report." (Vidovičova, Rabušic, 2003) and "Population ageing - disaster or social challenge?" (Rabušic, 2002).

The Czech Republic's approach to extending working life is based on the view that the adaptation of the skills and education potential of workers must begin long before they reach retirement age, and requires recourse to a system of lifelong learning. The study includes draft specific recommendations for the adaptation of the education system and the establishment of a system of lifelong learning.

In the implementation of the active employment policy, employment offices focus in particular on risk groups of the employed, including individuals over the age of 50. Job club PLUS programmes are designed for persons older than 50. Work with this group of job-seekers is usually more challenging than with other groups of job-seekers; it requires intensive counselling and motivation, especially in cases of structural unemployment. Despite this, the share of job-seekers older than 50 in the total number of job-seekers placed in retraining courses has risen significantly (by 0.8% to 8.17% in 2003 and to 9.2% in 2004).

Job-seekers aged 50-54 accounted for approximately 7% of those in retraining, job-seekers aged 55-59 accounted for 2%, and of those job-seekers aged 60 or over, 30 took part in retraining. The average share of women in the total number of persons retrained in 2004 was 67.8%. In 2006, persons aged 50-54 accounted for 10.66 % of retraining, job-seekers aged 50-59 account for 4.57%, and of those job-seekers aged 60 or over, 122 took part in retraining. Overall, 59,035 people took part in retraining; compared to 2005, when retraining programmes were attended by 46,772 job seekers and persons interested in employment, this figure shot up by 26.2%.

Numerous programmes are designed for older workers, including 'Something to offer', 'Company administration', 'Never give up', 'Fresh chance' (focusing on IT), 'Social care, my professional future', 'Seniors for active employment' (IT courses), '50+ assistance' (IT courses), 'Back to work', 'Adaptation 50?', 'Offering experience', and 'Experience counts'.

The most frequently organized programmes are retraining courses offering participants an insight into information technology. These are courses, which increase the chances of finding a job; job-seekers are placed on these courses based on their own interest and a recommendation of the employment office. Persons over 50 accounted for approximately 7.5% of the total number of IT course participants in 2005, and almost 9% in 2006.

The Research Institute for Labour and Social Affairs is currently managing the project 'Promoting the employment of older persons', which is due for completion in May 2007. Attention is also being focused on the pension system (retirement age, early retirement, collecting old-age benefit while working, the system of partial benefits, i.e. part-time work while collecting a partial benefit) the employment policy (active employment policy programmes, support for flexible forms of employment), and the labour-law protection of employment. The main component of the studies by the Research Institute for Labour and Social Affairs is draft measures in individual areas of the social system and employment policy.

The Ministry of Industry and Trade drew up operational programmes (EIOP), which include a Training Centres Programme. The aim of the programme is to build up infrastructure for human resources development, to enhance the competitiveness of undertakings in the given sectors, to increase the employability of individuals in keeping with needs stemming from the introduction of new technology and innovations, production processes and procedures, to expand capacity and ensure the professional growth of employees in relation to the efficiency and quality of production or services. This programme provides for the maintenance, deepening and expansion of the vocational skills of employees, employers and their managerial, technical, language and other proficiency.

In addition to unemployment, myriad stereotypes pose another barrier to prolonged working life. The view that ages 'makes a difference' on the labour market is confirmed not only by public opinion, but also by 'black-and-white' statistics. The proportions of (un)employed persons, wages, the structure of the labour market and the related satisfaction at work all have age-specific formulae. It was confirmed that negative attitudes to older workers are more common than positive opinions, that stereotypical features are attributed to older workers which are directly related to their higher age, and that not even their advanced age will protect them from their own auto-stereotypes.

