

Czech Republic

ILC Czech Republic

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Types of housing and their suitability

In 2011, the Czech Republic's population aged 65 years and over numbered 1.6 million persons and represented 16 per cent of the total population (13.0% men, 18.4% women). According to 2011 Census data, 55 per cent of all flats were in family houses and 44 per cent were in multi-dwelling buildings. Since the last Census, in 2001, the number of flats owned by private persons has nearly doubled, with their share of all flats having increased from 12 per cent in 2001 to 31 per cent in 2011. More than two thirds (69%) of older persons live in privately owned housing (41% in a family house, 20% in a private flat and 8% in a co-operative flat). Approximately a quarter of all households live in rented flats (tenement dwellings). About a third of all households are single person households, 35 per cent of which are occupied by persons aged 65+, of which women make up 77 per cent. Single-person households are predominantly in large cities and urban areas, where there is also higher proportion of tenant households (tenement dwellings) and a lower number of dwellings in family houses. Among pensioners who reside in a single-person household, including disability pensioners, the number of tenancies is higher than in the total population. In 2011 around 30 per cent of persons aged 65+ lived alone; in the population aged 75+, 39 per cent lived alone.

The issue of housing for older people has to be discussed in relation to rising housing costs. In the past decade, public municipal housing has continued to be privatised and rent deregulated. Deregulation of tenement dwellings has contributed markedly to rising housing and living costs for many seniors. In bigger cities older persons often reside in apartments situated in historical centres which are costly relative to their income. (In 2011 the amount of the average old age pension was approximately €459 for men and €376 for women. The average duration of retirement was 18.6 years for men and 26.3 years for women. Life expectancy at birth was 74.7 years for women and 80.7 years for men; on average, men therefore spend a quarter and women a third of their life in retirement.)

Although an EU survey (European Commission, 2012) found that approximately 40 per cent of respondents aged 55+ would consider/already had considered/were planning to move to a smaller dwelling in the same city/location, housing mobility among Czech people has traditionally been low and is related to low labour market mobility. Nevertheless, moving home can be an expensive, disruptive and stressful experience (Goodman, 2011), and doing so may neither be only a matter of choice or preference. Seniors are discouraged from downsizing and relocating to a smaller flat by an inflexible housing market and a shortage of suitable small apartments. Low housing mobility

combined with rising housing costs put many seniors at a higher risk of poverty. In the past decade, the share of housing costs in total spending of Czechs rose steadily. Pensioner households expend nearly 30 per cent of their net income per capita on housing, compared to less than 10 per cent in the case of employee households. However, housing costs are compensated by the social welfare system through two means-tested social benefits (housing allowances) targeted at low income households.

Another matter regarding suitability of housing for seniors concerns safety and mobility. The housing environment often presents barriers for frail and disabled seniors. Home adaptation may be problematic, as may be the availability and accessibility of services. Some multi-storey housing buildings lack an elevator, which may equally be a barrier to the provision of formal social services. Although a lump-sum, means-tested social benefit is available to persons with a disability to adapt their housing environment (particularly the bathroom and toilet) as well as their car, or to help them to buy assistive aids, the benefit is mainly targeted at persons with a severe physical or sensory disability, rather than seniors with a specific need or moderate disability.

A popular form of senior housing in the Czech Republic is a so-called “house with domiciliary care.” The dwellings are small barrier-free flats designated for seniors who may need low intensity social care. The flats are owned by municipalities, which set criteria for application for rental housing (the person’s health condition, social situation, and other conditions such as current housing, barriers, costs, or the income of the applicant). The process to obtain a rental flat requires formal application and is similar to that for general municipal flats. A contract is entered according to the code of civil law. Unlike in seniors’ homes (called “pensioners’ homes” before 2007), flats in houses with domiciliary care are for a single person or a couple. Residents have a contract for the flat (though conditions differ slightly from those for general tenements – some restrictions apply to rental succession in comparison to standard tenements), while residents of seniors’ homes have only a “contract on provision of social services.” Since the new Social Services Act came into being in 2007, houses with domiciliary care are not included in the residential social care system, and are not supported, monitored and regulated by the social system, in contrast to social services. Houses with domiciliary care usually have a common dining room and a room for social events, and provide domiciliary care and other services such as emergency assistance (non-stop distant vocal and electronic communication).

