



Department of Demography and Geodemography
Faculty of Science
Charles University in Prague
Tel: (+420) 221 951 418
E-mail: demodept@natur.cuni.cz
URL:
<https://portal.natur.cuni.cz/geografie/demografie>

Jitka Rychtaříková
Tel: +420 221951420
E-mail: rychta@natur.cuni.cz

CARING FOR ELDERLY IN THE CZECH REPUBLIC: POLICY, ATTITUDES, AND INFRASTRUCTURE

Chaire Quetelet 2009

November 18-20, 2009, Louvain-la-Neuve, Belgium

Outline

Policy:

Government Council for Older Persons and Population Ageing
Action Plan on Ageing in the Czech Republic

Demographics:

Future population development and old age dependency ratio
Life expectancy at 65 according to chronic disease prevalence
Poverty situation

Care for the elderly:

Society versus family (Generations and Gender Survey 2008, CR)

Infrastructure:

Types of establishments of institutional care
Types of social services

Government Council for Older Persons and Population Ageing Ministry of Labour and Social Affairs of the Czech Republic

The Government Council for Older Persons and Population Ageing (hereinafter „the Council“) was **established on March 22, 2006** by Government resolution No. 1482 on implementation of the National Program of Preparation for Ageing for the period 2003 - 2007.

The Council is a **permanent advisory body to the Government** of the Czech Republic on issues related to ageing and older persons.

The Council's mission is to **promote conditions for healthy and active ageing, dignity in old age, and active participation of older persons in economic and social development** in the context of demographic ageing. It aims to ensure equal rights for older persons in all areas of life, to protect their human rights and support development of intergenerational relationships in family and society.

The Council meets at least three times a year. **The Chairperson of the Council is the Minister of Labour and Social Affairs.** The secretariat of the Council is a part of the organizational structure of the Ministry of Labour and Social Affairs of the Czech Republic.

Action Plan on Ageing in the Czech Republic

Ministry of Labour and Social Affairs of the Czech Republic, 2007

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.**

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

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

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

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

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

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

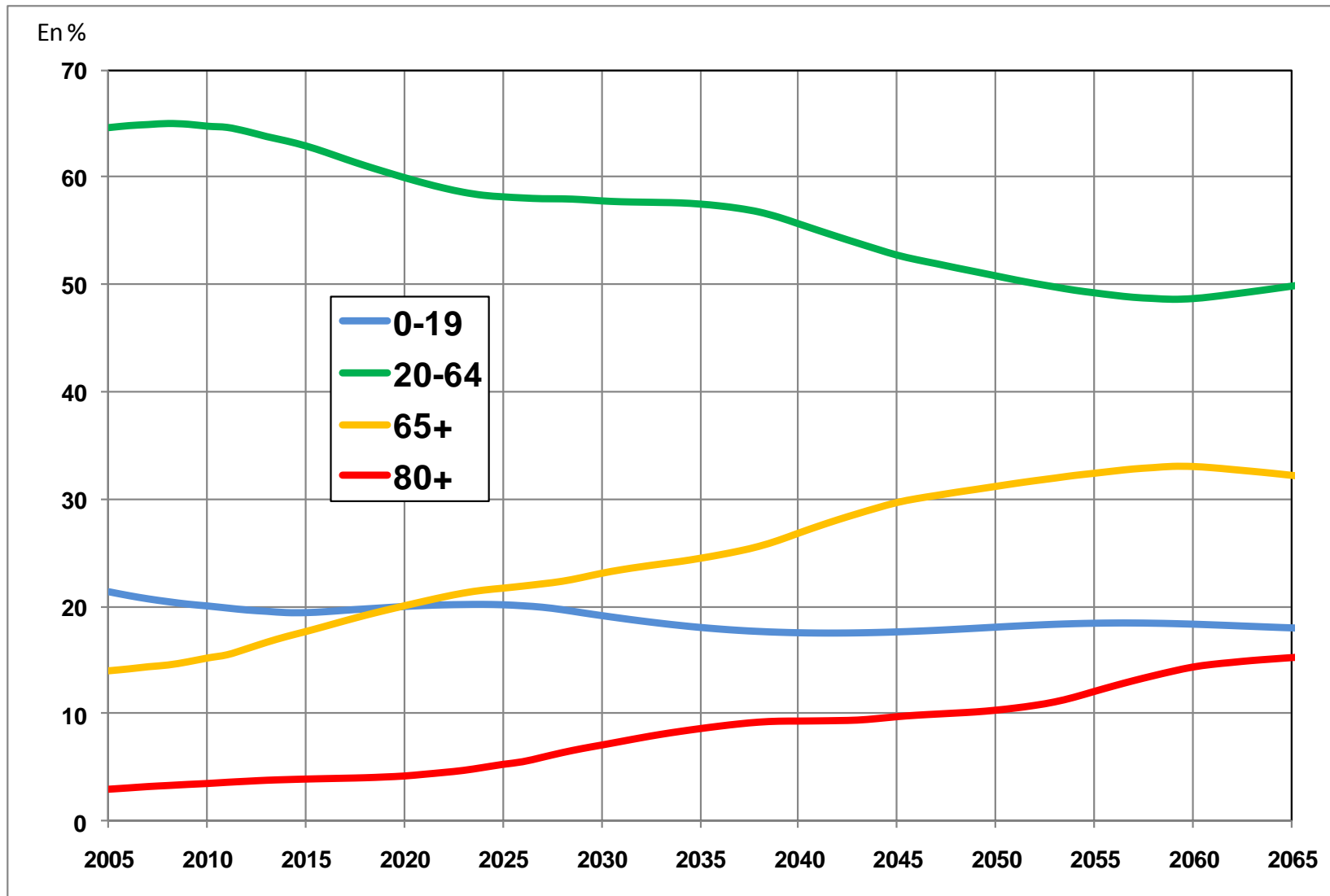
COMMITMENT 8: To mainstream **a gender approach** in an ageing society.