According to a public opinion poll commissioned by the Ministry of Labour and Social Affairs (2005), age is the most common ground for discrimination. At the same time it is considered to be the most "self-evident" or "normal" phenomenon. Age discrimination thus may not even be identified as discrimination. This is perhaps caused inter alia by deeply rooted ageist stereotypes about older workers. The perception of older persons in society and age barriers thus pose an obstacle to the greater participation of older persons in the labour market. Nevertheless, the importance of these obstacles for men and women and for various occupation groups differs significantly. Awareness raising activities should therefore continue to be an important element of the "active ageing strategy". The number and share of persons over fifty and over the statutory retirement age is steadily increasing. "Active ageing" is thus becoming a more emergent issue within employment policy. It is clear that a higher statutory age of retirement will not in itself lead to the corresponding and required increases in people's years in employment if specific barriers preventing them continuing their work persist. It is also important to view retirement as an opportunity for both economic and social activities. Outdated skills are not caused by biological ageing and can be forestalled by changes in education policy and the lifelong learning policy. Social policy should thus focus more on the adaptability of employers and employees to technological changes.

Issues related to increased employment among older persons are a priority of the recently established Government Council for Seniors and Population Ageing, which set up a Working Group on Employment, Lifelong Learning and Social Security.

The Working Group on Employment, Lifelong Learning and Social Security should inter alia help to prepare the Programme for Ageing Workers and other measures aimed at increasing the participation of older people in the labour market.

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

Major changes have taken place since the beginning of the 1990s, which, if people are not ready for them, will culminate in their isolation and inability to grasp the contemporary world around them. The lifestyles of seniors will be increasingly influenced by the fact that they have a more diverse and richer career behind them; they will have had more jobs than current seniors, they will have a higher level of education compared to the current generation, and this will clearly influence the way they spend their retirement and affect their overall socioeconomic status.

A significant activity in exercising seniors' social, cultural and civil rights is universities of the third age (U3V). Lectures tailored to ageing issues, healthy nutrition and a healthy lifestyle were held at Charles University and subsequently at another two universities (in Olomouc and České Budějovice) as far back as the 1980s. During the 1990s (after the Velvet Revolution), opportunities for third-age education expanded to several other universities and colleges. A landmark event was the expansion of the range of courses and lectures specifically designed for older students to include natural and technical sciences at the beginning of 2000. The organizers of these educational activities were driven by efforts to give seniors the chance to educate themselves in subjects necessary for a full-value life in modern society. Third-age studies at universities have had two results: greater knowledge among seniors and a better quality of life for older persons. These two objectives are currently the focus of universities of the third age (U3V). Of the 26 universities and higher-education colleges in the Czech Republic, 20 incorporate these courses into their programmes. The average number of seniors enrolled in educational processes of various types during the academic year is 15,000. The financial grants awarded for these courses are CZK 8,500,000 (2004), CZK 8,372,000 (2005), CZK 8,435,000 (2006), and CZK 13,978,000 (2007). Since 2004, the annual outlay in grants for the support of the infrastructure of universities of the third age at 19 universities (communication and information technology, the facilities of information and administration centres) has been approximately CZK 15,000,000.

Third-age education at Czech universities is incorporated into the system of lifelong learning. The development of these specialized educational activities was boosted by development projects prepared and implemented by universities under the leadership of the Association of Universities of the Third Age in the Czech Republic (AU3VCR). AU3VCR is a civic association of persons interested in third-age education at Czech universities.

AU3V is implementing a project called 'Support of the infrastructure of Universities of the Third Age in the Czech Republic'. This project initially involved 16 universities, and then subsequently rose to 20 over the years. In the first year, attention focused on setting up computer classrooms connected to the Internet. These are complexes of 8-15 workstations to which seniors have priority access. If any computers are free, the university's full-time students can use them. This ensures the installed systems are used to their maximum capacity.

In 2005 and 2006, AU3VCR organized international conference on the university education of seniors. It evident from the papers delivered here that the project implementers and the students were slowly shifting their interest towards interpersonal relations, and the prospects of integrating seniors further into intergenerational dialogue are a matter of intensive exploration. Czech universities are actively involved in several European projects within ERASMUS-SOCRATES- GRUNDTVIG.