Construction of “special housing” is subsidised by the Ministry of Regional Development which is responsible for housing policy. Construction of new rental houses and flats is also supported by the Government, e.g. through provision of low interest credit to municipalities or private companies.

Housing for frail seniors is provided in residential care facilities. Residential social care for seniors with limited self-care capabilities is provided in “seniors’ homes” or “homes with special regime” – a service specialising mainly in care of people with dementia. Residential care facilities provide accommodation, meals, care and social services according to the Social Services Act. The total capacity of these facilities in number of beds is equivalent to 2.9 per cent of the population aged 65+. Four-fifths of the capacity are provided in seniors’ homes. Three-quarters of homes are established and financed

by public regional and local authorities, and a quarter by churches and other agencies. In 2011, the average number of beds per facility was 80 in seniors' homes, compared to 51 in homes with special regime. Residents pay for accommodation, meals and services with their care allowance and out-of-pocket money. Half of all rooms in seniors' homes are single bed rooms compared to only a fifth in homes with special regime. A third of all beds in seniors' homes are in single rooms and more than a half are in double rooms. In homes with special regime less than a tenth of beds are in single rooms and more than half are in double rooms. Three-quarters of residents of seniors' homes are women. (In 2011, women's share in the population aged 75+ was 65%, i.e. about two thirds. Only a quarter of men in this age group were widowed compared to 69% of women.) Health facilities such as after-care hospitals and nursing homes also accommodate, and provide nursing and personal care to seniors – for periods longer than a year, even though according to law care should not be provided for longer than three months.

Although older Czechs prefer not only to live but also to die at home, in 2011 nearly three-quarters died in hospital, or another health or social facility. Women have a greater probability of dying in an institution than men (78% compared to 70%). Of the fifth of people who died at home, this was not necessarily by choice, but may have been due to an acute condition such as a heart attack, an accident or suicide, which causes of death are more common in men than in women (a quarter of men and a fifth of women died at home or in a public space).

Policy on housing and the provision of specialist housing

Although the majority of Czech older people prefer to live at home, services and programmes to support ageing-in-place are hardly available for the majority. A shortage of adequate housing and services leads to many seniors applying for residential care, often while still in good health, because of the shortage of places and long waiting lists. (By the end of 2011, more than 72 000 rejected residential care applications were registered, equivalent to 153% of total capacity.) Because the sector is under-financed, some homes ask for "sponsorship" in return for admission to their facility. Central government competencies on housing and social aspects of housing are divided between the Ministry of Regional Development and the Ministry of Labour and Social Affairs; thus, responsibility for addressing the housing needs of different social groups is unclear. There is a need to reduce the number of "preventive, proactive" applications for residential care, by addressing the quality and availability of housing and services, as well as seniors' involvement in the community, and their loneliness, security and safety. Emergency assistance services are available to a large number of seniors, although this in itself is not sufficient to enhance quality of life and to delay residential care.

Housing is an area with long-term impact for an individual and requires long-term planning. Generations may benefit from a wise, or be disadvantaged by a misdirected housing strategy and planning. Designing the built environment and people's homes thus needs to be right the first time (Goodman, 2011). The Ministry of Regional Development prepared a housing strategy for the period to 2020 which recognises population ageing as a key development and priority for addressing. Furthermore, it recognises appropriate and adequate housing as a human right, in line with the

Additional Protocol to the European Social Charter of the Council of Europe, according to which the Parties should *enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of: provision of housing suited to their needs and their state of health or of adequate support for adapting their housing; the health care and the services necessitated by their state.* The strategy *inter alia* proposes increased provision of barrier-free designed flats and houses, and the availability of small apartments.

