

The Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020

Prague, August 2013

Contents

Introduction	1
1. Definition of the Basic Terms	3
2 Background of the Concept	6
2.1 Comprehensive Model for Working with the Homeless	6
2.2 Numbers of Homeless People and Structure of the Homeless Population in the Czech Republic	10
2.3 Legal Background to Tackling Homelessness	13
3 Main Stakeholders in Tackling Homelessness	19
4 Description of the Current Situation	23
4.1 Access to Housing	23
A) Social Benefits	24
B) Social Work	25
C) Social Housing	27
4.2 Social Services	28
4.3 Access to Health Care	32
A) Street Medicine	33
B) Ambulatory Health Care	34
C) Shelter-Based Health Care and Follow-Up Care	35
D) Prevention and Awareness-Raising for Professionals and the General Public	36
4.4 Awareness, Involvement and Cooperation	37
A) Obtaining and Sharing Data	37
B) Cooperation	38
C) Education, Training and Awareness-Raising	39
5 Goals and Actions	40
5.1 Access to Housing	40
5.1.1 Goals	40
5.1.2 Actions	40
5.2 Social Services	44
5.2.1 Goals	44
5.2.2 Actions	44
5.3 Access to Health Care	46
5.3.1 Goals	46
5.3.1 Actions	46
5.4 Awareness, Involvement and Cooperation	48

5.4.1 Goals	48
5.4.2 Actions	48
6 Monitoring the Fulfilment of Actions Identified in the Concept	52
7 Financing of the Concept Implementation	53
Annexes	54
<i>1 ETHOS Functional Definition</i>	54
<i>2 Examples of Good Practice</i>	54

Introduction

There are people in each society who on various (objective or subjective) grounds do not possess skills or means to procure or maintain their housing by themselves. Therefore, it is the State's duty to help them based on the solidarity principle, for which the State can use various tools from legislative instruments to social work and social benefits.

Homelessness is a synonym for extreme social exclusion¹, whose cause as well as consequence is poverty. **Social exclusion factors are characterised by both individual and structural elements and it is often impossible to strictly distinguish between these factors.** The current knowledge points out that falling into homelessness almost never has one cause only; the grounds for becoming homeless are very individual, variable in time and at the beginning often difficult to be identified.

Homelessness as a serious form of social exclusion represents a continual social phenomenon, whose solution requires **a comprehensive approach.**

This first national *Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020* (hereinafter referred to as the “Concept”) should contribute to fulfilling the poverty objective to which the Czech Republic committed itself within the *National Reform Programs*, and which reads as follows: “Maintaining the limit of the number of people at risk of poverty or material deprivation or people living in households without any person being employed by 2020 at the level of 2008.” Concurrently, the Czech Republic will make an effort aimed at reducing the number of people at risk of poverty or material deprivation or living in households without any person being employed by 30,000 persons. The Concept responds to both the Czech Republic's needs and the EU requirement to intensify the “targeting of social services on the most disadvantaged groups”. **Hence, the Concept was developed also in accordance with the written resolution of the European Parliament of 16 December 2010 on an EU Homelessness Strategy. Homelessness is identified in the Europe 2020 Strategy as one of the most extreme forms of poverty and social exclusion.**

The approach to resolving homelessness is usually associated, also within public policies, with understanding homelessness as a state. However, the concept respects that, in fact, it is a **long-term and complicated process: from the risk of being excluded from or losing housing (i.e. from the risk of social exclusion to extreme social exclusion) to returning to the common lifestyle, once the housing issue has been**

¹ Social exclusion is a process during which individuals or entire groups are forced out to the edge of the society and have more difficult or limited access to resources and opportunities, which are available to other society members. Such resources include, in particular, employment, housing, social protection, health care and education (see *Long-term Vision of the Ministry of Labour and Social Affairs in the Area of Social Inclusion* approved by the Ministry of Labour and Social Affairs on 31 May 2012 and available at http://www.mpsv.cz/files/clanky/13031/vize_SZ.pdf.)

resolved. If social work and other related support is to be efficient, it must be coherently implemented at all stages of the homelessness process, i.e. already before the risk of its occurrence by adopting preventative measures as well as through follow-up support for the current services. Actions are based on the medium-term expenditure framework of the State budget, taking into account the possibility of using financial support from EU funds.

In order to develop the Concept, an expert group on tackling homelessness was created, attached to the Commission for Social Inclusion of the Ministry of Labour and Social Affairs (hereinafter referred to as “MoLSA”), which is a standing advisory, proactive and coordinating body of the Minister of Labour and Social Affairs in the area of social policy, with a focus on combating poverty and social exclusion. Chapters devoted to the individual priority areas were prepared under the auspices of guarantors from among the professional public.

The Concept pushes the key topics in tackling homelessness to the forefront: from the support of access to housing and health care to the support of awareness-raising and cooperation between the relevant stakeholders. At the same time, it is obvious that the Concept does not by far exhausts all topics and issues which are related to preventing and tackling homelessness. It became evident with respect to many topics that they exceed the scope of this document and need to be resolved in other strategic documents of MoLSA in relation to persons socially excluded or at risk of social exclusion, such as the *Social Inclusion Strategy 2014–2020*, which is being prepared (to be submitted to the Government by 31 December 2013), or the *Comprehensive Social Housing Policy*. However, the Concept encourages the **adoption of a wider, procedural perspective of homelessness issues and the need to tackle them in a comprehensive and coordinated way. The perception of housing exclusion as a process demonstrates weaknesses of the current system, which practically lacks any preventative measures as well as any system possibilities for those who end up “on the street” to find their way back into the housing system.**

The fulfilment of actions formulated by the Concept will have to be evaluated on a regular basis and flexibly updated or supplemented in relation to the changing social conditions. An important milestone in shaping the national policy of preventing and tackling homelessness should be a consensus expert conference (one of the Concept actions) whose objective is to contribute to a society-wide consensus regarding further direction of the policy of preventing and tackling homelessness in the forthcoming years.

1. Definition of the Basic Terms

Motto: If an issue is not adequately defined, it cannot be adequately tackled.

The issues of homelessness and the homeless are a result of many impacts and areas and they are a complicated social, economic and political, health care, legal and safety problem characterised by major inherent differentiation. In the *Joint Memorandum on Social Inclusion*, which the representatives of the Czech Republic signed with EU representatives in December 2003, homelessness is perceived as a social problem². Homelessness was identified as an extreme form of social exclusion in documents prepared under the supervision of MoLSA within the social inclusion policy (see, in particular, *National Action Plans for Social Inclusion*).

In the Czech Republic, homelessness has not yet been defined either systematically or legislatively. A significant number of policy makers in this area in the Czech Republic still express certain doubts as to whether it is necessary to get involved in tackling the issues, or they refer to the gaps in the knowledge and rather support the moderation of consequences than the elimination of the causes of homelessness and its prevention.³

Phenomena related to homelessness are categorized based on various aspects. Frequent is the *categorization based on perception by the public* into visible, hidden and potential⁴ homelessness, which is understandable for the general public but is relatively inaccurate. *Categorization based on duration* distinguishes short-term homelessness (approx. up to one year), medium-term homelessness (usually from one to five years) and long-term homelessness (more than five years). Besides that, homelessness is of episodic character with people who alternate between the common way of life and lost housing at irregular intervals. As regards the *categorization by cause*, there are four basic paths leading to homelessness: (1) a long path (a life-long path of a person “who is being born into the situation of social exclusion”, experienced by 30 to 40 percent of all visible and hidden homeless people in the Czech Republic); (2) a short path (based on the concurrence of impacts that may result in homelessness in a relatively short time, for instance, the concurrence of debts, long-term unemployment, health problems, high mandatory household costs, family breakdown and housing exclusion of a person towards the state of homelessness); (3) a health path which is the case of people with health indisposition who are not able to handle common lifestyle situations and coexistence with people in the society (the proportion of these persons when they become homeless is

² *Joint Memorandum on Social Inclusion – Czech Republic*, Prague: MoLSA, 2003. Available from <http://www.mpsv.cz/files/clanky/5151/jim.pdf> [quoted on 18 February 2013].

³ *Zdravotní stav populace bezdomovců v ČR a jeho determinanty I., Bezdomovství v zrcadle veřejné politiky*. Kostelec nad Černými Lesy: 2004, IZPE.

⁴ Visible homelessness: the situation of persons sleeping in public places; hidden homelessness: the situation of persons who have no home of their own but look for legal or illegal accommodation; potential homelessness: people who live in a flat and may not even realize that their housing is at risk.

around 10%; however, this proportion increases with the length of the life they live in the state of homelessness); and (4) homelessness by choice (still rare in the Czech Republic).⁵

The definition used by the Concept respects the functional definition of homelessness according to ETHOS (European Typology of Homelessness and Housing Exclusion), developed by the European Federation of National Organisations working with the Homeless (hereinafter referred to as “FEANTSA”), adapted to the Czech environment⁶. FEANTSA organised the European Consensus Conference on Homelessness with the support of the European Commission and the Belgian Presidency in Brussels⁷ in December 2010. Its international jury included seven independent members who are recognized authorities in the field. The jury **rejected the simplified understanding of homelessness as sleeping in the street** and concluded that:

Homelessness is a complex, dynamic and differentiated process within which various individuals and groups pass through various entry and exit points⁸.

According to the ETHOS definition, homeless is a general term for the heterogeneous group of population covering both visible homeless people, i.e. persons **sleeping rough (roofless)**, and people who are not able to procure any dwelling and hence live **in accommodation** for the homeless, as well as people living in **insecure accommodation** and people staying **in conditions which do not fulfil the minimum standards of living** in the particular cultural and social environment.⁹

Based on the above, for the purpose of this Concept:

- **“risk of losing home”** shall mean the process from the occurrence of the risk of being excluded from housing;
- **“homelessness”** shall mean the process from losing home to the possibility to return and the actual return to the common way of life or a situation which covers any part of this process;

⁵ Hradecký et al. *Souhrnný materiál pro tvorbu Koncepce práce s bezdomovci v ČR na období do roku 2020 (Summary Document for Drafting the Concept of Work with the Homeless in the Czech Republic for the Period until 2020)*. Prague: 2012. Available at www.esfcr.cz. (hereinafter referred to as “Hradecký et al., 2012”)

⁶ See Annex 2 Examples of Good Practice. Within the project *Strategy for Social Inclusion of Homeless People in the Czech Republic* implemented between 2005 and 2007, a working group consisting of field, academic and public administration experts dealt with the definition and the typology. It completed the operational categories and generic definitions with the relevant national subcategories. Two basic groups resulted from the conclusions: the homeless and persons at risk of homelessness.

⁷ http://www.housingeurope.eu/www.housingeurope.eu/uploads/file_/2011_02_08_FINAL_Consensus_Conference_Jury_Recommendations_EN.pdf.

⁸ Hradecký et al., 2012.