AU3V, with the assistance of appointed expert commissions, also tries to contribute to the solving of problems arising from the development of third-age education. These include legislative issues (the right to use the name U3V, course accreditation, the possibilities of applying knowledge gained from the courses in a professional setting), specialist issues (the form of lectures and courses), and economic issues (the method used to ensure a long-term sustainable system for the financing of third-age education). News and the minutes of all meetings are published on the e-newsletter website at www.vutbr.cz/AU3V. Final reports on the handling of projects to support infrastructure in 2005 and 2006 have also been published here.

In the field of secondary and post-secondary education, the SENIOR project makes use of organizations providing adult-education services. This process is based on cooperation between the Ministry of Education, Youth and Sport and regional organizations already offering adult-education services. At present, educational centres are operating in two regions of the Czech Republic (in the Moravskoslezsko and Liberecko Regions), and there are plans to launch operations in other regions in the near future. The National Institute of Vocational Training, in cooperation with educational centres, prepares teaching, informative and retraining programmes for seniors; part of these programmes – especially areas of special interest – will be combined with the curriculum established for the younger generation. Retraining programmes must also react to the needs of the labour market in the region.

The educational centres, through their schools, will provide Third Age Academy programmes; some of their schools already run similar programmes with the backing of municipal authorities, and the older age group has expressed a keen interest in them.

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

The main challenge posed by demographic developments is not the quantitative increase in care costs, but a qualitative change in health policy, the life-course approach to health, and the creation of conditions for healthy ageing. The main priority is to reduce the incidence of chronic illnesses and disabilities and adapt primary health care to the needs of the older population in compliance with the model of the World Health Organization's Age-Friendly Primary Health Care centres. The issue of long-term care should be addressed as part of the broader health policy.

The overall impact of demographic developments on the system of health care is difficult to estimate. Demographic development (the age structure of the population), could potentially influence the health system with an increase in demand for health care and an increase in expenditure related to the payment of insurance contributions for "state-insured" persons (those insured persons for whom the state pays insurance contributions), which include pensioners. The number of state-insured persons also depends on the economic activity of the population. However, the age structure of the population is not a factor determining the need for healthcare and overall costs. Factors such as population health, effectiveness, economy and expedient use of financial resources are more important and play a decisive role.

Along with the change in the age structure of the population, there is a change in the structure of the prevalence and incidence of morbidity and an increase in illnesses associated with age such as chronic diseases and degenerative illnesses. The increasing number of older persons with specific health needs requires restructuring of medical and social services, the development of geriatric services at all levels and in all environments (outpatient and inpatient), an emphasis on rehabilitation, programmes for prevention and health promotion, and support for healthy ageing.

In the Czech Republic's opinion, its priorities are to increase the capacity and constructiveness of primary health care in relation to fragile geriatric patients, expand the geriatric training of general practitioners (not only via geriatric modules, but also by identifying and emphasizing geriatric aspects in individual subjects), increase the availability of occupational therapy, physiotherapy, speech therapy and other non-medical professions, develop respite services, develop geriatric hospital wards providing, in particular, acute care, develop methodology for comprehensive geriatric evaluations and the application thereof in the assessment of applicants referred to long-term hospitalization, transform treatment centres for long-term patients and rest homes and the financing thereof, develop research with a view to gaining an insight into the needs of older persons, and raise public awareness about requirements and services. All this is essential if the need for long-term hospitalization – which is very costly and ineffective – is to be reduced.

By the end of 2006 there were 14,597 beds for nursing after-care in the Czech Republic, of which 6,072 beds in hospitals, 7,462 beds in long-term care facilities, 335 beds in hospices and 98 beds in other specialised therapeutic facilities. The total number represents almost 10 nursing after-care beds per 1,000 persons 65 years old and older. The regional distribution of these beds is very unequal. The distribution of home care services is also quite unequal in Czech regions. Long-term nursing care for elderly persons is now provided in rest homes, which are not healthcare facilities and are not primarily aimed at providing nursing care, and in long-

term care facilities (“medical institutions for long-term patients”), which by law are healthcare establishments providing care for a maximum period of three months.

