1. National Trends and Objectives

1.1 Demographic and Geographic Trends

The Czech Republic, as well as other European countries, experiences its population’s ageing. The number of senior citizens has been growing in relation to the number of people in productive and pre-productive age. Therefore, the reform of pension scheme seems inevitable.

Seniors in the Czech Republic do not know how to promote their interests and rights, and consequently they do not sufficiently participate in public life. In a certain way, they are excluded from the society’s life. Their inclusion will be a long-lasting procedure. Regarding the great territorial segmentation, the way of seniors’ life in large cities is rather different then it is in the countryside. Especially large cities and city districts seem to be endangered by the anonymity of the elderly.

1.2 Public administration reform, role and competence of individual public administration bodies

The Czech Republic has been undergoing the public administration transformation. Besides the traditional state and community administration, the Regions were established six years ago as new public administration bodies. However, their competences have not yet been fully determined, although they play an important role in seniors’ integration into the society. A certain problem presents insufficient communication and cooperation of local and regional administration with central governmental level administration bodies. This aspect is reflected especially in political situation of the Czech Republic.

1.3 Legislative Concept

A new act on public administration will come into effect on 1 January 2007. This act will determine new competences of individual public administration bodies in terms of social welfare services, especially by means of centralized distribution of finance for the state subsidy policy from the regions to the Ministry of Labour and Social Affairs. The act has introduced a new concept of social benefits based on direct allocation of the subsidy, tailored to an individual’s needs. Besides a new way of social services financing, the act has determined new competencies of regions in relation to social welfare planning and quality. New legislation closely concerns public administration bodies, as well as the providers and users of social welfare services in general.
1.4 Policy documents under review

1.4.1 Policy documents
- National Programme of Preparation for Ageing for 2003 – 2007 of the Czech Republic (NPPA),
- National Action Plan of Social Inclusion for the period 2004 – 2006,
- HEALTH 21 – A long-term Programme for Improvement of Public Health in the Czech Republic,
- National Plan for Equal Opportunities for the disabled,

1.4.2 Scope of the NPPA
- Ethical principles
- Antidiscrimination and protection of human rights,
- Employment,
- Material welfare, pension reform and social security,
- Healthcare and healthy lifestyle,
- Social services and social inclusion,
- Education and training
- Housing,

1.4.3 Research documents under review (national and regional)
- Modern society and its changes (MLSA),
- Sustainable Social, Economic and Demographic Development of Countryside,
- Conditions and Effects of Population Reproduction and Demographic Ageing in the Process of Modernization of Society,
- Survey report on public views of social services needs in Hradec Kralove region,

2. Recent situation in Hradec Kralove Region

2.1 Basic Facts

2.1.1 Area : 4758 km²

2.1.2 Population : 553 348 inhabitants

2.1.3 Population Density: 116 p/km²
2.1.4 Average Salary:
- 18,000.-CZK (600 Euro) Czech Republic
- 15,732.- CZK (525 Euro) HK Region

2.1.5 Average income of elderly people:
- 7,270.- CZK (240 Euro) Czech Republic
- 7,162.- CZK (236 Euro) HK Region

2.1.6 Rate of seniors in the society

2.1.6.1 Czech Republic
- 65-75: 806 568
- 75-85: 534 546
- 85-95: 88 538
Percentage of people over 65 years of age in the Czech Republic: 14 %

2.1.6.2 Hradec Kralove Region
- 65-75: 44 744
- 75-85: 30 528
- 85-95: 5 132
Percentage of people over 65 years of age in Hradec Kralove region: 15 %

2.1.7 Development of the male-female ratio in HK Region

2.1.7.1 Men
- 65-75 years: 19 465 men
- 75-85: 10 946
- 85-95: 1 394

2.1.7.2 Women
- 65-75 year: 23 665 women
- 75-85: 17 052
- 85-95: 3 041

2.1.8 Senior citizens - living conditions
- Share of single person households in old age 30 %
- Share of older persons living at home with partner 38 %
- Share of older persons living at home with children 23 %
- Share of older persons living in institutions 9 %
Senior citizens and social services

- Mutual support of neighbourhood and self-organized activities in villages
- Support of voluntary services is growing. NGOs is a growing sector
- Governmental services - main provider
- Private / professional services. A largely limited form.