⁹ The ETHOS typology is appropriate for a strategic planning of social inclusion and homelessness work policies, is generally accepted by experts not only in Europe, is used by EU institutions in common social inclusion policy documents and its use is recommended by EUROSTAT for comparing EU-wide data.

- **“homeless”** shall mean a person who is a direct participant in this process at any of its stage; **“person at risk of homelessness”** shall mean a potential homeless person;
- **“housing”** shall mean a flat, not accommodation, in particular **affordable tenancy housing**.

In Graph 1 (see below), the definition according to ETHOS is used for identifying persons in the homelessness process (for details see Annex 1 ETHOS Functional Definition):

At risk of losing home: ad primary prevention:	<ul style="list-style-type: none"> • people living in inadequate housing, i.e. according to the ETHOS definition, in particular, people living in temporary and non-conventional structures, people living in unfit housing (unfit for habitation) and people living in extreme overcrowding (ETHOS categories 11, 12 and 13).
ad secondary prevention:	<ul style="list-style-type: none"> • people due to be released from institutions (penal institutions, medical institutions, children’s institutions / homes; ETHOS 6) and children due to be released from foster care; • people and households at risk of poverty and social exclusion (debts); • immigrants living in temporary accommodation (e.g. reception centres; ETHOS 5.1); • specifics – people living in inadequate housing (see above, ETHOS 11, 12 and 13).
ad tertiary prevention:	<ul style="list-style-type: none"> • people living in insecure accommodation (people living temporarily with family / friends, no legal (sub)tenancy, illegal occupation of land; ETHOS 8); • people living under threat of eviction (rented or owned flat; ETHOS 9); • people living under threat of domestic violence (ETHOS 10); • people due to be released from institutions (ETHOS 6 and 5.1; see above).
After losing home: People in asylum houses and hostels:	<ul style="list-style-type: none"> • people having accommodation: <ul style="list-style-type: none"> o people living in asylum houses for the homeless (short-term accommodation); o people living in hostels (short-term accommodation and absence of one’s own dwelling), people in women’s shelter accommodation (women under threat of domestic violence); people in accommodation for migrants; o people in “half-way houses”.
Roofless:	<ul style="list-style-type: none"> • people living rough (public space or streets); • people in emergency accommodation, no legal (sub)tenancy, illegal occupation of land (ETHOS 1, 2, 8.2, 8.3); • some people using asylum houses, field social services and ambulatory social services; night shelters, day centres, outreach programs, etc. (ETHOS 3.1, 3.2, 4, 5.2 and 7.1).
Senior citizens and disabled persons:	<p>Chronically homeless people with high health care and social needs at senior age or disabled persons (see Annex 2 Examples of Good Practice: “Domov Přístav”):</p> <ul style="list-style-type: none"> • men and women at senior age; • disabled persons in long-term accommodation in asylum houses (ETHOS 3.1, 3.2, 4, 5.2 and 7.1).

2 Background of the Concept

2.1 Comprehensive Model for Working with the Homeless

The baseline of this Concept is a so-called comprehensive model for working with the homeless, proposed by a team of experts working in the area of homelessness within the *preparation of the summary document for drafting the concept of work with the homeless in the Czech Republic by 2020*.¹⁰

The comprehensive model for working with the homeless represents a **baseline for a comprehensive understanding and approach to homelessness at all stages of its process** from risk occurrence to social exclusion and return to the common lifestyle, i.e. to housing (see Graph 1 below). Within this model, the process of homelessness is seen from three perspectives: prevention, current help and (re)integration.

The aim of the comprehensive model for working with the homeless is to minimize the number of households and individuals who lose their housing, to minimize the number of people who live in the streets (the so-called visible homeless), to increase the efficiency and effectiveness of the system and to achieve future public expenditure savings, by:

- **supporting the prevention and possibilities of social inclusion of homeless people who are able and want to return (including support for those who are not capable of inclusion)** to a common standard of living, i.e. the existence of housing for which they will assume their full responsibility;
- **completing and stabilizing the services network** up to the interdisciplinary level (from prevention to social services pursuant to Act No. 108/2006 on social services and other interdisciplinary services, such as services for families and children, health care services, employment services, and others), **through supported accommodation (see below) to independent housing**;
- **expanding the current scope of social work with the homeless (including the “housing ready” model) with the “housing first” concept**¹¹.

¹⁰ Hradecký et al., 2012.

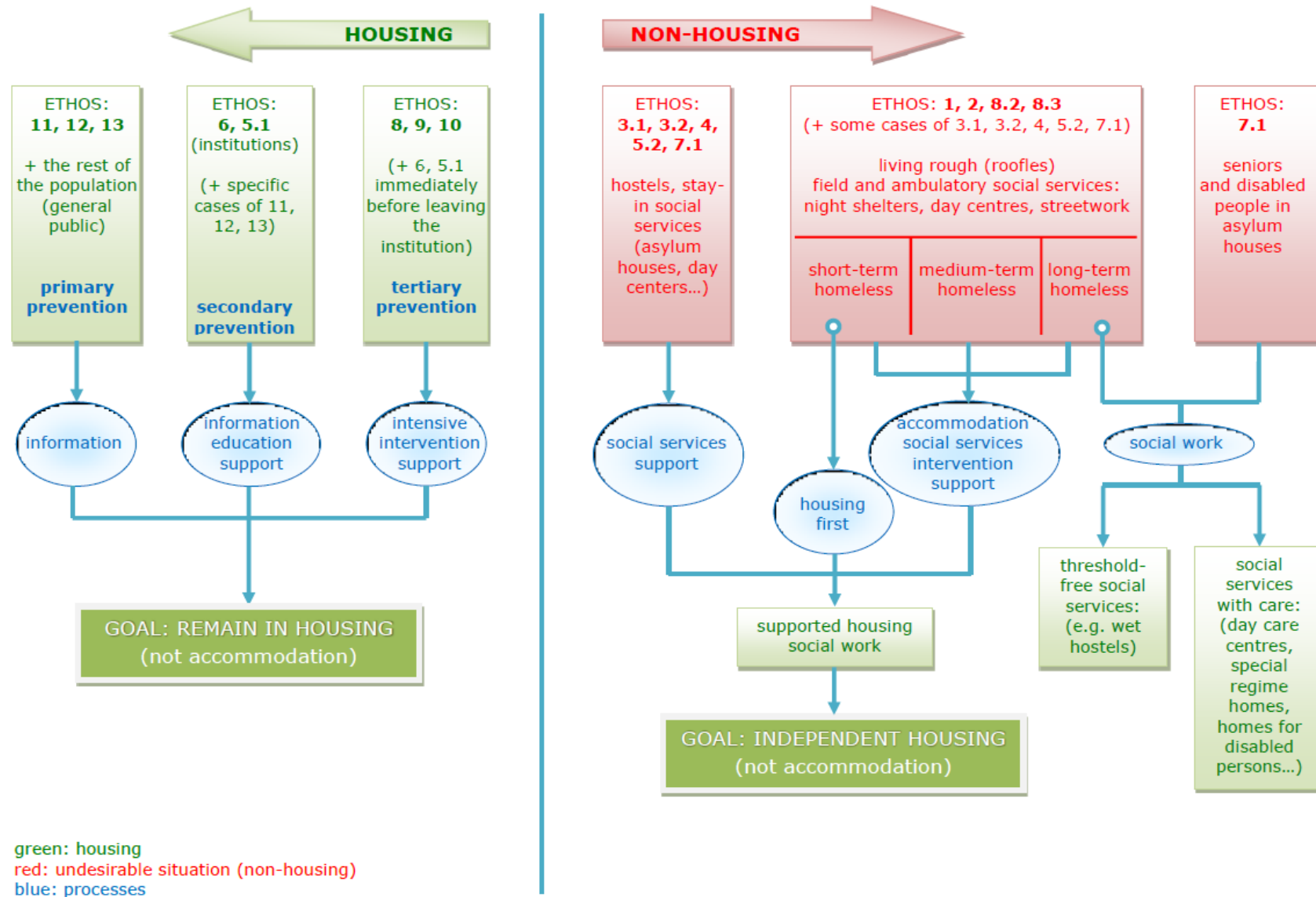
¹¹ **“Housing first”** model: The placement of individuals and families to stable, permanent housing as the primary strategy for ending homelessness, with the support of social and other services. A great number of people who lose their home do not need to receive intensive social services but they need fast reintegration in housing. Such people need little support from the system of social benefits and services and hence the “housing first” model reduces the costs of the system (Busch-Geertsema, 2011). Under ETHOS, it is operational category 7. The other approach is the **“housing ready”** concept (i.e. the so-called staircase system). This approach is suitable for people who lack the ability to maintain or obtain housing or who accumulate more problems (Lux, Mikeszová, Sunega, 2010). However, some experts point out its demotivating impact and the protraction of homelessness, drug addiction and an increase in the costs of the system (*inter alia* also the European Commission in the *Social Investment Package*, 2013).

The figure on the following page (Graph 1) shows the target groups of people in the process of homelessness and suggests support processes.

The aim of all policies resulting in tackling homelessness is to maintain or find housing, not a shelter or accommodation (the group of people living in such facilities is considered homeless according to the ETHOS definition).

The fact is that **temporary solutions will always have to be maintained** for people who are not able to maintain a flat or lose housing in consequence of a natural disaster, fire or migration and for those who need to escape domestic violence. The necessary **accessibility of services** for the homeless needs to be continuously maintained as homelessness is a never-ending and long-term process conditioned by social circumstances.

Graph 1: The homeless and people at risk of homelessness applying the ETHOS definition (Source: Expert group on tackling homelessness)



Supported housing (see Graph 1 above) is one of the forms of social housing and a social inclusion tool.¹² Most frequently it is tenancy but it can also be a cooperative flat or subtenancy (in a flat rented by a provider of social services – an NGO or an institution receiving contributions from the State Budget). **Support shall mean social work** regardless of whether or not social benefits are concurrently provided. It can be a form of tertiary prevention or a solution to the current homelessness situation, as a follow-up to an asylum house service or the “housing first” model (see Graph 2 below).

Supported housing consists in the regular contact of the client with a social worker (from the municipality or from the provider of social services); such support must be sufficiently flexible both with regards to intensity or duration and the form and level of cooperation and control. Support consists of visits by a social worker and meetings with the social worker at intervals which gradually become longer until the meetings cease to be organised. Their purpose is to learn to live independently with the objective of finally living independently on one’s own responsibility¹³ (see Annex 2 Examples of Good Practice).

Supported housing is a pathway not only to return acute homeless to the common way of life but also to minimize the significant amount of potential homeless people.¹⁴

Currently, there is no supported housing in the Czech Republic for the homeless who are being integrated. Social service providers try to fill the legislative gap with other types of social services, most frequently in the form of outreach programs or social and acquisition services, or social rehabilitation.¹⁵ Similar services, which are however designed for closely defined target groups, include protected housing, half-way houses, supported housing.¹⁶

¹² The term social housing is a hypernym for various forms of housing, whose content differs according to cultural traditions on different territories. It is always housing in a flat, not accommodation.

