MINISTRY OF LABOUR AND SOCIAL AFFAIRS
OF THE CZECH REPUBLIC

Quality of Life in Old Age

National Programme of Preparation for Ageing for 2008 – 2012

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GOVERNMENT OF THE CZECH REPUBLIC

RESOLUTION

OF THE GOVERNMENT OF THE CZECH REPUBLIC

of the 9th January 2008 No. 8

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

The Government

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

II. **Obliges**

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

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

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

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

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

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

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

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

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

To be implemented by:

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

1. Introduction

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

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

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

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

[1] Median variant of the population development projection prepared by the Czech Statistical Office. The number of the population over 85 years is as of January 1, 2006.
[2] According to the prognosis of the population development prepared by the Faculty of Science of Charles University life expectancy at birth in 2050 will be 82 years for men and 86.7 years for women. (B. Burcin and T. Kučera: Forecast of the Czech Republic's population development in 2003 – 2065).
[3] World Population Ageing, the United Nations Organization, 2002.

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

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

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

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

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

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

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

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

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

2. Basic principles

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

2.1. Life-course approach to health and ageing

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

2.2. Partnership between the Government and the local government

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

2.3. Intergenerational relationships and cohesion

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

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

2.4. Special attention paid to disadvantaged and vulnerable groups

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

2.5. Gender approach

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

[4] The Czech Statistical Office (And years go by… 2006)

2.6. Dialogue with civil society and social partners

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

2.7. Responsibility of individuals and society

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

2.8. Decreasing social and geographic disparities (equity)

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

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

2.9. Evidence-based policy

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

2.10. Dignity

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

2.11. Awareness and mainstreaming

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

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

Measures:

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

Responsibility: GCSPA

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

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

Implementation: 2008

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

Responsibility: MLSA, MH, MRD

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

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

Implementation: on an ongoing basis

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

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

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

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

Implementation: on an ongoing basis

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

Responsibility: MD

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

Implementation: 2012

3. Strategic priorities

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

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

4. Active ageing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Measures:

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

Responsibility: MLSA, MEYS, MIT

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MEYS, MIT

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

Implementation: 2009

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: 2008

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

Responsibility: MLSA

Cooperation: MF, social partners

Implementation: 2008

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

Responsibility: MLSA

Cooperation: Czech Social Security Administration

Implementation: on an ongoing basis

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

Responsibility: MLSA

Cooperation: social partners

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MF

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

Implementation: 2009

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

Responsibility: MLSA, MIT

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MH

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

Implementation: on an ongoing basis

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

Responsibility: Czech Statistical Office

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MIT, MLSA

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

Implementation: on an ongoing basis

5. Age-friendly environment and community

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

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

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

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

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

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

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

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

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

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

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

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

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

Measures:

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

Responsibility: MLSA, MH, MRD

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MIT

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

Implementation: on an ongoing basis

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

Responsibility: MA

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

Implementation: on an ongoing basis

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

Responsibility: MRD

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

Implementation: 2009

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

Responsibility: MRD

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

Implementation: 2012

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

Responsibility: MT

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MI, MEYS and MJ

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

Implementation: 2009

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

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

Responsibility: MRD

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

Implementation: on an ongoing basis

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

Responsibility: MT

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MH, MRD, MT

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

Implementation: on an ongoing basis

6. Health and healthy ageing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Measures:

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

Responsibility: MH, MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MH, MLSA

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

Implementation: 2009

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

Responsibility: MLSA, MH

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

Implementation: 2009

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

Responsibility: MLSA, MH

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

Implementation: 2009

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

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

Responsibility: MLSA, MH

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

Implementation: on an ongoing basis

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

Responsibility: MH, CGGS

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

Implementation: on an ongoing basis

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

Responsibility: MH

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

Implementation: 2009

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

Responsibility: MH, CGGS, health insurance companies

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

Implementation: on an ongoing basis

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

Responsibility: MH, CGGS, health insurance companies

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

Implementation: 2009

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

Responsibility: MH

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

Implementation: on an ongoing basis

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

Responsibility: MH, MLSA, CGGS

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

Implementation: 2009

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

Responsibility: MH, MLSA

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

Implementation: 2010

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

Responsibility: MH, MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MH

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

Implementation: on an ongoing basis

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

7. Family and care

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

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

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

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

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

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

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

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

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

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

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

Measures:

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MH

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

Responsibility: MRD

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

Implementation: on an ongoing basis

8. Participation and human rights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Measures:

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

Responsibility: GCSPA

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MH

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

Implementation: on an ongoing basis

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

Responsibility: MC

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

Implementation: on an ongoing basis

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

Responsibility: MEYS

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MJ, MHRM

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

Implementation: on an ongoing basis

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

Responsibility: MI, MJ, MHRM

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MI, MJ, MH

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MI, MJ, MH, MHRM

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

Implementation: on an ongoing basis

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

Responsibility: MLSA

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

Implementation: on an ongoing basis

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

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

Responsibility: MIT, MRD, MLSA, MHRM

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MH, MHRM

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

Implementation: on an ongoing basis

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

Responsibility: MLSA, MH

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

Implementation: on an ongoing basis

9. Implementation and cooperation

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

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

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

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

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

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

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

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

Measures:

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

Responsibility: GCSPA

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

Implementation: 2008

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

Responsibility: Czech Statistical Office

Cooperation: government departments, GCSPA

Implementation: starting from 2009

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

Responsibility: GCSPA

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

Implementation: 2010

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

Responsibility: Czech Statistical Office

Cooperation: GCSPA

Implementation: 2013

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

Responsibility: GCSPA

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

Implementation: on an ongoing basis

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

Responsibility: GCSPA

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

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

Implementation: on an ongoing basis

Abbreviations

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

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