2.1.10 Situation in Hradec Kralove region

- Basic Plan of social integration
- Cooperation with local authorities
- Communication strategies
- Social services providers network
- Defined quality of social services
- Active NGOs
- Elderly committee at regional and district level

2.1.11 Policy documents under review (Hradec Kralove region)

- Concept of social work and social services development in the Hradec Kralove Region (2001).
- First draft of the „ Social Services Community Plan – Social Services Network in the Hradec Kralove Region – 2004
- Social Services Network in the Hradec Kralove Region – 2003,
- Regional Plan of Equal Opportunities for the disabled – 2004,

2.2 Social Welfare Services in Hradec Kralove Region

The Hradec Kralove Region has been actively participating in the formation of social welfare services network. Planning procedures and introducing quality are the tools to facilitate the process.

Social Welfare Services Planning

Social services planning is carried out by means of the local institutions integration into the planning procedures on the basis of community cooperation – involvement of social welfare ordering subjects, providers and users.

Planning has been in progress in 15 communities of Hradec Kralove Region – Hradec Králové, Nový Bydžov, Vrchlabí, Trutnov, Dvůr Králové, Broumov, Náchod, Nové Město nad Metují, Jaroměř, Rychnov nad Kněžnou, Kostelec nad Orlicí, Dobruška, Jičín, Nová Paka and Hořice.

Regarding the target group of seniors, which is one of the main regional social welfare services target groups, a document has been prepared concerning the situation of seniors in individual territories, in terms of social welfare services provision and development priorities
of the 15 communities. The document was processed in 2006, and it deals only with a summary review of Hradec Kralove Region social welfare services plan. Development activities of individual services for seniors have been indicated at individual communities. The plan of social welfare in the Region includes the priorities in terms of the field services for seniors, day-care centres, activation services for seniors, linking social and healthcare and other activities towards the seniors’ inclusion in the society.

2.2.1 Priorities of 15 communities in Hradec Kralove Region

2.2.1.1 Broumov

Respite services
Depending on the demand development, could be offered in 2008/09.

Day-care centres
Depending on the demand development, could be offered in 2008/09.

Social welfare services provided in healthcare centres
Broumov hospital has been considering the establishment of a long-term care hospital

2.2.1.2 Dobruška

Community care services
Significant increase is expected

2.2.1.3 Dvůr Králové

Community care services
Another day-care centre is being prepared (17 apartments), service development

Personal Assistance
Beginning 2007 – service for 5 persons

Respite services
One bed at the moment. Two beds planned in the new Day-care house

2.2.1.4 Hořice

Community care services
Planned increase in the capacity

Senior homes
Gradual capacity reduction is planned up to 110 in 2008 in relation to humanization of the service.
Day-care centres
Planned for 2008

2.2.1.5 Hradec Kralove

Respite services
Increase of the service from 10 to 12 beds.

Emergency care
Development of the service is planned in the city and outside, based on new mobile technologies in connection with emergency care, community care and a next of kin.

Day-care centres
Development of the service is planned, day care will be detached from community care.

Special treatment homes
Specialized centre focusing on Alzheimer disease and senile dementia in Chlumec nad Cidlinou

Social welfare service in healthcare centres
The former Institute of the deaf and mute will be shortly altered into a long-term care hospital

2.2.1.6 Jaroměř

Field service for seniors
Development of community service for the inhabitants of the city and its surroundings

2.2.1.7 Jičín

Day-care centres
Day-care centre capacity will be extended for the citizens of the city and its vicinity

Transformation of the retired people home into residential facilities for seniors
The retired people home will be altered into residential houses in private ownership of seniors, including community care service, capacity of 200 places

2.2.1.8 Kostelec nad Orlicí

Day-care centre
The day-care centre will be detached from the community care in the form of an individual service with increased capacity.

Personal assistance
Gradual development of personal assistance beginning from 2008.
Emergeny care
Planned to be introduced in 2008, using the LIFE 90 HK methodology.

Relief services
Planned to be developed in 2008.