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

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

Source: MPSV

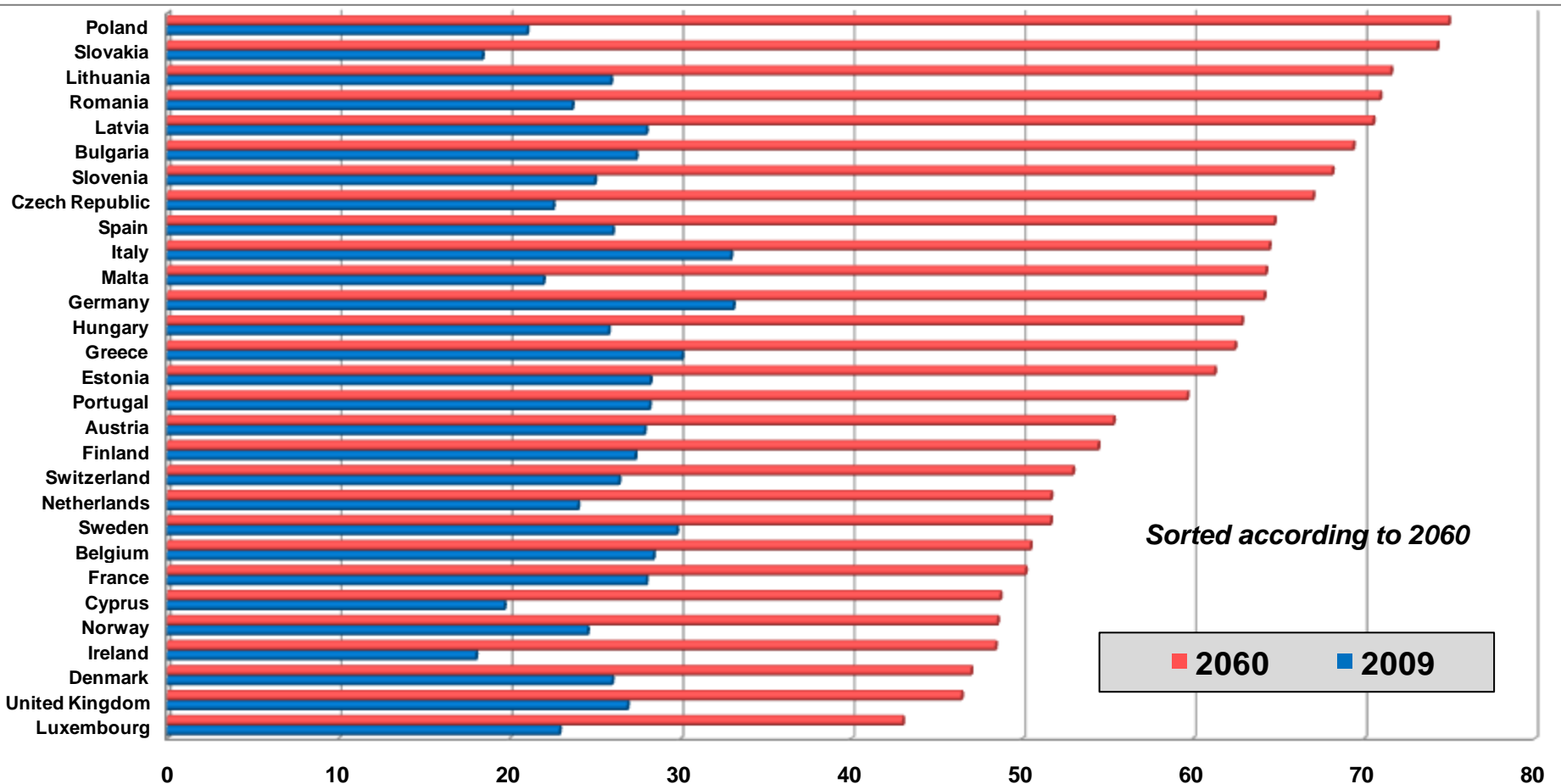
Czech Republic: The percentage of 65+ will double