There is a lack of effort and pressure from relevant stakeholders to address the housing needs of older people within the mainstream housing strategy. While building special housing for more affluent seniors is viewed as a (silver) market opportunity, investment in barrier-free new housing for the mass older market, which meets certain standards and requirements, is often viewed by entrepreneurs as unattractive. The private sector offers “wellness” housing to seniors with means, but only a small proportion of seniors, with means, can afford to buy a flat in a new “life-style” community complex. There is a risk moreover that owners’ expectations that social and health services will be available at the facility for a range of health conditions may not be met. Housing choices are usually long term and expensive. Therefore, unrealistic expectations in relation to senior housing are a source of concern in the protection of older consumers who may be misinformed and misled regarding realistic guarantees of health care provision within the complex. A variety of other private housing projects and initiatives include senior villages, cohousing schemes and multi-generational housing, but are often limited in number (such as isolated building projects) or are still in planning stages. Private senior housing projects typically target better-off seniors, and offer them a mix of services and programmes. Although based on an “active ageing” philosophy, this consumer model of “lifestyle” housing requires less activity from people who “only” need to choose from prepared “wellness” packages, than from older people in “normal” communities where developing an active lifestyle requires more individual effort and creativity. Seniors who are poor may look for cheap housing, but may end up in unregulated residential facilities such as “lodging houses” that are unlicensed and unregistered to provide social and health care.

Local municipalities play a critical role in ensuring the availability of housing for seniors. If they act wisely and reserve enough public rental flats to accommodate the housing needs of various social groups, such as people with disabilities and seniors, as well as socially indigent, poor and homeless persons, and young families, they can have a definite impact. For example, reserving small ground-floor flats for seniors is good policy. Nevertheless, there is need for leadership from the government to ensure such housing is made available.

Innovative housing models

Although the use of information and communication technology (ICT) is innovative and promising for the future, according to the Ministry of Labour and Social Affairs, only 2.6 thousand people (81% women) used emergency assistance in 2011. This percentage translates into 0.16 per cent of the population aged 65+. Such a social service can enhance the safety of older people and encourage them to remain living at home, even when frail and single. Though a relationship between ICT and population ageing is

prominent in policy documents, and research on ICT is generously funded in the EU, it is not yet part of mainstream housing, households' electronic equipment, or social and long-term care services. ICT based solutions and services are not widely used by seniors due to social, economic, psychological and possibly biological barriers, of which some may prove to be substantial in the future. We are still to see what its future role will be, and what its contribution to informal and formal care may be, as well as how cost-effective and affordable it will be for seniors and families.

The most critical factors at present militating against "ageing-in-place" are an older individual's health, the availability of informal support and care, and a safe environment. In addition, municipal policy is critical for the provision of barrier-free flats in mainstream multi-generational houses.

The National Action Plan of Support of Positive Ageing 2013-2017, the third consecutive five-year strategy on population ageing in the Czech Republic, emphasises the role of municipalities in meeting seniors' housing needs and promoting ageing-in-place. The plan takes a proactive and preventive (life-course) approach in this regard. Among the goals postulated in this policy document for the five-year period are to increase public and expert debate on new forms of seniors housing and awareness; to develop new and experimental housing projects at municipal (community) level; to adopt recommendations to guide local housing policy; and to encourage and support the building of new barrier-free and small apartments.

Clearly, the quality of housing and its impact on quality of life depend on the broader urban built environment, and the quality of public space and services. The more that housing is seen as a personal responsibility, the more social differences and inequalities may emerge in the future. The more quality public services and barrier-free dwellings there are, and the more the urban environment is inclusive of seniors, the greater the opportunity they will have to age-in-place and to participate fully in society. *The road map for the future of ageing research in Europe* (European Commission, 2011) postulates, among seven, two research priorities that are particularly pertinent in this context: "Ageing well at home and in community environments" and "Unequal ageing and age-related inequalities." Housing is certainly a critical long-term issue to be addressed by countries and cities around the globe, with life-course being a cross-cutting principle.

References

Czech Republic. Ministry of Labour and Social Affairs. 2012. National Action Plan of Support of Positive Ageing for 2013-2017.

European Commission. 2012. *Active ageing and solidarity between generations. A statistical portrait of the European Union.*

European Commission. 2011. *The future of ageing research in Europe: A road map.* The University of Sheffield.

Goodman. C. 2011. *Lifetime homes design guide.* Habinteg Housing Association.