2.2.1.9 Náchod

Personal assistance
Gradual development of personal assistance up to maximum 10 users in 2007 and 2008

Community care
Field services development in the form of community care for the inhabitants of the city and its surroundings, extending of the existing services

Emergency care
Development of the services will begin in 2008

Day-care centre

2.2.1.10 Nová Paka

Senior homes
Humanization of the existing home in 2006-2007, reduction of its capacity, reduction of the number of people sharing rooms.

Relief services
The service will be extended by two beds in the new senior home beginning from 2008

Special treatment homes
A new department is planned for those suffering from senile dementia.

2.2.1.11 Nové Město

Community care
Extending the service by another 21 beds.

Emergency care
Service development through the Central Panel beginning in 2008 – planned capacity 20 people.
2.2.1.12 Nový Bydžov

**Community care**
Extending field services for the inhabitants of the city and its vicinity.

**Relief services**
Maintaining the recent trend of the service with optional increase in its capacity from the existing 8 to 10 beds.

Rychnov

**Community care**
Field service development for the citizens in the town and its vicinity

**Senior home**
Preparation of a home-like senior centre

2.2.1.14 Trutnov

**Community care**
Minor services will merge into a unified large service covering the needs of the East Krkonoše area.

**Senior homes**
The region plans the construction of a new home with 90 beds for the city of Trutnov and its vicinity. At the same time, the new orientation and target group of the new home will be solved.

**Emergency care**
The service will be developed beginning in 2008-09.

**Relief services**
The service will be developed at the new senior home in 2008-2009 with the capacity of 5 beds.

2.2.1.15 Vrchlabí

**Community care**
Gradual development of the service for the city inhabitants and its surrounding areas.

**Quality of social welfare services**
Introduction of the “Quality in Social Welfare Services” represents another important aspect of the support to seniors and other target groups. Seniors will be concerned by the introduction of quality management to the service providers. Hradec Kralove region has been supporting quality development through the European Social Fund for already 4 years. The
regional authority realized numerous consultations in the quality management introduction to the providers of the residential and field services for seniors. Social welfare quality assessment of all the providers has been carried out recently in the whole territory of the Region.
Primary social welfare services network was created in 2004. The providers included in the network have a better access to public resources. The network has been currently updated to meet the new requirements.

2.3 Social inclusion of the elderly

The territory of Hradec Kralove region is not a homogenous area. Its capital Hradec Kraloveis endangered by a certain degree of anonymity and possible segregation of seniors. Massive exclusion is, however, not a problem, similarly as in other district centres. Social exclusion is minimal in larger cities due to a well functioning social welfare community planning programs.

A certain degree of segregation exists in small communities where seniors may feel the lack of corresponding level of EU funds to support the information centres and the access to the Internet at open public places.

In terms of introducing the quality, social welfare providers underline the awareness of the users rights and their active participation in public life.

Most cities and communities run senior clubs, and Day care centres. Individual districts develop the activities of Senior Councils. In cooperation with Hradec Kralove region and its President, the Council participates in the activities of regional authorities. Senior Council publishes its journal, whose aim is to keep the seniors informed about regional events.

Hradec Kralove Region runs the University of the Third Age and numerous libraries. However, there is no community house, such as „The Portus House“ in Praha. The region lacks voluntary activities, such as “silver economy”- it has been slowly developing its care for seniors, being realized by productive age people. Although the voluntary concept of senior care is not very successful in the region, it is considered a possible future way of seniors inclusion.

The concept of social welfare services in the Czech Republic undergoes the process of humanization. Hradec Kralove region contributes to it by decentralization of large impersonal facilities by means of the support to field services and reduction of residential services.
3. Draft Planning Procedure

Since the beginning of 2006, three sessions of the working group have been carried out, dealing with the preparation of the action plan for seniors completed by a meeting of the experts in given field. The following outcomes have been defined in the meetings:

3.1 **Determination of weaknesses in social inclusion**

3.1.1 **Lack of partnership, planning and community cooperation**
- Insufficient cooperation of the partners (ordering subjects, providers and users)
- Insufficient engagement of regional and local administration
- Insufficient provision for seniors needs
- Insufficient communication with seniors
- Narrow orientation of the providers, insufficient public services offer
- Lack of seniors needs reflection by the providers
- Distorted role of the state and civil sector (state as a panacea versus an unimportant role of NGOs)
- Distorted scheme of the contributions, impossibility to use it in a suitable way
- Social and health services are wrongly defined as goods
- Too strict service norms