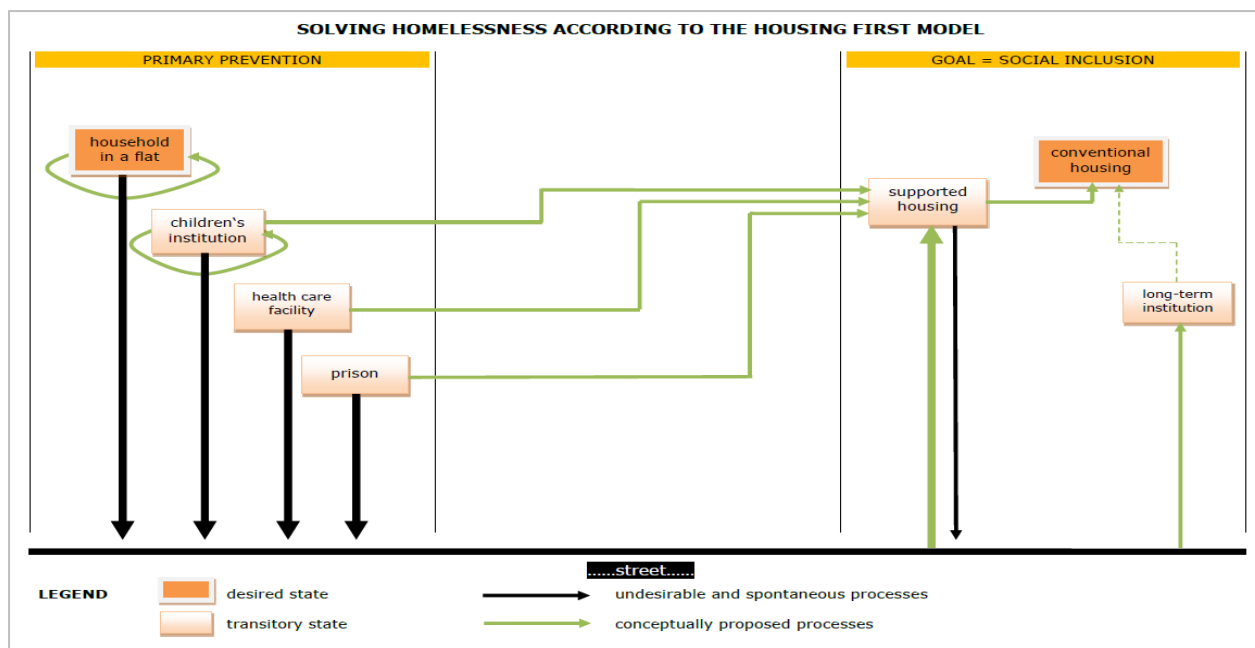
¹³ It can involve, for instance, assistance, support and counselling in financial matters, assistance in submitting applications for benefits, support in tenancy issues or problems in certain crisis situations, while in other cases support can be based on a longer-term and more complex cooperation and control. The availability of flexible support as per the client needs is important for maintaining the peace of mind in communities to which the clients migrate.

¹⁴ An accompanying financial instrument for protected housing can include very difficult tenancy termination conditions, reduced rent, a rent debt guarantee, financial support for the tenant or the landlord. If it is social housing in a private building, then an adequate compensation to the owner is commonplace in the form of a subsidy granted already during the construction, a subsidy to compensate the difference against the usual rent or a guarantee provided by the municipality or a third person, usually a non-governmental organisation.

¹⁵ These services have different names, for instance: training housing, social housing, trial housing, housing ready, etc. Each of these forms entails negative aspects and risks.

¹⁶ Source: Expert group on tackling homelessness.

Graph 2: “Housing first” model



Source: Hradecký et al., 2012.

2.2 Numbers of Homeless People and Structure of the Homeless Population in the Czech Republic

The estimated number of roofless people in the Czech Republic is, according to experts who based their estimates mainly on the ETHOS definition, approximately **30,000**¹⁷. However, based on the same methodology, there are much more people living in insecure or inadequate housing. They are households stuck in arrears for housing and services, with insufficient income to pay off, with other debts and at least one family member unemployed in the long-term, without any opportunity to exchange the current housing, as well as people returning from institutional care. The groups most at risk of homelessness include, according to the analytical part of the Housing Policy Concept of the Czech Republic until 2020 (Ministry of Regional Development), families of single senior citizens over 65 years of age and households with one adult and children or households with members unemployed in the long-term¹⁸. **The estimated number**¹⁹ **of potentially homeless people living in the Czech Republic in 2012 is up to 100 thousand people**²⁰.

¹⁷ Hradecký et al., 2012.

¹⁸ In: Kuda, F., Lux, M. (Eds.): *Bydlení v regionech*. Příbram 2010.

¹⁹ Hradecký et al., 2012.

²⁰ According to the statistics of the Czech Statistical Office, the proportion of materially deprived people who also had income below the level of poverty considerably decreased in the Czech Republic in 2010. This can be explained by the fact that in 2010, compared to the previous year, more households “fell” below the level of poverty (which also includes the households that had already been materially provided for). (Source: Czech Statistical Office, 2012.)

More detailed statistical data on homeless people can be found, for instance, in the results of the last *2011 Population and Dwelling Census* (hereinafter referred to as the “2011 Census”). Only a part of homeless people participated in the survey, specifically 11,496 persons. The census forms were filled by the clients of asylum houses, half-way houses, etc.²¹

After 1989, the phenomenon of homelessness became visible in the Czech Republic again although it had existed here in its latent form already before. Currently, the causes and consequences of homelessness in the Czech Republic are not sufficiently known, i.e. there is a lack of usable theoretical knowledge and knowledge empirically verified, on which the significance of individual determinants of the occurrence and course of homelessness could be identified. However, the existing knowledge shows that the risk factors that can trigger homelessness on the part of persons include debts, unpaid rent or mortgages, family conflicts and breakdown, release from institutional care (children’s home, prison, mental home, hospital), a low social status, generally low social skills and a lack of socially supportive networks, mental health problems, sexual and psychological abuse in childhood, drug and alcohol abuse, delinquent behaviour or imprisonment. The major structural factors include labour and housing market tendencies, policies related to social benefits and social service networking, deficiencies in the educational system, the increasing poverty rate, deficiencies in creating equal opportunities, regional differences or changes in the family life. In addition, we have insufficient information about the magnitude of homelessness.

Some researches show that **the hidden homeless group now includes more young people below 25 years of age, more disabled persons and women as well as more families with children**. Based on the data resulting from the research carried out by the Naděje (Hope) unincorporated association between 2002 and 2004²², three out of ten clients of the association were less than 30 years old. **In the Czech Republic, young people leaving institutional care are most at risk of homelessness among the young. Although no exact records are available, youth and young adults are estimated to account for less than 15% of the homeless population.** Most frequently they are young men with no or low qualifications, without any family background, with a history of drug abuse and low social skills²³. Almost half of homeless people were single, another 35% are divorced. More than 57% of homeless people did not have any children. The proportion of women among the homeless has significantly increased.²⁴ In this respect, I. Hradecký notes that in the early 1990s the Naděje unincorporated association had a maximum of 5% female clients,

²¹ The published data of the Czech Statistical Office basically indicate only the numbers of hidden homeless people. The 2011 Population and Dwelling Census did not include either homeless or potentially homeless people and therefore, the figure is so low.

²² Published under the title “*Kudy ke dnu, Analýza charakteristik klientů Naděje, o.s., the Prague centre, Bozanova*”, Prague: 2010, SOCIOKLUB, ISBN: 978-80-86140-68-1.

²³ In: Disdarevič S. M., Šloufová R. *National Report on Youth Homelessness and Youth at Risk of Homelessness in the Czech Republic*. Prague: Faculty of Humanities, Charles University in Prague, 2009.

²⁴ “*Kudy ke dnu, Analýza charakteristik klientů Naděje, o.s., the Prague centre, Bozanova*”, Prague: 2010, SOCIOKLUB, ISBN: 978-80-86140-68-1.

while in 2009 the homeless women accounted for 17% of all the clients.²⁵ **Less than four percent of all the clients were more than 60 years old.** As regards senior citizens, the situation was often associated with a combination of the inability to cover the necessary (mandatory) costs of living as the income is not sufficient, loneliness and the inability to exchange the existing flat for a smaller one.²⁶

The existing researches confirm the expected deteriorated health condition compared to the housing population. Homeless people experience **a higher incidence of chronic diseases, higher prevalence of infectious diseases as well as more frequent mental health problems.**²⁷ As regards the combination of **alcohol or drug addiction** and homelessness, it is noted that there is a close relationship between the occurrence of addiction or another mental disorder and homelessness though it is not always easy to distinguish between the cause and the consequence. A mental disorder in combination with socio-economic problems may be a trigger of homelessness. And vice versa, homelessness can trigger mental health problems, depression and the consumption of addictive substances.²⁸

Within the 2011 Census, in particular hidden homeless people (i.e. people living in asylum houses, night shelters, etc.) were surveyed in liaison with the Association of Asylum Houses for Homeless of the Czech Republic and the Association of Social Services Providers. As regards **education**, the most numerous group were homeless people holding a certificate of apprenticeship or people who completed a secondary-school course without the school-leaving exam (47.2%). The second largest group were homeless people who completed primary education (28.5%). The total number of economically active homeless people determined in the 2011 Census amounted to 7,796, which represented 67.8% of all the counted homeless; more than 57% of the economically active homeless were unemployed. Not working pensioners made up 14.2% of the total number.

As regards the **nationality** of homeless people, a higher number of homeless foreigners is a specific phenomenon in larger cities. According to the statistics of the low-threshold day centre run by the Salvation Army in Prague, a total of 2,158 persons used its counselling services from 1 January 2012 to 31 December 2012, of which 67% were Czech nationals, 16% Slovak nationals, 5% other nationalities and 12% did not indicate any nationality. In Brno, homeless foreigners account for approx. 12%. In smaller cities and towns, they are rather individuals.

The biggest **ethnic minority** living in the Czech Republic, the Roma, appear among homeless people less frequently than would be expected based on the demographic ratio.²⁹ However, the 2011 report on the Roma

²⁵ According to the homeless census data (mostly hidden homeless, i.e. clients of social services accommodated off the street) conducted within the 2011 Census, women accounted for a total of 21.5% out of 11,496 counted homeless people.

²⁶ Author team *“Kudy ke dnu, Analýza charakteristik klientů Naděje, o.s., the Prague centre, Bozanova”*, Prague: Prague: 2010, SOCIOKLUB, ISBN: 978-80-86140-68-1.

²⁷ Barták, M. *Zdravotní stav populace bezdomovců v ČR a jeho determinanty*. 2nd edition. Kostelec nad Černými Lesy: IZPE, 2005.

²⁸ Šupková, D. *Závislost jako jeden z aspektů života bezdomovců. Adiktologie*, issue no. 8, p. 45–51, 2008.