Source: ČSÚ

The future of Eastern and Central Europe: The oldest and the poorest

Old-age dependency ratio (population at age of: 65+/20-64*100)

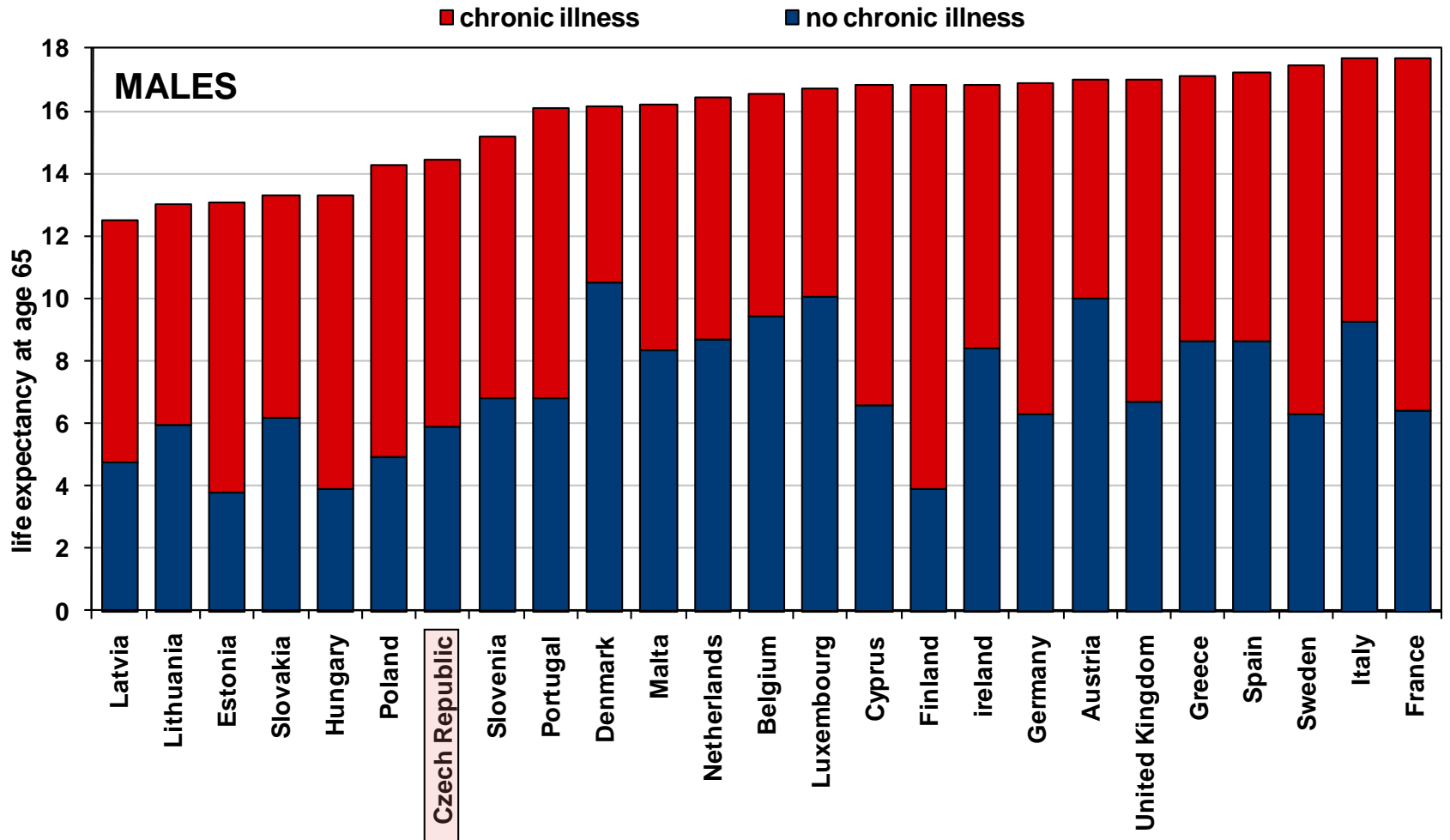