3.1.2 **Non-functioning natural environment**
- Family malfunction, distorted relations to relatives, lack of interest of the next of kin
- Home violence, abuse
- Humiliation, disrespect to human rights
- Absence of family and relatives

3.1.3 **Subjective perception of ageing and difficulties of the old age, unused potential, suppression of individuality**
- Lack of communication with the environment
- Fear of stigmatization

3.1.4 **Natural limits of seniors**
- Limited ability to formulate their needs
- Limited ability to accept information
- Limited ability of decision making, active participation in life
- Dependence on the others
- Limited ability to exchange the living conditions
- Life expectancy methodology
- Dependence on financial contribution by the family
- Inaccessible services (transport)
3.2 Target groups – risk factors of social exclusion

3.2.1 The diseased affected according to international classification of social disadvantage
   Assessment of functional abilities with regard to the environment of an individual, testing in a sample apartment (diagnostics)

3.2.2 Objectively poor
   • Under poverty limits
   • Low-income seniors in relation to life costs
   • Secluded people

3.2.3 Subjectively poor people
   • Secluded, homeless,
   • Widows and widowers

3.2.4 The abused
   • Maltreatment
   • Limited rights
   • Commercial exploitation and other abuse

3.2.5 Ethnically discriminated people

3.2.6 People discriminated by sex (specific risks for men and women)

3.2.7 Combined abuse

3.2.8 Health and social risks

3.3 Expert Interviews Summary
   ♦ senior home investigation is important to find out the following measures
   ♦ Who should be the ‘investigator’?
   ♦ To use the project PORTUS HOUSE as a good practice
   ♦ Differences between objective or subjective exclusion
   ♦ Risk of ‘local segregation’ means the necessity of senior dwellings transformation
   ♦ Risk of stigmatization due to the dependence on social services
   ♦ New types of services are not needed, it is rather the development of current social services network
   ♦ Set up of International Classification of Functional Disability in the Czech Republic [according to WHO]
   ♦ Synergy of local, regional and national level of policy making
   ♦ Problems with implementation of new legislation in 2007
   ♦ Multidimensional concept of senior policy
♦ „Case management“ not only on individual level, but seen from a community perspective
♦ Promotion of voluntary work in NGOs and by autonomous initiatives („seniors for seniors“)
♦ Ethnicity as an important risk factor the elderly social exclusion
♦ Different opportunities for old men and women
4. Draft Action Plan for Hradec Kralove Region

1. To provide for the finalization of social welfare services in 15 communities of Hradec Kralove Region

2. To process the social welfare network in the Hradec Kralove Region. To update
   it on annual basis as of 30 November. Closely cooperate with the communities,
   providers and users in defining the activities for seniors in 15 communities of the
   III degree in the Region.
   Responsible dpt.: Social Affairs              Deadline: 30 Nov. of each year

3. To arrange for the quality assessment of social welfare service providers.
   Consequently, to process a development plan for each service quality
   development.
   Responsible dpt.: Social Affairs              Deadline: 30.6.2008

4. Support to consultancy services for seniors, especially in relation to the new act
   on social welfare services
   Responsible dpt.: Social Affairs              Deadline: long-term task

5. Development of field services for seniors, humanization of residential services
   depending on community plans, providers’ plans and their including into the
   regional network
   Responsible dpt.: Social Affairs              Deadline: long-term task

6. Mutual link of social and health services in the region on all levels (field and
   residential service, including palliative care). Close cooperation between
   different levels and types of facilities for seniors
   Responsible dpt.: Social Affairs              Deadline: long-term task

9. Support to voluntary care for seniors. „Silver economy“ activities development
   Responsible dpt.: Social Affairs              Deadline: long-term task

10. Limitation of different forms of seniors maltreatment, criminality prevention
    Responsible dpt.: Social Affairs              Deadline: long-term task

11. Active use of the European Social Fund in regard to target group of seniors
    Responsible dpt.: Social Affairs              Deadline: 2007 - 2013