²⁹ Hradecký et al., 2012.

minority situation in the Czech Republic as well as other sources mention a spreading segment of **non-standard low-quality housing at high prices (hostels)**³⁰. By concentrating people in these places, and this does not concern only the Roma, **socially excluded localities are created which trigger other related negative phenomena** (usury and other property crime, impact on the security inside the locality and in its surroundings, intergenerational transmission of poverty). According to the information available, approx. 330 socially excluded localities existed in the Czech Republic in 2005 and their number has been increasing. Experts in this issue presume that their current number is higher (currently, it can be more than 400 socially excluded localities).³¹

The available data also point out the existing problem of homelessness among **LGBT youth**³². Serious family conflicts were identified as the primary cause of homelessness among the members of this group, which entails other added risks, such as risks related to drug addiction and sexual abuse of minors who lose their home. A total of 94% of entities³³ which participated in the survey carried out by the PROUD unincorporated association in January 2013 had some experience with homeless LGBT. 38% of entities determined a link between the sexual orientation and homelessness of their clients. No detailed information has been available in the Czech Republic regarding the link between homelessness and sexual orientation.

2.3 Legal Background to Tackling Homelessness

The right to housing is expressly entrenched in international documents to which the Czech Republic is a signatory or which it intends to ratify. The revised European Social Charter (not yet ratified) lays down the right to housing in part I point 31: **“Everyone has the right to housing.”**³⁴

At the international level, the right to housing is part of the right usually designated as the right to an adequate standard of living. The International Covenant on Economic, Social and Cultural Rights (hereinafter referred to as the Covenant) lays down in Article 11 **“the right of everyone to an adequate standard of living for himself and his family**, including adequate food, clothing and housing, and to the

³⁰ Hostels belong to “other forms of housing”, which include *inter alia* subtenancy, stay-in social services and hostels. In 2012, a total of 18,845 people received supplementary housing payment for other forms of housing, of which on average 11,899 beneficiaries stayed in hostels.

³¹ In 2014, more accurate numbers should be available based on the analysis which followed on from the so-called Gabal map of socially excluded localities.

³² LGBT is a comprehensive term for lesbian, gay, bisexual and transgender individuals. We know from foreign researches that sexual orientation and gender identity are one of the frequent causes of homelessness. In the United States, every fourth adolescent LGBT individual ends up living in the street after revealing their sexual orientation to their immediate family.

³³ The survey was carried out in 50 facilities of social services providers in the Central Bohemian Region and in Prague: half-way houses, asylum houses, hostels for the roofless, low-threshold shelters, the Naděje and Prague Archdiocese Charity centres.

³⁴ Part II article 31 reads: “With a view to ensuring the effective exercise of the right to housing, the Parties undertake to take measures designed: 1. to promote access to housing of an adequate standard; 2. to prevent and reduce homelessness with a view to its gradual elimination; 3. to make the price of housing accessible to those without adequate resources.”

continuous improvement of living conditions”. The Czech Republic as the State Party to the Covenant undertakes to take appropriate measures in order to ensure the exercise of this right.

Based on the Convention on the Rights of Persons with Disabilities, the UN Committee on Economic, Social and Cultural Rights deduced that “the right to housing should be guaranteed to all individuals regardless of their income or access to economic resources”. **Disadvantaged groups “must be accorded full and sustainable access to adequate housing resources”**; such disadvantaged groups as the “elderly [...], the physically disabled, [...], the mentally ill [...] and other groups should be ensured **some degree of priority**”.³⁵ **The task of the individual countries is to create such conditions that will enable the exercise of this right.**³⁶

The Charter of Fundamental Rights and Freedoms expressly covers, in relation to housing, only **the right to assistance in the case of material need**. The loss of housing affordability may entail the state of material need, as a consequence of which an obligation of the State arises to provide assistance to anybody who is caught in such a situation under Art. 30 (2) of the Charter of Fundamental Rights and Freedoms: “Everybody who suffers from material need is entitled to such assistance as is essential for securing his or her basic living conditions”. The right to assistance in material need under Art. 30 (2) of the Charter of Fundamental Rights and Freedoms may only be exercised within the laws implementing the provision.³⁷

In the Czech Republic, there is no comprehensive regulation of social or affordable housing which would define the role of the State and municipalities in housing policy issues in relation to persons at risk of social exclusion, also including homeless people. The existing legislation only regulates individual aspects of this type of housing.³⁸ The necessity to introduce the social housing institute was discussed at various expert and political levels already in the mid-1990s. **The Housing Policy Concept of the Czech Republic until 2020, which the Government approved with its Resolution No. 524 of 13 July 2011, imposes the following task: “draft of a comprehensive solution for social housing with the use of the institute of “housing need” (target date: 31 December 2013).** The guarantors of the task are the Ministry of Regional Development in liaison with the Ministry of Labour and Social Affairs. Within this task, **the Ministry of Labour and Social Affairs prepared a “draft legislative arrangement of persons in housing need”** (as of 31 December 2012). The above-mentioned definition of persons in housing need is designed for

³⁵ UN Committee on Economic, Social and Cultural Rights: *Right to Adequate Housing* (Art. 11(1)). 12/12/1991, paragraph 6.

³⁶ See *Housing Policy Concept of the Czech Republic until 2020*.

³⁷ They include, from the housing point of view, in particular Act No. 111/2006 on assistance in material need (persons suffering from material need are granted benefits of assistance in material need) and Act No. 110/2006 on living and subsistence minimum as well as Act No. 128/2000 on municipalities (the municipality’s obligation to attend to the housing needs of its citizens), Act No. 102/1992 (special-purpose flats, substitute housing provided by municipalities), Act No. 117/1995 on State social security assistance (contribution for housing) and Act No. 108/2006 on social services (asylum houses, protected housing, social counselling).

³⁸ For instance, Government Regulation No. 333/2009 on conditions of use of resources from the State Housing Development Fund to cover a part of the costs related to construction of social flats in the form of a subsidy to legal and natural persons defines the term “social flat” in relation to the provision of a subsidy pursuant to the above Regulation and limits the floor area in compliance with the VAT Act to 120 m².

a wider spectrum of possible assistance; a significant role of municipalities and their social workers is expected in providing assistance within the comprehensive solution for social housing (in accordance with the tasks imposed by the Housing Policy Concept of the Czech Republic until 2020). The draft legislative arrangement of persons in housing need is based on the principle according to which **a household is in housing need if it has no possibility to use any dwelling or uses an inadequate dwelling or is at risk of losing its dwelling and at the same time its overall social and property relations are such that do not enable the household to overcome this adverse situation on its own.** The draft specifies in more detail conditions and individual situations of housing need and it also indicates specific situations when a household is in housing need. From the perspective of this Concept, the draft defines the group of persons in housing need very narrowly and hence it cannot be sufficiently applied to the entire group of homeless people.

Neither the current Civil Code nor the new Civil Code, which will come into force as of 1 January 2014 (hereinafter referred to as the “New Civil Code”), **tackle homelessness or social housing issues.** Both the civil codes regulate title to property and lease, however, in relation to all people, not only in relation to the socially excluded; the latter are not given any preferential treatment.³⁹ **The New Civil Code does not impose any obligation on the lessor to provide a substitute flat, substitute accommodation or a shelter to the lessee,** as is required by the currently applicable Civil Code. The New Civil Code in its final provisions (Section 3080) also **repeals Act No. 102/1992,** regulating some of the issues related to the passing of Act No. 509/1991 amending the Civil Code, as later amended, **which governs the sphere of activity of municipalities in providing substitute housing.**

The New Civil Code regulates private rights and obligations; however, public law regulation plays an important role in the social housing regulation as well. Therefore, it is necessary to legislatively regulate the social housing area.⁴⁰

Currently, there is only one private tool for protecting people with a higher threshold of affordability of quality housing when entering into tenancy contracts. It is Act No. 198/2009, **Anti-Discrimination Act**, which in Section 1 (1) (j) prohibits discrimination with respect to access to goods and services, including housing, to the extent as they are offered to the public, or in their supply. Section 2 (3) provides an exhaustive list of the so-called prohibited grounds for discrimination (race, ethnic origin, nationality, sex,

³⁹ The New Civil Code contains, for instance, the following provisions which concern housing: a provision establishing the term “residence” (Section 80, New Civil Code), provisions regulating the habitation of spouses (Section 743 et seq., the New Civil Code) and habitation after dissolution of marriage (Section 766 et seq., the New Civil Code), regulating mutual rights and obligations of the spouses, and in particular provisions on residential lease (Sections 2235 to 2301). Unlike the currently applicable Civil Code, the New Civil Code does not contain any definition of the term “household”.

⁴⁰ The need for a legislative regulation of social housing was also expressed in a document drafted by the Ministry of Labour and Social Affairs and entitled *Analysis of the Current Legislative Environment in the Area of Care for Socially Endangered Groups of Citizens with a Higher Threshold of Affordability of Quality Housing and a Proposal for Change.*

sexual orientation, age, disability, religion, belief or opinions). Some people may have more difficult access to housing precisely on these grounds; nevertheless **some of these people, young families, persons leaving children's homes, etc. cannot be included here.**⁴¹

The adverse housing situation is negatively reflected, in particular, in the upbringing of children, who alternate between asylum houses and hostels. The absence of affordable stable housing is thus a cause of many negative social phenomena⁴². With respect to the **protection of the rights of children** coming from families at risk of losing home, there has been an improvement thanks to the amended Act No. 359/1999 on social and legal protection of children.⁴³ **The authorities charged with the social and legal protection of children are obliged to submit**, as part of their motion to the court, an assessment demonstrating **that the grounds for filing the motion are not, *inter alia*, only the insufficient housing situation** of the child's parents or persons entrusted with the child's care if such persons or parents are otherwise capable of ensuring the due upbringing of the child and the fulfilment of duties resulting from their parental responsibility. "A similar provision, which results from the case law of the European Court of Human Rights and respects the opinion of the Supreme Court of the Czech Republic, is also contained in the New Civil Code. An efficient tool for providing assistance to families and children in such a situation is absent due to the non-existence of a social housing system."⁴⁴

Problems of legislative character persist with respect to the prevention of debts and lost housing. In practice, some places introduce zero tolerance programs with respect to defaulters. On the other hand, there is absolutely no obligation (private persons, municipalities) to inform about the situation so that it can be resolved, for instance through social work.⁴⁵

As regards the **access of homeless people to health care**, in the Czech Republic the right to protection of health is generally guaranteed by the Charter of Fundamental Rights and Freedoms in Article 31: "Everybody has the right to protection of his or her health. Citizens are entitled under public insurance to free medical care and to medical aids under conditions set by law." In the Czech Republic, Act No. 48/1997

⁴¹ Another weakness of the above-mentioned law is the fact that it is the victim of discrimination who has to defend himself or herself before the court, by filing an action, similar to an action for the protection of personal rights. However, the court may not force the "wrongdoer" to enter into a contract. In the *Analysis of the Current Legislative Environment in the Area of Care for Socially Endangered Groups of Citizens with a Higher Threshold of Affordability of Quality Housing and a Proposal for Change*. MoLSA, 2012.