Sorted according to 2060

2060 2009

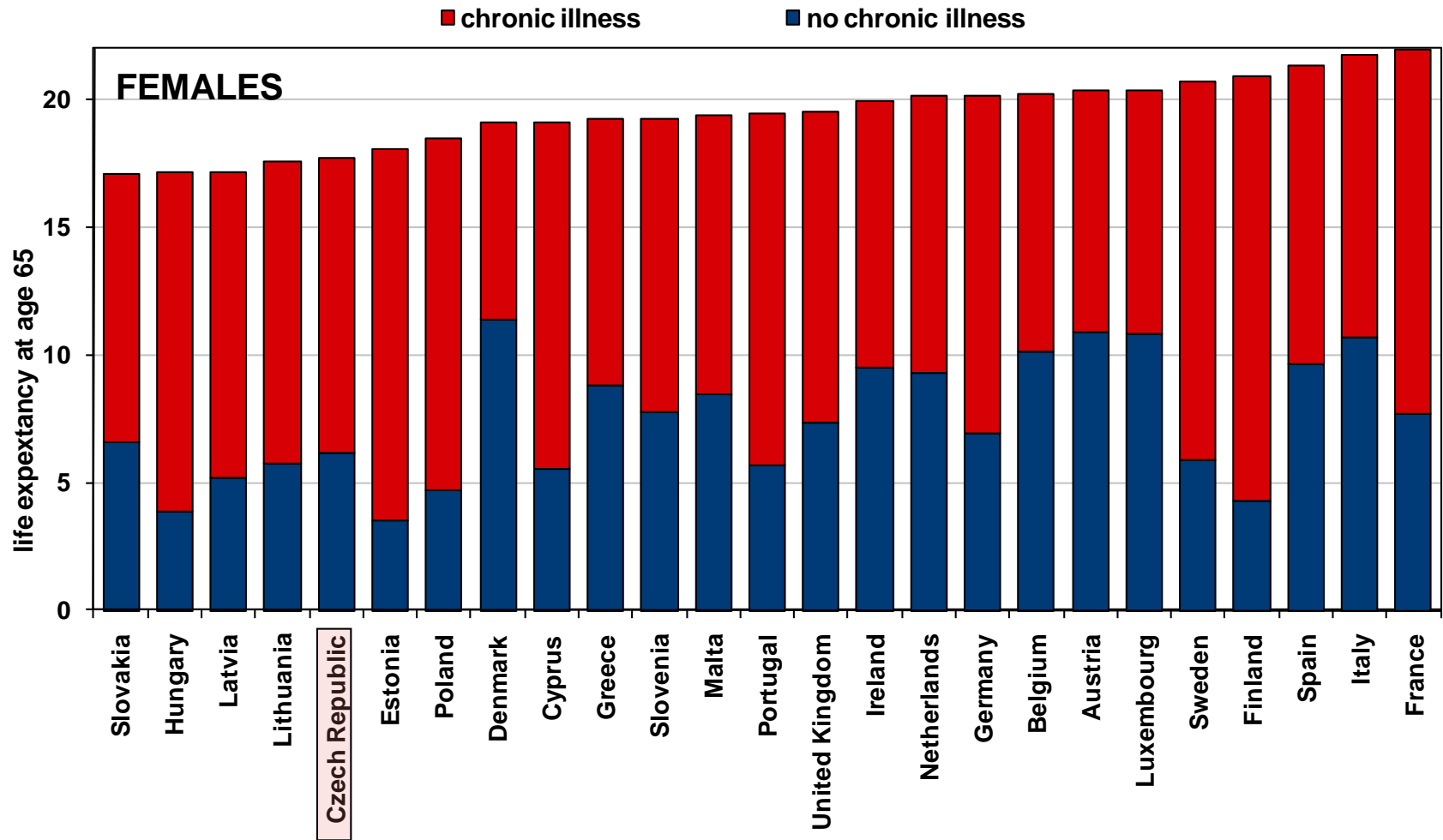
Source: Eurostat

Life expectancy of men at age 65 by the prevalence of chronic illness in Europe