Long-term care is also provided in a home setting. Work did not begin on a network of facilities providing home health care until after 1990. It now comprises 494 centres with close to 3,500 workers (individuals – of which 73% are nurses). Round-the-clock (24-hour) availability is provided by 88% of agencies. In 2005, home healthcare services were used by 142,500 clients, of which 77% were aged 65 or older. General practitioners indicated home care (90%); a treating doctor at the end of hospitalization indicates only 10% of care. Of the total number of clients, chronic patients account for 86%, patients with hospice care 4%. On average, each healthcare worker (non-doctor) makes 7-8 visits per day, and 43 visits per client over the year. Of the total number of nursing tasks, 60% were carried out on mobile patients, 40% on immobile patients. Home care workers on clients carried out just fewer than 6% of tasks after a one-day operation.

One of the biggest challenges in the field of long-term care is the integration of social and health services. Nevertheless, securing seamless provision of “one care” may be a challenging task in the current situation of separate healthcare and social services budgets and a tendency to consider the needs of certain older persons as “social” or of frail elderly persons as “social cases” (*casus socialis*). The existing division between health and social budgets often encourages a bureaucratic game of pass-the-budget which may place many elderly people, especially those most in need of care, in a disadvantaged position in the healthcare system and at risk of suffering from fitful and poorly coordinated care provision. Nevertheless, strong commitment and partnership between central government and local authorities may significantly alleviate this problem; the creation of a single point of entry to the system and the appointment of a single person or entity responsible for the results and effectiveness of care is one of the highest priorities in the upcoming period.

According to a population-wide study of the health and lifestyle of the population of the Czech Republic conducted by the Institute of Health Information and Statistics, in 2004 65% of men and 61% of women evaluated their health as good, whereas 8% of men and 9% of women felt bad or very bad. The most frequent reasons for hospitalization are illnesses of the circulatory and digestive systems, and neoplasms. The number of hospitalizations is constantly increasing (2.3 million per year); on the other hand, the average length of treatment is decreasing (7.5 days).

The government has formulated a long-term health policy in the programme Health 21 (a long-term programme to improve the health of the Czech population), the national version of the WHO Programme “Health for All in the 21st century”. Health 21 formulates strategic priorities and the corresponding measures in 21 goals which are broken down further into sub-goals and targets. One of the 21 targets set out in the Programme is “Healthy ageing” (target 5) which reads: “By the year 2020, people over 65 years should have the opportunity of enjoying their full health potential and playing an active social role”. Two more specific targets are set out within this target, which are as follows: “There should be an increase of at least 20% in life expectancy and in disability-free life expectancy at age 65 years” and “Increasing by at least 50% the proportion of people over 80 years of age who enjoy a level of health in a home environment that permits them to preserve their autonomy, self-esteem, and their place in society”.

Health 21 (target 5) places an emphasis on the health-related quality of life, health potential in old age, and functional ability (the disability aspect). Health 21 identifies as major health risks in old age Alzheimer’s disease, osteoporosis, sense disorders, etc. According to the programme there is a lack of valid data, especially at national and regional level. The Health 21 Committee of the Council for Health and the Environment was set up in 2002 along with the

adoption of the Health 21 programme. This Council was established in 1998 when the Health and Environment Action Plan was adopted. The National Network of Healthy Towns, which cooperates with local authorities and develops a database of examples of good practice, makes a significant contribution to the implementation of Health 21.

The Ministry of Health supports the provision of hospice care. In all, the Ministry of Health expended more than CZK 250 million on support for the establishment of new hospice facilities.

Every year, the Ministry of Health advertises its grant scheme 'Healthy Ageing Projects', which has been designed to support the projects of towns, municipalities and nongovernmental organizations that are involved in the care of seniors and citizens suffering from diseases linked to advanced age. Under this programme, the Ministry of Health supports projects focusing inter alia on counselling, equipment and the operation of rental units for rehabilitation aids and assistive technology, and on the establishment of day and respite centres intended for citizens suffering from dementia and their families.