⁴² Expert group on tackling homelessness, June 2013.

⁴³ In relation to the document *General Measures for the Enforcement of Judgments of the European Court of Human Rights – Preventing Removal of Children from the Parental Care on Social and Economic Grounds*. See also the Opinion of the Supreme Court No. Cpjn 202/2010 (institutional care): "The grounds for ordering institutional care of a child may not be just material deprivation of the family, in particular its bad housing situation."

⁴⁴ The working draft of the document *Comprehensive Social Housing Policy – Analytical Part*, Chapter 3.2 *Social Policy*, p. 19, Prague: MoLSA, April 2013.

⁴⁵ An example of good practice is the activity of FAWOS in Vienna (see Annex 2 Examples of Good Practice).

on **public health insurance** is currently applicable. Pursuant to this Act, **health insurance** of a person with permanent residence in the Czech Republic **commences on the day of birth**⁴⁶.

Access to basic health care is provided also for homeless people. However, in the case of homeless people payments to the insurance company are irregular for various reasons resulting from their adverse situation and the debt thus increases. **There is a basic contradiction between the right to health care on the one hand and the duty to pay insurance premium on the other hand.** In spite of that, the Czech legal order unambiguously protects **the right of all persons to basic health care.** However, such right is sometimes denied to a homeless person arguing that he or she is not covered by “health insurance”, which is – from the legal point of view – impossible for a considerable number of homeless people. Based on this argument, some homeless people do not seek medical assistance any more, which poses a risk for them and for their surroundings as well as for future medical costs.⁴⁷

Health insurance companies are responsible for creating a network of health care services. They are bound by statute to ensure that the insured have **access to reimbursed services in terms of location and time**⁴⁸. The law explicitly provides for special forms of ambulatory services, too. The problem seems to primarily consist in the fact that **framework contracts**⁴⁹ **for the provision of and payment for reimbursed services entered into between health insurance companies and health care providers do not sufficiently reflect the specifics of providing health care to homeless people and therefore, certain medical procedures cannot in fact be reimbursed,** or the law imposes **administrative obstacles** to providing health care services to homeless people (for instance, the obligation to indicate in the statements presented to insurance companies the identification numbers of the insured to whom reimbursed health care was provided).

⁴⁶ If it is a person without permanent residence in the Czech Republic, health insurance commences on the day when such person is employed by an employer with his registered office or permanent residence in the Czech Republic or on the day when the person is granted permanent residence in the Czech Republic. In case of emergency, a health care facility, also other than contractual facilities, may not refuse to provide medical treatment to a patient and must treat the patient without requesting any payment. Pursuant to Article 28 of the Act on Health Care Services, the patient has the right to be provided health care services at a due professional level as well as the right to respect, dignity, consideration and privacy in obtaining health care services in accordance with the character of the health care services provided. The explicit list of the patient’s duties in the provisions of Article 41 of Act No. 372/2011 on health services is also crucial, especially in view of the fact that such duties are related to the health care provider’s possibility to refuse to admit and treat the patient.

⁴⁷ Šupková, D. *Zdravotní péče o bezdomovce v ČR*. Prague: Grada Publishing, a. s., 2007 ISBN: 978-80-247-2245-0.

⁴⁸ For details see Government Regulation No. 307/2012 on access to health care services in terms of location and time.

⁴⁹ There is no legal title to the conclusion of the contract; the contract is a private act in its nature and therefore, the only defence against its content or non-performance is an action filed to the court.

Conditions which, from the formal point of view, are set equally for access to health care by homeless people are often the grounds for unequal treatment of homeless people compared to the majority population.⁵⁰ If homeless people do not have an actual access to health care, or to a combination of social and health care, the possibility that their situation might be tackled towards rehabilitation and social inclusion is significantly limited from the very beginning. In addition, this practice considerably reduces the efficiency of other services paid from public resources and is a demotivating factor among the target group.

With the non-existence of home or the risk of losing home, also safety risks increase (see above). On 15 January 2013, Act No. 494/2012 amending the Act on Administrative Infractions, Criminal Code, and some other acts became effective. Pursuant to Section 15a of Act No. 200/1990 **on administrative infractions, besides courts also municipal authorities newly decide on the prohibition of abode for a maximum period of 3 months.** The prohibition of abode consists in that the transgressor may not stay, for the duration of the prohibition of abode, on the territory of the municipality or its part where he repeatedly committed infractions. If the imposed sanction of the prohibition of abode was not respected, such breach would be qualified as obstructing the enforcement of an official decision. Hence the transgressor risks criminal prosecution with imprisonment of up to 3 years.

Although some of the researches (e.g. IKSP 2009) show that up to 40% of the surveyed users of asylum houses have a history of criminal activity (while at the same time almost 40% of them became victims of a crime or an infraction), police statistics do not record homeless people as crime offenders. Until 31 December 2003, a code (within the employment code list) for the identification of homeless people existed more than four years. Over that period, only three homeless persons appeared in the crime statistics as being prosecuted and investigated. The code was cancelled. As **crime victims** homeless people are partially registered in the “Crime Registration Statistical System”. However, for structural reasons it is not possible to retrieve from the statistics the total number of cases in which homeless people were crime victims.⁵¹

Some of the actions related to the above-mentioned subjects, referred to a group of homeless people or persons at risk of losing home, are formulated in this Concept; subjects exceeding the scope of the group of homeless people and persons at risk of losing home need to be tackled within the relevant strategic documents (in the safety area, it is in particular *Crime Prevention Strategy of the Czech Republic*).

⁵⁰ The text is based on a supporting document prepared for the purpose of this Concept by Lenka Doubravová, Office of the Ombudsman, in March 2013.

⁵¹ According to the retrievable data, in 2009 homeless people were registered as crime victims in a total of 57 cases; most frequently they were victims of intentional bodily injury, theft or robbery crimes. In five cases homeless people became murder victims, while in three cases rape victims. During the first half of 2010, homeless people were registered as crime victims in 41 cases: besides intentional bodily injury (18), a significant number of homeless became also victims of dangerous threatening crime (8).

3 Main Stakeholders in Tackling Homelessness

When making policies related to preventing and tackling homelessness, an important role is played by various stakeholders who often focus on different values, have different ideas about the target situations and about the ways of achieving them. At the same time, they have different knowledge of the homelessness phenomenon and, in fact, different opportunities to influence development of homelessness and solutions to it.

The main stakeholders include:

- **central government bodies**

The competence of individual ministries is defined by Act No. 2/1969, the so-called Competence Act. The Ministry of Regional Development and the Ministry of Labour and Social Affairs (see below) play the key role in the area of homelessness policies; the Ministry of Health (public health protection, public health insurance) is responsible for health issues; the Ministry of Education, Youth and Sports plays the main role in education issues; the Ministry of Interior is responsible for some of the relevant agendas (it controls the Police of the Czech Republic, is responsible for national policies regarding public order, personal data protection, resident alien permits and granting of refugee status, public administration employee training, etc.); the Ministry of Finance makes fundamental decisions regarding housing affordability issues (saving schemes for building or house purchase purposes, tax allowances) and so on. Another public administration body competent to handle housing issues is the Agency for Social Inclusion (in terms of organisation the Agency comes under the Human Rights Department of the Office of the Government of the Czech Republic), which provides assistance to municipalities in formulating pro-inclusive housing policy concepts. In other related areas, it plays a coordination role of the respective council of the Government (e.g. Government Council for Anti-Drug Policy Coordination). The Ombudsman is an independent and impartial body standing outside the public administration and in the long-term bringing attention to the situation of persons whose access to housing is at risk.

Pursuant to the above-mentioned law, the Ministry of Regional Development is the central government body for all regional policy and housing policy issues.⁵² It administers financial resources intended for handling such issues and coordinates the activities of ministries and other central government bodies. The Ministry of Regional Development provides information methodological support for the regional self-government, towns and cities, municipalities and their associations.

The Ministry of Labour and Social Affairs is the central government body for employment and retraining administration, pension insurance schemes, medical insurance, medical insurance scheme, social care, care

⁵² The key strategic document of the Ministry of Regional Development in relation to this concept is the *Housing Policy Concept of the Czech Republic until 2020*.

for the working conditions of women and minors, family and child care, care for citizens who need special assistance, and others.⁵³

- **municipalities and regions – separate and delegated powers**

The provisions of Section 35 (2) of Act No. 128/2000 on municipalities, as later amended, provide that **“in the independent competence in its territorial district and in accordance with the local conditions and local customs, the municipality also attends to the fostering of conditions for the development of social care and to the satisfaction of the needs of its citizens. This includes, in particular, meeting the needs for housing,** protection and development of health care, transport and communications, information, education and training, general cultural development, and the protection of public order.” At the same time, Section 38 (1) provides: “The property of a municipality must be used purposefully and economically in accordance with the municipality’s interests and tasks ensuing from its competence as laid down by law. A municipality is obligated to attend to the maintenance and development of its property.”⁵⁴ The current legislative definition is **formulated generally and does not impose any specific duty on municipalities as to how to proceed in satisfying the housing needs of its citizens.** In satisfying the housing needs of its citizens most at risk of social exclusion, in many cases municipalities fail to play their role and the instruments used by the State to promote its interests and to fulfil its commitments are not sufficiently effective.

Regions have no defined powers in housing policy issues. The State housing policy struggles, in particular, with the impossibility of direct influence on the housing policy of municipalities/regions, which is governed within their separate powers. However, it is also the fact that currently, the State does not even have any comprehensive and integrated system of housing support which could be used by municipalities/regions for fulfilling their mission.⁵⁵

The implied general powers for creating conditions for the development of social care are then supported by Act No. 108/2006 on **Social Services**, as later amended. Within their separate powers, regions are obligated to prepare a medium-term plan of social services development in cooperation with municipalities in the territory of the region [Section 95 (d)].⁵⁶ For municipalities the preparation of a medium-term plan is only an

⁵³ On 4 July 2012, the Ministry of Labour and Social Affairs published, for use by the Ministry, regional authorities, municipal authorities of type II and III as well as military district authorities, *Recommended Procedure 1/2012* pursuant to the provisions of Sections 92, 93 and 93a of the Act on Social Services, pursuant to the provisions of Sections 7, 63, 64 and 65 of the Act on Assistance in Material Need and pursuant to the provisions of Section 4a of the Act on the Office of the Government of the Czech Republic and the related implementing Decree No. 424/2011 Coll.

⁵⁴ Valachová, K.: *Realizace základních práv a svobod jednotlivce a právo na samosprávu* in Kadečka, S., Havlan, P., Valachová, K. (eds.) *Právní regulace místní (a regionální) samosprávy*, proceedings of the 4th international conference/workshop in Brno: Masaryk University, 2008, pp. 545–547.