Source: EHEMU database at: <http://www.ehemu.eu/>, SILC 2005

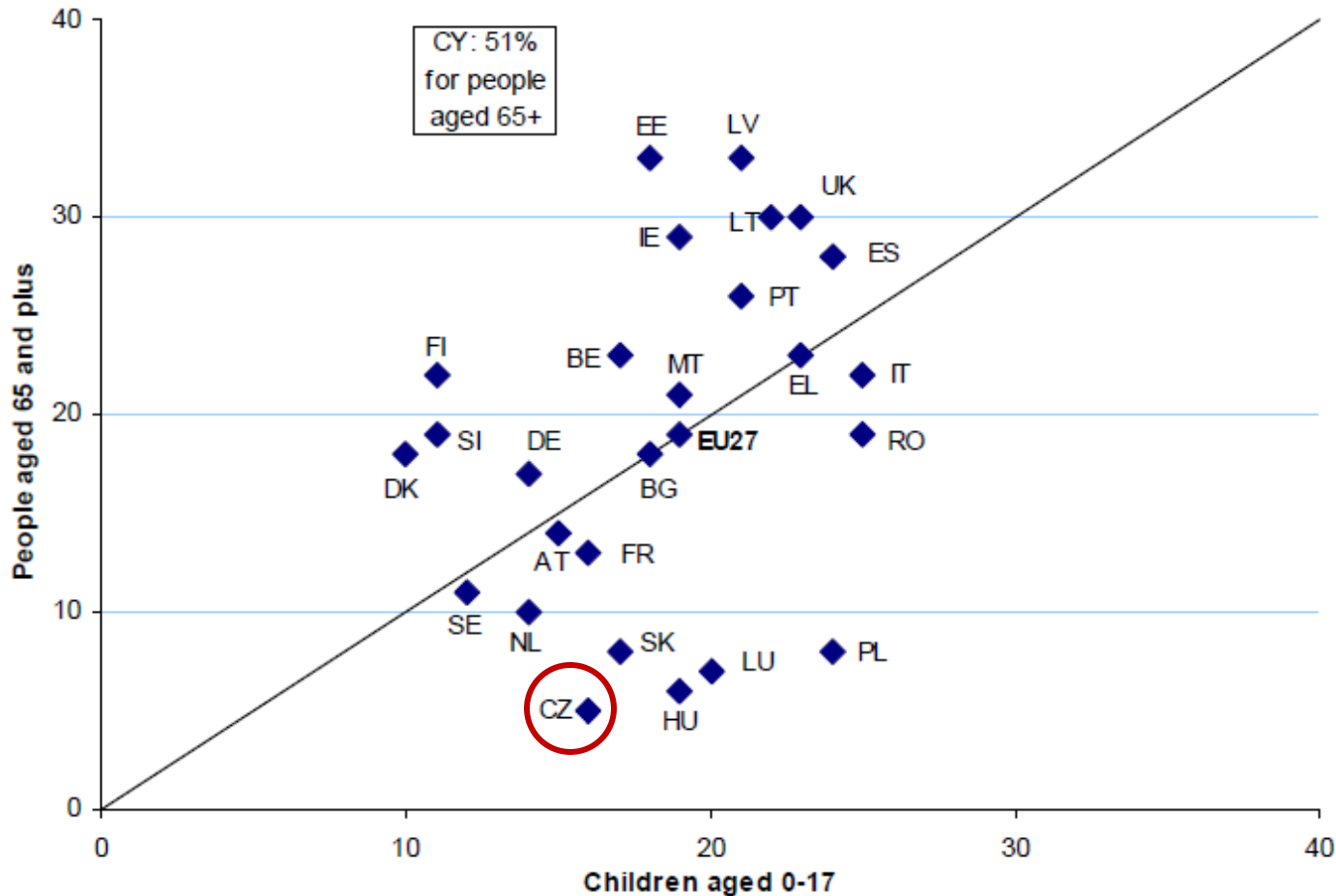
Life expectancy of women at age 65 by the prevalence of chronic illness in Europe