Another grant scheme run by the Ministry of Health is the 'National Health Programme – Projects Promoting Health', which helps increase public awareness of health protection, and the prevention of disease and accidents. This programme inter alia supports community projects in the vein of 'healthy town', 'school promoting health', 'healthy hospital', and 'safe community'. The total amount earmarked for the implementation of projects promoting health between 2003 and 2006 was approximately CZK 45,000,000.

The National Programme for the Development of Sport for All, managed by the Ministry of Education, Youth and Sports, has a sub-programme entitled 'Support of programmes focusing on the mobile activities of citizens over the age of 60'.

Prolonging active ageing hinges to a significant degree on healthy living and, in particular, working conditions. Priorities in the field of health and safety at work are formulated in the National Policy of Health and Safety at Work and the National Action Programme of Health and Safety at Work for 2007. Coordination in this field is the responsibility of the Government Council for Health and Safety at Work, which operates on a tripartite basis.

In 2005, the Health-Promoting Enterprise competition was run for the first time. This competition assessed the standard of employee health care at organizations – both the compulsory element of care required under Czech law and additional care in the form of measures to promote health at work. Over two years, 17 enterprises with more than 35,000 employees have been appraised. In 2007, the competition rules will be adapted to encourage broader involvement among small and medium-sized enterprises.

In addition, the Ministry of Health is involved in international projects promoting health at work. The European Dragon-fly project, i.e. Project EC 2004316 (2005-2009), 'Development of Structures for Dissemination of Good Practice in the Field of Workplace Health Promotion in the Accessing and the Applicant Countries' has been held since 2005 (in the Czech Republic under the auspices of the SZÚ); this project aims to map out and expand the national infrastructure for the promotion of health at work. Another project for the 2006-2009 period is the Project Move Europe EC 2005303 (Campaign for the Improvement of Lifestyle-related Workplace Health Promotion in Europe). The task of this project is to coordinate a national campaign for employees that concentrate on the healthy lifestyle of employees and that will take place in all European countries.

The Ministry of Industry and Trade supports organizations of consumers and the provision of counselling to remedy the consequences of ill-considered purchases of goods during package sales events focusing on seniors, and the organization of awareness campaigns to prevent seniors falling prey to unfair practices. Similarly, consulting and awareness services preventing the steadily increasing debts of households (in many cases the households of senior citizens) are also supported.

Older persons view health as a very significant value. In the healthcare system they are very sensitive to policy concerning the prices (additional charges) they pay for drugs and services. However, family and interpersonal relations claim the top spot.

COMMITMENT 8: To mainstream a gender approach in an ageing society

The gender approach is very important in the context of ageing. It pervades health, employment, care, family, poverty and other issues. The rigorous application of gender mainstreaming entails the integration of the gender perspective into all existing policies, including those, which at first glance appear to be gender neutral (transport, finance, the environment, etc.). The Czech government has also recognized this method as a legitimate instrument for the implementation of a policy for the equal opportunities of men and women in the Czech Republic, and has made the application thereof a priority task in this field.

Significant attention is paid to the equal opportunities of men and women in the Czech Republic. Every year, the Czech Republic discusses its summary report on the fulfilment of the priorities and procedures of the government in mainstreaming gender equality, and approves updates of the individual measures of this concept. At the Ministry of Labour and Social Affairs, the special Gender Equality Section specializes in gender aspects related to diverse areas.

At the Faculty of Humanities of Charles University, Prague, a related masters programme in gender studies has been accredited, graduates of which know how to draft and plan the practical implementation of policies for equal opportunities. At the Faculty of Social Studies, Masaryk University, the following bachelor programme subjects are offered: Gender Studies + Social Policy and Social Work, Gender Studies + European Studies, Gender Studies – Political Science, Gender Studies – Social Anthropology, Gender Studies - Sociology, Environmental Studies - Gender Studies, Gender Studies – Media Studies and Journalism.