⁵⁵ As regards the State expenditure on housing affordability support, the *Housing Policy Concept of the Czech Republic until 2020* (Ministry of Regional Development) from 2010 states: “The affordability of housing was supported to the largest extent by the promotion of acquisition of **owner-occupied** housing (70 – 80 % of State expenditures). The remaining major areas have reached the level of only 10% of State expenditures. The balanced rate of assistance for **all** forms of housing is one of the principles of the future State concept in the area of housing.”

⁵⁶ In 2014, the financing of social services will be delegated to regions.

option [Section 94 (d)]. **In the territory of its administrative district, the municipal authority of a municipality with extended powers coordinates the provision of social services and performs social work activities conducive to finding a solution for the adverse social situation and to the social inclusion of persons; it also cooperates with the regional labour office and the regional authority** [Section 92 (d) of the above-mentioned Social Services Act]. The delegated powers of municipalities also include **social and legal protection of children**. A child at risk of losing home, or without a stable dwelling, can be considered a child within the meaning of Section 6(1) of Act No. 359/1999 on whom social and legal protection of children focuses.

- **The Labour Office of the Czech Republic**

Within its powers, the Labour Office provides assistance to low income groups of citizens by granting non-insurance social allowances relating to the coverage of housing costs and to disabled persons by providing a special aid allowance (consisting in a flat adaptation). The Labour Office is entitled to provide counselling and to perform activities within social work, specifically to identify persons at risk of material need or already in material need.⁵⁷ The Labour Office of the Czech Republic (hereinafter referred to as the “Labour Office”) pays increased attention to job seekers and job applicants at risk of social exclusion when intermediating employment. However, the Labour Office does not have any dedicated specialists for the target group analogical to the target group of probation officers provided for in Section 92 (b) of Act No. 108/2006 on social services. Hence, social workers do not have “partners” at the Labour Office to tackle the situation of the target group concerned.

- **social services providers and employees, charitable institutions, religious and voluntary organisations⁵⁸**

Besides social workers active at the level of regional and local authorities and the Labour Office, non-governmental organisations are usually involved in the direct social work with persons at risk of social exclusion or socially excluded. If the organisation is a registered social services provider, performance of its activities is regulated by Act No. 108/2006 on social services and by Decree No. 505/2006 implementing some of the provisions of the Social Services Act.

- **health care services providers and employees⁵⁹**

Health services may be provided only by authorized natural or legal persons. Health services shall mean the provision of health care by medical or paramedical personnel⁶⁰ as well as counselling and other services.

⁵⁷ Social work activities are performed at the Labour Office to a limited extent due to low staffing levels.

⁵⁸ In particular, non-governmental non-profit organisations.

⁵⁹ For more information see Act No. 372/2011 on health services and conditions for their provision (Health Services Act).

⁶⁰ Act No. 96/2004 on conditions for obtaining and recognition of the ability to perform paramedical professions and to perform activities related to health care provision and on amendments to certain related acts (Act on Paramedical Professions), as amended.

- **health insurance companies**

Health insurance companies are obligated to reimburse services provided to the insured to health services providers, pursuant to the relevant contract. They are also bound to ensure that the insured have access to reimbursed services in terms of location and time⁶¹.

- **Probation and Mediation Service, the Police of the Czech Republic, local and metropolitan police**

Probation and Mediation Service⁶² comes into contact not only with the accused and the convicted but also with the aggrieved parties. Timely assistance to these people who experience a personal or even financial crisis may represent efficient prevention of homelessness. Focusing on support for persons released from prison is a moment which determines the future life course. **Police officers** deal with homeless people both as victims and transgressors of infractions (debts from fines). Therefore, they need to be integrated into social work and to learn how to efficiently work with the homeless.

- **academics and independent researchers** in view of the transfer of their professional and innovative potential in obtaining and analysing homelessness data to public administration;
- **political representation** in view of the opportunities to enforce adequate measures for combating homelessness;
- **media:** television, radio and press in view of their significant influence on spreading the picture of homelessness;
- **public (citizens) and employers** as the target group for awareness-raising, homelessness prevention and one of the resources of support;
- **homeless people** in view of the possibility to reflect their specific life experience in efficient policy-making. Homeless people in the Czech Republic represent a considerably heterogeneous group. However, their interests are defended by other stakeholders, rather than by themselves⁶³.

⁶¹ For more information see Act No. 48/1997 on public health insurance and on amendments to certain related acts.

⁶² Act No. 257/2000 on the Probation and Mediation Service of the Czech Republic.

⁶³ *Zdravotní stav populace bezdomovců v ČR a jeho determinanty I. (Bezdomovství v zrcadle veřejné politiky)* in *Zdravotní politika a ekonomika*, Kostelec nad Černými lesy: 2004, Institute of Health Policy and Economics. ISSN 1213-8096.

4 Description of the Current Situation

While drafting this Concept, the following priority areas were identified⁶⁴: 1. Access to housing, 2. Social services, 3. Access to health care, 4. Awareness, involvement and cooperation. The following text is based on an analytical separation of the individual areas for the purpose of this Concept though the individual subjects actually mingle.

4.1 Access to Housing

Due to economic development and rent deregulation in the past years, the number of individuals and families who cannot afford standard housing has been on the rise (in particular, young families living with their parents, seniors living alone, people living in a substandard form of housing, people who have no money to pay deposits or fees to real estate agencies). Concurrently, a considerable number of people from social groups that were previously not at risk of social exclusion is now at risk of losing home.

The groups of **households at risk of social exclusion in the area of housing include** low-income households and individuals living alone, in particular from the groups of **senior citizens, disabled persons and homeless people**. There are also groups excluded from the regular residential market as they are perceived as a risk by lessors (for instance, the homeless, people living in asylum houses and emergency forms of housing, households living in excluded locations, multiple children households but also minority members and migrants). **The current residential market is not able to respond to the needs of the above-mentioned groups**. Many municipalities do not have their own housing stock which currently represents the only financially affordable housing option, in particular for low-income groups. By the end of 2009, 74% of the housing stock transferred to municipalities by the State in 1991 had been sold. Since then, the proportion of council housing dropped under 10% of the total number. Currently, council housing accounts for approx. 10% of the total housing stock.⁶⁵ According to the 2011 Census, the State or municipalities owned 48,135 inhabited tenement houses. This represented 2.7% of all the inhabited tenement houses in the Czech Republic.

The number of people living in the long-term in a sub-standard form of housing or in the street has been increasing in the past years, in particular, for the above-mentioned reasons. The exact number of people currently living in hostels is not known. Nevertheless, data on the supplementary housing payment, received last year by approx. twelve thousand beneficiaries living in hostels (which is far from being the final number as not all the people living in hostels receive this allowance), can help to get an idea; the

⁶⁴ Expert group on tackling homelessness attached to the Commission for Social Inclusion (MoLSA).

⁶⁵ Lux, M. 2012: The Czech Republic: Locked between Municipal and Social Housing. In: J. Hegedüs, M. Lux, N. Teller (eds.): *Social Housing in Transition Countries*. New York: Routledge. P. 146–162.

number of beneficiaries in hostels doubled on a year-to-year basis⁶⁶. **Debts** represent a significant barrier to access to standard housing and to social inclusion for a considerable number of homeless people (including low-income households and people living in sub-standard housing). Many homeless people have distrust on their income, which discourages them from seeking a job and also hinders their progress on the housing ladder.⁶⁷

A) Social Benefits

The instruments currently used for tackling housing affordability with persons at risk of losing home include State social security assistance (**contribution for housing**) and assistance in material need (**supplementary housing payment and immediate emergency assistance**). They are instruments tackling exclusively financial insufficiency among certain groups/households which are defined by Act No. 117/1995 on State social security assistance and Act No. 111/2006 on assistance in material need.

People living in hostels or in subtenancy are not entitled to any contribution for housing from the State social security system (the granting of the contribution is conditioned by permanent residence, standard tenancy – not subtenancy contract) and are only entitled to supplementary housing payment from the assistance in material need system.⁶⁸

The owner or the tenant of a flat who uses the flat and whose income (including the contribution for housing) is lower, after the payment of **eligible housing costs**, than subsistence means needed for livelihood is entitled to the **supplementary housing payment**. With respect to the supplementary housing payment the authority responsible for assistance in material need may determine in the so-called **cases which merit particular consideration** that a person using other than the tenancy form of housing may be considered a tenant. This means that the supplementary housing payment may also be granted to persons living in subtenancy, hostels, night shelters, temporary accommodation, etc. also without reporting permanent residence. Since January 1 2012, in the cases which merit particular consideration the supplementary housing payment may be granted immediately from the first month when the person checks in (hence the condition of 3 months' lodging, which represented a significant financial barrier for many people, does not apply any more).

⁶⁶ According to the MoLSA data regarding the structure of beneficiaries of the supplementary housing payment by form of the flat use, the so-called “other forms of housing” (which includes subtenancy, hostels, asylum houses, protected housing, homes for the elderly and special regime homes) represented a total of 6,627 and 18,845 beneficiaries in 2007 and 2012, respectively. We also know from the same source that hostels under the so-called other forms of housing represent by far the largest proportion of beneficiaries: 11,899 out of the total of 18,845 beneficiaries in “other forms of housing”. (Source: MoLSA IS)

⁶⁷ Lux, M., Mikeszová, M.: *Faktory úspěšné reintegrace bezdomovců a nástroje bytové politiky pro řešení bezdomovectví v ČR*. Prague: Sociologický ústav AV ČR, v.v.i. (The Sociological Institute of the Academy of Sciences of the Czech Republic), 2013. 49/1: 29-52.

⁶⁸ Currently, the owner or the tenant of a flat which is registered as his/her place of permanent residence is entitled to a **contribution for housing** if 30% of the family's decisive income (35% in Prague) is not sufficient to cover housing costs. At the same time, these 30% (35% in Prague) of the family's decisive income may not exceed the relevant amount of normative housing costs laid down by Act No. 117/1995 which is influenced by the number of family members and the size of the municipality in which the flat is located.

However, the supplementary housing payment cannot be used as a financial assistance to persons or families with insufficient income and overpriced housing costs (or the solution may only be partial), as a financial assistance to persons or families who have execution upon their income and as a result, no money actually remains to pay housing costs, as a financial assistance to persons or families without due residential contracts or as an assistance to find housing for persons/families who lost their housing and have no place to live.⁶⁹

Homeless people living in the street in the long-term or suffering from mental illness often have social and communication barriers and frequently completely give up any confrontation with the authorities or they are not even aware of the fact they can apply for assistance in material need.⁷⁰

Risks/barriers:

- Social housing benefits can help to tackle the issue of financial affordability of housing but cannot tackle the problem of being disadvantaged (discrimination in the residential market in the case of certain groups which are risky for lessors);
- the supplementary housing payment is currently used inadequately for the payment of overpriced forms of substandard housing (especially in certain hostels) and can be abused by the operators of such housing but at the same time it enables socially excluded persons to stay in this form of temporary accommodation for a long time;
- a limited period for which a contribution for housing and supplementary housing payment may be received, which in the future may have a negative impact on homelessness issues (with the exception of households consisting exclusively of persons aged 70+ who have been granted a contribution for adapting their flat, special-purpose flats or if flats are used by a person whose health condition requires a special adaptation);
- low awareness and difficulties in communication with the authorities responsible for assistance in material need with people living in the street for a long time when filing an application for benefits and completing the relevant forms.