Source: EHEMU database at: <http://www.ehemu.eu/>, SILC 2005

Poverty rate is low in the Czech Republic, however higher for children when compared with elderly

Chart 2: At-risk-of poverty rate for children (0-17 years) and the elderly (65 and over) in the EU (%), 2007



Source: Eurostat, Statistics in focus 46/2009

Care for older persons in need at their home

➤ **Mainly a task for society**

➤ **More a task for society than for the family**

➤ **A task equally for both society and the family**

➤ **More a task for the family than for society**

➤ **Mainly a task for the family**

Responsibility of caring: Society vs Family

Source: GGS Survey 2008, Czech Republic, second wave

Care for older persons in need at their home

Age	MALES			Total
	A task equally for both	A task for society	A task for the family	
18-34	38,8	21,2	40,0	1 669
35-49	40,0	23,3	36,7	1 113
50-64	40,0	24,5	35,5	1 153
65-79	37,8	26,9	35,3	558
Total	1 764	1 046	1 683	4 493

Age	FEMALES			Total
	A task equally for both	A task for society	A task for the family	
18-34	43,8	17,1	39,1	2 054
35-49	45,4	18,4	36,2	1 499
50-64	46,7	19,5	33,7	1 305
65-79	38,4	26,7	34,9	656
Total	2 441	1 058	2 015	5 514

Source: GGS Survey 2008, Czech Republic, second wave

Care for older persons in need at their home

Binary logistic regression:

Dependent variable:

A task for society vs. A task for the family

Probability modeled is: A task for society

Independent variables:

**gender, age, education, religion, having children,
having a partner at home,
presence/absence of chronic disease**

Care for older persons in need at their home

Explanatory Variable distributions

	Having children	Having partner	Chronic disease	Religion
no	34,4	44,7	74,2	64,2
yes	65,6	55,3	25,8	35,8
total	10 007	10 007	10 007	10 007

	Education		Age		Gender
basic	11,5	18-34	37,2	males	44,9
vocational	32,3	35-49	26,1	females	55,1
secondary	38,7	50-64	24,6		
tertiary	17,4	65-79	12,1		
total	10 007		10 007		10 007

Care for older persons in need at their home

Probability modeled is: **A task for society**

Number of observations used: 5 802; A task for society 2 104; A task for family 3 698