The Czech Republic contributes to the Generations and Gender Programme (GGP) coordinated by the UN Economic Commission in Geneva. This research (Generations and Gender Survey – GGS) is intended to be the first wave of a panel study; it is international (Europe, North America, Japan), comparative and interdisciplinary. The goal is to study the momentum of the development of the family and family relations from its establishment until its cessation, and thus covers a period spanning several life cycles: the starting of the family, the birth of children, middle age, and the situation of seniors. The sample for the programme comprises 10,000 respondents from a population of men (N=5000) and women (N=5000) aged 18-79 years.

The focal point is a study of child-parent relations and partner-partner relations. These relations are studied for men and women in all age categories (18-79 years). One of the principal objectives of the survey is to study the factors determining the beginning and end of child-parent relations (biological and step relations) and partner-partner relations.

In the GGS, respondents realize that when they retire their financial situation will deteriorate; roughly three quarters of respondents agreed on this regardless of their evaluation of their own current income situation. In contrast, about the same proportion of respondents see a positive consequence of retirement in that they expect to be able to manage their spare time more freely. Approximately two fifths of respondents expect their retirement to make them happier and more satisfied; these expectations depend on their education. Roughly a third of the respondents of a pre-retirement age express the hope that retiring could have a positive effect on relations with their partner, children, grandchildren, and on their health.

Of those GGS respondents who provided regular assistance to an older person in the previous year (eating, getting up, getting dressed, personal hygiene, etc.), 66% were women and 34% men. 79% of respondents agree that children should be responsible for the care of their ageing parents if they require assistance; 60% believe that children should also provide their ageing parents with financial assistance.

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

In the population over 65 years old, roughly 80% of citizens are self-sufficient, with assistance from their family and the immediate community. Approximately 13% of households feel they need assistance in the household; about 7-8% feel they need home care, and 2-3% feel the need for hospitalized care.³ The family provides more than 80% of care for seniors who are dependent on the help of others in the Czech Republic. On average, families provide care to a senior for 4-5 years. In most cases, it is women who look after relatives (64%, as opposed to 3% of men); in 80% of cases, they also worked in addition to looking after a relative. Adult children provide care for a dependent senior (53%), spouses (21%), relatives (10%) and friends (16%)⁴.

The family setting of the older middle generation can be characterized as generally favourable – three quarters live in a stable marriage in which usually two children have been brought up (42%), and the parents are still in a good relationship with these children (90%). Compared to their parents, people from the older middle generation have had, on average, fewer children (2.0 versus 2.6) and, have divorced more frequently (27% versus 13%). Of all persons living alone, 51.6% were older than 60; of all women living alone, 68.3% were older than 60 and 46.4% were older than 70. Of all men living alone, 27.7% were older than 60. 14.5% of men over the age of 60 live alone, 18% of men older than 70, 45% of women older than 60 and 52% of women older than 70.

In the Czech Republic, 85%⁵ of the entire population lives in families. The predominant type of household remains the complete family (54.6%), but this number is constantly declining. The most frequent type of family with children is the two-child complete family (47.4%), but the number of single-child complete families is increasing significantly (43.4%). The long-term trend is an increase in the proportion of single-parent families (of which 59.6% are families with children). In 85% of single-parent families, the head of the family is a woman. The most frequent case of single-parent families is a divorced woman with children. The greatest proportion of single-parent families is in Prague and in the Karlovy Vary region; the lowest proportion is in the Vysočina region. In the future it may be anticipated that with the increasing number of single people and older persons living on their own, the number of single-member households will grow at the expense of families.

In a study of the results of the Population and Housing Census from 2001, it was discovered that, compared to the previous Census in 1991, there was an increase in the number of households; there was also a rise in dwellings occupied by one person. Almost all functioning households comprise single-dwelling households in the census. In terms of changes in family structure, there was a reduction in the number of complete families (especially families with dependent children) and an increase in the number of lone-parent families; the number of single-person households also went up.