B) Social Work

Social work⁷¹ is an important tool for social inclusion of persons at risk of social exclusion in the area of housing, whether due to an adverse social event (debts, job losses) or because they are unable to resolve the

⁶⁹ The working draft of the document *Comprehensive Social Housing Policy – Analytical Part*, p. 37. MoLSA, April 2013.

⁷⁰ Conclusions of a meeting of the expert group on tackling homelessness.

⁷¹ Social work shall mean “professional activity of professionals in favour of people in social need” (Tomeš I. *Úvod do teorie a metodologie sociální politiky*. Prague: Portál, 2010).

adverse housing situation on their own. This tool contributes to stabilize the social situation of an individual and helps the household or an individual not to lose housing or to obtain it again as soon as possible⁷².

In the Czech Republic, there is no comprehensive system of prevention focused on maintaining housing, which is related to the increasing numbers of persons at risk of losing home on the one hand and to transferring the burden to other systems (in particular, health care, justice, prison service as well as certain types of stay-in social services, etc.) on the other hand.

Although municipalities are bound by statute to care for the needs of their citizens and designated local authorities and local authorities with extended powers are obligated, again by statute, to ensure the performance of social work activities in the municipality [as provided for by Section 35 of Act No. 128/2000 on municipalities; Section 92(d) of Act No. 108/2006 on social services; and Section 7, 63, 64 and 65 of Act No. 111/2006. on assistance in material need], in certain locations social work is limited (not only in relation to the homeless group) by understaffing, or an ineffective use of the recommended number of social workers in municipalities. The actual number of social workers in municipalities often does not even reach the number recommended by MoLSA⁷³. Understaffing is a problem faced in the area of social work also by labour offices in view of the scope of their agenda.⁷⁴ Consequently, social workers employed by the authorities do not have sufficient capacity for field research and communication with the local social services providers. Hence, the primary purpose of social work, i.e. the actual work with clients in their natural environment, as well as the potential to motivate clients to cooperate is being lost.

There are big differences in the extent of the support, and thus in the scope and quality of social work in individual locations, which depends on local conditions and the local authority's approach to creating a background for social work. Another reason for this variability is the fact that the professional definition of social work has not yet been embodied in the statute, which results in different interpretations and expectations of what professional social work entails in local conditions at the level of municipalities.

The applicable legislation does not specifically define in what the duties of municipalities consist in relation to the application of housing policy instruments in local conditions with a view to satisfying the housing needs of their citizens. As a result, all depends on the local authority's approach and willingness to tackle the housing situation of its citizens (see below).

⁷² The techniques used by social workers include: to actively search for clients and to work with them according to their individual needs and situation. Social workers monitor available capacities and types of social services which can resolve the identified housing needs. They build and work with a network of services in which they involve, along the lines of multidisciplinary approach, also other experts and institutions who may bring resources both towards the identification of persons at risk or towards possible solutions to housing needs (see the working draft of the document *Comprehensive Social Housing Policy – Analytical Part*, p. 24-25. MoLSA, April 2013, *Recommended Procedure 1/2012 for the implementation of social work activities at municipal authorities of type II, type III, military district authorities and regional authorities*).

⁷³ See *Recommended Procedure 1/2012 for the implementation of social work activities at municipal authorities of type II, type III, military district authorities and regional authorities*.

⁷⁴ The working draft of the document *Comprehensive Social Housing Policy – Analytical Part*, p. 28. MoLSA, April 2013.

Risks/barriers:

- **Fragmented solution of the social situation** related to the risk of losing home or homelessness caused by local unavailability of suitable services or social work (the lack of interconnection of the solution leads to a situation when the necessary activities are omitted or doubled and is a system obstacle to social inclusion);
- unwillingness of certain municipalities as the self-governing units influencing also the execution of public administration within delegated powers to deal with housing needs beyond the framework of available social services;
- **understaffing** (or an ineffective use of the recommended number of personnel) consisting in the lack of social workers in local authorities as well as in the lack of personnel in authorities charged with the social and legal protection of children and at the Labour Office of the Czech Republic, which contributes to the malfunction of the system of homelessness prevention;
- an insufficient use of certain **social work** activities with the target group of homeless people (for instance, outreach programs, social and acquisition services);
- Every year, non-governmental non-profit organisations are faced with insufficient and uncertain **services financing** and therefore, **the already developed programs** are reduced, which entails negative consequences for their clients.

C) Social Housing

As it has already been mentioned in the introduction to the Concept, in the Czech Republic **no central definition of the term social housing exists** and neither does major State support aimed at this housing segment. Therefore, there are differences between how social housing is understood at the local level in respect of scope and content (in particular, the inclusion of target groups). Whether or not social housing exists in a particular place depends on the municipal authority's decision. Consequently, social housing exists only in a small number of municipalities and its capacity is insufficient practically anywhere.

The main deficit of the Czech system of reintegration in housing is the difficult **transition from the homelessness situation to a long-term tenancy form of housing**, which means the fulfilment of the sense of social inclusion, its completion and finalisation. Due to this deficit, the system applied in the Czech Republic is ineffective and for most clients also unsuccessful. Abroad, this situation is targeted by various models of social housing which are based both on the "housing first" and "housing ready" concepts as well

as on a combination of the two. Projects using the “housing ready” system are implemented also in certain municipalities in the Czech Republic by non-profit organisations or the local government.⁷⁵

Risks/barriers:

- There is no **public law regulation of social (affordable) housing and/including supported housing**, which becomes a pressing issue in relation to the New Civil Code coming into effect on 1 January 2014. Another challenge is to make sure that the applicable legislative arrangements are not too rigid and do not create further barriers;
- **insufficient definition of the housing duties for municipalities**. The current legislative definition in Section 35 of the Municipalities Act is formulated generally and does not impose any specific duties on municipalities regarding how to proceed in satisfying the housing needs of their citizens;
- **the absence of legislation in the area of preventing the loss of housing (in particular, overdue rent)**;
- the absence of instruments to tackle excessive debts of socially excluded persons who are not eligible for personal bankruptcy and due to a high debt give up every hope of social inclusion.

4.2 Social Services

The current classification of social services⁷⁶ is based on the Social Services Act (Act No. 108/2006 as later amended, hereinafter referred to as the “Act”), which provides for the definition of the types of social services, specifically **social counselling, social care services and social prevention services**. Social services are provided as **stay-in, ambulatory or field services**.⁷⁷ Besides registered social services, **with respect to homeless people, the law imposes a duty on municipalities with extended powers** to coordinate, within their administrative district, the provision of social services and to perform social work activities conducive to finding a solution for the adverse social situation of persons and to social inclusion.

⁷⁵ The housing ready and guaranteed housing pilot projects are currently being tested by the Agency for Social Inclusion attached to the Office of the Government of the Czech Republic in selected Czech municipalities. The individual stages of the “housing ready” concept are intended, by definition, for short-term housing; the users are granted assistance according to their specific needs until they obtain and are able to maintain independent long-term tenancy housing. For examples of good practice see *Příručka pro obce*, chapter *Bydlení*, Prague: 2012, Agency for Social Inclusion, and Annex 2 Examples of Good Practice.

⁷⁶ Pursuant to Section 3(a) of Act No. 108/2006 on social services, social service shall mean an activity or a set of activities ensuring the assistance and the support to persons for the purposes of their social integration or prevention of their social exclusion.

⁷⁷ Stay-in services shall mean services including accommodation in social services facilities. Ambulatory services shall mean services provided in social services facilities to which a person is coming or to which a person is transported, where accommodation does not constitute a part of the service. Field services shall mean services provided to a person in such person’s natural social environment.

The following social prevention services in particular respond to the needs of the homeless: **low-threshold day centres** (Section 61 of the Act), **hostels** (Section 63), **asylum houses** providing **stay-in services for a temporary period** to persons in adverse situation connected with lost housing (Section 57), **half-way houses**⁷⁸ (Section 58), **outreach programs** (Section 69) **and some other services** for the roofless which are not primarily specified in the statute but are provided with a view to preventing social exclusion (for instance, **social rehabilitation, social and acquisition services for families with children, contact centres**). Certain organisations leave to stay selected clients in asylum houses in the long-term (even for 8 years) as the latter have zero perspective of finding independent housing. At the same time, providing independent housing faster would motivate the clients to maintain a job and to successfully integrate.⁷⁹ However, **a housing follow-up** is not ensured within the above-mentioned social services, either in practice or legislatively.

From the prevention point of view, it is absolutely crucial to carry out a locally **targeted search for persons** who are at risk of losing home and a search for persons who already lost their home but have been using various forms of substitute housing and are not yet in the spotlight of social services. The Act partially responds to this need by defining **outreach programs** in Section 69. Pursuant to the Act, **outreach programs** are field services provided to persons leading risky life or jeopardized by such manner of life. The service is intended for problem groups of persons, users of addictive substances or narcotic psychotropic substances, roofless persons, persons living in socially excluded communities and other socially jeopardized groups. It is the aim of this service to search for such people and to minimize risks ensuing from their way of life. However, the practical experience shows that often this does not happen and problems are tackled, in particular, only when the person has already lost housing.⁸⁰

The current system of work with the homeless in the Czech Republic represents the so-called **multi-stage model of social inclusion of the homeless**, which is based in particular on the application of the Social Services Act.⁸¹ As a system of interconnected social and other services, it undoubtedly yields results. Its strength consists in follow-up and accessible services. **The multi-stage model may respond to the pressing need of a person who has (just) lost housing, his or her home, in the form of ambulatory, field and stay-in services.** However, as follow-up services for asylum houses or half-way houses are absent, persons who went through the current form of the multi-stage process and stay in an asylum house without any

⁷⁸ **Half-way houses** are not primarily intended for the roofless. However, they respond to the needs of the target group of the Concept by providing stay-in services **for persons up to 26 years of age** leaving educational facilities for institutional or protection care after attaining majority, or possibly to persons coming from other children and youth facilities, and to persons released from imprisonment or compulsory treatment.