Odds Ratio Estimates Effect	95% Wald			Pr > ChiSq
	Exp(Est)	Confidence Limits		
GENDER males vs females	1,101	0,983	1,234	0,0961
AGE 35-49 vs 18-34	1,361	1,156	1,602	0,0002
AGE 50-64 vs 18-34	1,569	1,321	1,864	<,0001
AGE 65-79 vs 18-34	2,059	1,670	2,539	<,0001
RELIGION yes vs no	0,720	0,638	0,814	<,0001
HAVING CHILDREN yes vs no	0,866	0,736	1,017	0,0797
HAVING PARTNER yes vs no	0,851	0,750	0,965	0,0116
CHRONIC DISEASE yes vs no	0,733	0,640	0,839	<,0001
EDUCATION basic vs tertiary	2,156	1,747	2,662	<,0001
EDUCATION secondary vs tertiary	1,318	1,106	1,570	0,002
EDUCATION vocational vs tertiary	2,069	1,737	2,464	<,0001

Source: GGS Survey 2008, Czech Republic, second wave

Care for older persons in need at their home

- There is no difference between males and females regarding care priority, i.e. for society or for family.
- There is also no difference in that respect between those having or not having children.
- **Conversely, people at a higher age and with lower education prefer society support in care.**
- Paradoxically, those who are not at risk to provide the care. i.e. young people, are the most pro family care oriented.
- People with a partner, religious and suffering from a chronic disease prefer family care.

Types of establishments of institutional care

Institutes for long-term patients - *health establishments for bed care (specialized therapeutic institutes)*. They provide specialized bed care focused mainly on nursing care and rehabilitation, mostly to persons suffering from long-standing illness (prevalently to elderly and chronically ill patients).

In 2008: 6,87 beds per 10 000 inhabitants

Hospices - *health establishments for bed care. Care is based on palliative therapy* provided to patients in late or terminal stages of disease when therapy leading to cure is no more possible. Its purpose is to alleviate the patient's pain and create conditions for quiet and respectful death.

In 2008: 0,35 beds per 10 000 inhabitants

Types of social services

Respite care

This concerns, in particular, assistance for families that take year-long care of a disabled person or senior. The provider supplies services to the individual at times when the family members are at work, on holiday, do common errands outside the home, etc. The care is provided in the household or in specialized residential institutions (day care or short-term stays of up to three months). The user participates in the funding of the service.

Day care centre and week care centre

Are intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who cannot live at home on a daily basis without someone else's assistance. Providing temporary housing may be part of the service. The user participates in the funding of the service.

Stays in homes for the elderly and homes for the people with learning disabilities

Are intended for people whose capabilities are limited, particularly in the areas of personal care and household care and who cannot live at home in such a situation. Providing housing in accommodation that is specifically designated for such a purpose and substitute homes for the users are a part of the service. The service is not restricted by time. The user participates in the funding of the service.

Source: MPSV

Social services providers

Municipalities and regions look to form suitable conditions for the development of social services, in particular by researching people's actual needs and the resources necessary to satisfy such needs; furthermore, they set up organizations to provide social services.

Non-governmental non-profit organizations and individuals who provide a wide spectrum of services are also important social services providers.

The Ministry of Labour and Social Affairs is the incorporator of five specialized social care institutions.

Social services – current status in the Czech Republic

Further development of social services; however, is hindered by out-dated legislation, division of competencies, methods of funds distribution, and professional abilities of social workers in the public administration.

At present there do not exist comprehensive data on social services and quality analyses are not performed.

Institutional – closed services still continue to prevail over community – open services, and a de-institutionalisation process is not taking place; social services are also too often affected by a medical approach.

Awareness of citizens – potential users – of social services is low because there is no consistent information system for social services.

<http://www.mpsv.cz/files/clanky/1998/2646.pdf>

Conclusions

- **The Czech government is aware of the issue of population ageing. However, the topic remains predominantly the object of political debates.**
- **The Czech Republic will belong to the oldest populations. The lack of health and social services will become critical.**
- **People expect that when they are in need, the society should take the responsibility. Also because, both men and women were in labour force during the whole working age and they feel that they have the right to the dignified ageing.**
- **The care provided by families is to some extent limited by predominantly smaller flats not intended for multi-generational families, by geographical distance, and in some groups by financial constraints.**