As a result of the drop in nuptiality and the rising divorce rate, the share of persons living with a partner went down. In contrast, among seniors the number of couples went up as a result of the falling mortality and hence the lower numbers of widowed seniors.

³ Bruthansová, D., Cervenková, A.: Zdravotne sociální služby v kontextu nového územního usporádání (*Health and social services in the context of the new territorial structure*), Research Institute for Labour and Social Affairs, Prague 2004

⁴ Holmerová, I.: Eurofarmcare, National Background Report, Czech Republic 2004

⁵ Population and Housing Census, 2001, CZSO

In connection with the ageing of society and the rising proportion of older persons in the population, the issue of providing for the needs of these persons is becoming more significant. These needs could be met via many entities; besides the family, responsibility for the related activities is split between the private (market), state and nongovernmental sector. Each of these entities has a specific approach; in certain areas these sectors complement each other and in others they may be in competition, but not all areas are covered in a quality, adequate manner. An important role in this matter is also played by area distribution, the capacity of the facility and financial concerns.

Observations to date about social support to alleviate the impacts of ageing and about services for seniors are incomplete, unsystematic, and heterogeneous; the changes anticipated in the system of social services also require better monitoring in this field. Observations from field studies indicate that families, although – according to their statements – they consider intergenerational assistance to be self-evident and care for non-self-sufficient seniors in their households to be the best possible, neither the seniors nor their children are prepared for such assistance. This raises the question of the extent to which family care for dependent seniors can be anticipated at present. The social climate is not favourable in this respect either - legal provisions are missing, social work is not sufficiently appreciated, services that could help families are inadequate and are not always available. Citizens continue to rely on state help, there are no awareness campaigns, no preparations are made for old age, etc.

The Research Institute for Labour and Social Affairs (RILSA) of the Ministry of Labour and Social Affairs of the Czech Republic, for example, published the report “Intergenerational Solidarity. A research report on the international comparative survey ‘The Value of Children and Intergenerational Solidarity’”. (Možný et al., 2004)

In October 2005, the government approved the national concept of family policy. This was the first material of its kind in the wake of 1989 and the aim was to reinforce the family in Czech society. The concept contains measures for the support of caring families and carers.

In 2005, under the Programme for the Support of Positive Intergenerational Relations, the Ministry of Education, Youth and Sports supported a project called ‘Intergenerational relations and ageing in Framework Educational Programmes’, which is designed for teachers of civil studies and the rudiments of social sciences. It follows up on the Senior and I project implemented by the Diacony of the Evangelical Church of Czech Brethren in 2005.

COMMITMENT 10: To promote the implementation and follow-up of the Regional Implementation Strategy via regional cooperation

The Czech Republic actively participates in international projects focusing on issues connected with ageing (the employment of older persons and active ageing, pension reform, social services, health care, social inclusion, etc.). Clearly, despite the economic, cultural and social disparities between individual countries, there are joint challenges in the face of population ageing and problems shared by older persons in diverse areas. This underlines the need to develop international cooperation at all levels, at scientific and academic level, at the level of social partners, non-profit senior and pro-senior organizations, governments and local and regional authorities. The Czech Republic makes an active contribution to this cooperation and the broad, comprehensive agenda concealed behind ageing is one of the most important areas of international cooperation.

List of Annexes

Annex 1 - Examples of good practice

Annex 2 - Statistical data

Annex 3 - Social Services Act (Act No 108/2006 of 14 March 2006)

Annex 4 - National Programme of Preparation for Ageing for 2003 – 2007 (publication)

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This report was prepared by reference to documentation of the Ministry of Labour and Social Affairs, the Ministry of Education, Youth and Sport, the Ministry of Health, the Ministry of the Interior, the Ministry of Regional Development, the Ministry of Industry and Trade, the Research Institute for Labour and Social Affairs and the Czech Statistical Office.

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