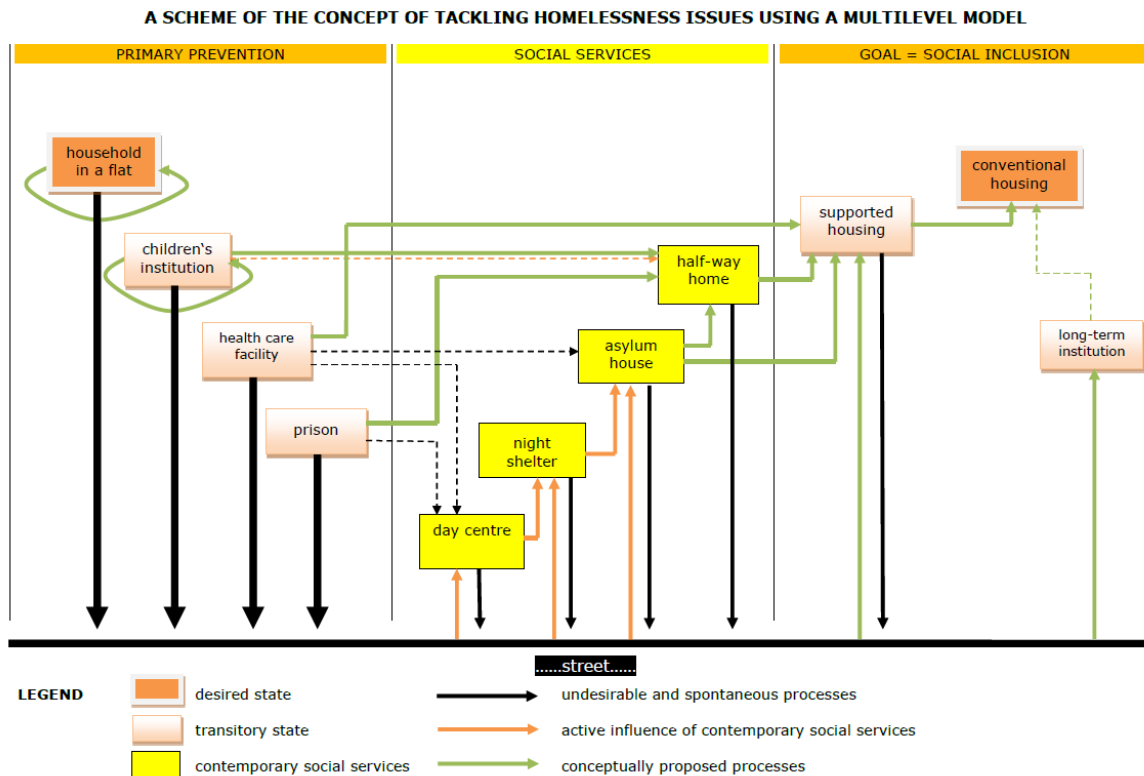
⁷⁹ See Lux, M., Mikeszová, M., Sunega, P.: *Podpora dostupnosti bydlení pro lidi akutně ohrožené sociálním vyloučením – mezinárodní perspektiva a návrhy opatření v ČR*. Prague: 2010, Sociologický ústav AV ČR, v.v.i., ISBN 978-80-7330-176-7.

⁸⁰ Despite the existence of the MoLSA Methodology 1/2012 or the relevant guide prepared by the Agency for Social Inclusion and intended for all social workers in municipalities, field social work is not sufficiently focused on the target group of persons at risk of losing home or the homeless (see the Register of Social Services and the opinion of the expert group on tackling homelessness).

⁸¹ Hradecký et al., 2012.

possible progress **gradually get in the habit of using social services**, which subsequently transforms into dependency.⁸² The efficiency of the current model is limited, in particular, by the **absence of follow-up services for asylum houses**, which means especially the **absence of supported housing** for the homeless in the process of integration and unavailability of tenancy housing for them.

Graph 3



Source: Hradecký et al., 2012. Note: The dashed line indicates movements that are not optimal.

It has been increasingly believed since 1990s that the approach to homeless people based on the multi-stage model currently applied in the Czech Republic leads, in the long term, to the exclusion of homeless people from the natural environment and increases the rate of homelessness by maintaining people who lost their home in the social services system.⁸³

The existing social services pursuant to Act No. 108/2006 do not represent a follow-up to any previous assistance or support and neither do they actually include any follow-up services to the social services explicitly provided for by the Act that could lead to social inclusion of homeless people.⁸⁴

It also becomes evident that complex work with homeless people requires the concurrent use of a number of other services which are not listed in the Social Services Act but are necessary for

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Ibid.

successful work with the homeless (ibid). This results, in particular, from the concept of homelessness as a process. It mainly concerns services with respect to families with children and persons who have not (yet) lost competence for housing, employment services as well as health care services (see Chapter 4.3).

The Social Services Act regulates 33 types of social services. However, the current configuration of the system of services is unsuitable as providers must register multiple types of social services in view of the target group. This increases administrative intensity, system complexity and also leads to the ineffective overlap of certain basic activities which the provider must ensure. Therefore, **a new classification of the types of social services**, or the definition of the groups of social services, is under preparation; social services will newly be arranged based on the similarity of their focus. It will hence be easier for providers to register the service as they will focus more on the activities provided. It is presumed that this new type of classification will better respond to the needs of users and social services will be more effective.⁸⁵ The classification of the types of social services will not any more focus primarily on target groups but on the needs of users so that no group (including persons at risk of losing home and homeless people) “drops out” of the system.

Risks/barriers:

- **The target group of homeless people is not included in the key social services**, such as supported housing, protected housing, special regime homes, etc. (for instance, assistance with running a household is, pursuant to Section 35 of the Social Services Act, a basic activity provided within social services, however, it is explicitly mentioned only in the obligatory activities of personal assistance, domiciliary service and supported housing, i.e. services intended for the target group of disabled persons);
- the lack of social services capacity with respect to homeless people in certain locations of the Czech Republic⁸⁶;
- certain stay-in **social services currently work as a substitute solution satisfying housing needs** (due to the absence of housing policy instruments and the ability of municipalities to satisfy housing needs in local conditions);
- long-term stays of persons in social services facilities stigmatizes, contributes to passivity, represents a disincentive to the process of social inclusion and social work with such persons;

⁸⁵ The new classification of the types of social services is being prepared within the project *Support for processes in social services*. The project will be ended in 2015.

⁸⁶ The capacity of asylum houses, half-way houses, low-threshold day centres and beds in night shelters is completely insufficient in the following regions: Prague, Ústí nad Labem and Moravia-Silesia. A serious situation is reported also from the following regions: South Bohemia, Liberec, Olomouc and South Moravia (Hradecký et al., 2012).

- the actual **unavailability of housing** for (former) homeless people (the absence of housing policy instruments that would represent a follow-up to social services);
- the absence of sufficient **interconnection and functional local concurrence** of the various types of social services, social work and supported housing, with a maximum involvement of the clients in the running of a facility/flat, which makes worse the accessibility of assistance for people at risk. **Insufficient networking of social services providers, in particular in respect of field and ambulatory social services**, who would provide social services conducive to maintaining or obtaining adequate quality housing and **the lack of emphasis on services formation within the community (community social services)** is evident in certain areas of the Czech Republic⁸⁷;
- in certain areas, **a locally targeted search for persons** at risk of losing home (outreach social programs) does not work. Problems are not tackled unless a person loses housing;
- there is a lack of sufficient information on the functioning of and need for social services in the field. Housing problems and ways of their tackling are not monitored systematically; data are not available on these issues.

4.3 Access to Health Care

The issue of tackling homelessness is connected, to a considerable extent, with the accessibility of health care. Homeless people living in the street for various (objective or subjective) reasons do not seek medical attention, frequently despite their poor health condition.⁸⁸ Drafting a concept of health care accessibility for this target group thus has much wider impacts, not only on the handling of their acute health condition but also on the spreading of infectious diseases and on the mapping of the general health situation. **No concept exists with respect to health care for homeless people either in the health care system or in the health insurance system.**

The health condition of homeless people is mostly much worse than that of the majority population, in view of their way of life. They most commonly suffer from skin and respiratory diseases but may also develop dangerous transmittable diseases. In addition, **addictions and mental disorders, which are often the cause of homelessness**, occur very frequently. The incidence of mental disorders in this population group is high above the country's average.⁸⁹ Homeless people also become victims of psychological or physical violence

⁸⁷ Hradecký et al., 2012.

⁸⁸ It resulted from the research on health care accessibility for homeless people performed by Šupková et al., *inter alia*, that the most difficult task is to provide care (and hence to monitor possible epicentres of infectious diseases) to people who not only do not seek medical attention but even try to avoid it (Šupková, D. *Zdravotní péče o bezdomovce v ČR*. Prague: Grada Publishing, a. s., 2007 ISBN: 978-80-247-2245-0).

⁸⁹ The latest representative survey carried out in the period 2002–2003 concluded that 257 “visible” homeless persons, of which 225 men and 32 women, were subjected to a psychiatric examination in the Na Bulovce Hospital (the *Self-Reporting Questionnaire*, adopted by the World Health Organization in 1994, was used). The examination was

and sexual attacks more frequently. Surveys show a higher sickness rate and a higher incidence of premature deaths in this group compared to the general population.

The proposed structure of health care for homeless people follows the overall concept of work with the homeless. Within the concept, the basic components of the system of health care for the homeless include **street medicine, ambulatory component, shelter-based and follow-up care** and last but not least, **prevention**, which runs through the whole system horizontally.

A) Street Medicine

Street medicine, which is provided by trained and qualified field workers (the minimum qualifications: a CPR and first aid course) has so far been practised only in Prague. They are health care services offered directly in the street or in the place where the clients live, aimed to provide the basic nursing care, treatment of chronic and acute injuries as well as to improve awareness about infectious diseases.⁹⁰ In the field, workers are faced with various health problems which need to be solved on the spot, either by basic treatment, by providing a professional advice, by calling or securing professional medical aid. The importance of the basic treatment in the field consists in **health care cost reduction**; clients are motivated to **seek medical attention at an early stage of disease**, thus eliminating the risk of developing serious health conditions. Currently, this type of care is not sufficiently systematic due to the absence of trained workers and the generally **insufficient capacity of field workers**. Providing health care in the field or in a social service facility entails **system complications related to the financing of such health care services**. Pursuant to Act No. 372/2011, health care may only be provided by a provider of health care services. A social services provider may register as a provider of health care services (it can also be a paramedical worker who will work in the field), subject to the fulfilment of conditions; however, the health insurance company which guarantees the accessibility of health care is not obliged to make a contract for the provision and payment of reimbursed services with such provider. In addition, problems occur with reimbursement: doctors are afraid, often justifiably, that the health care provided in the field will not be reimbursed.

performed within a TBC monitoring examination in visible homeless persons. The results showed that 23.6% of men and 41 % of women suffer from serious mental health problems, with another 34.2% and 28 % of men and women, respectively, developing minor problems. A total of 41% of homeless people did not experience any mental health problems. Such data are relatively old (eight years) but confirm that it is necessary to extend the scope of care for the homeless by including assistance when they suffer from mental disorders. These data also need to be updated. (in *The concept of tackling homelessness issues in Prague 2013–2020*)

⁹⁰ Pekárková, A. *Léčení v džungli velkoměsta*. 2012.

Risks/barriers:

- **The insufficient number of medical personnel in the field/services**, the absence of people motivated to do this work (very low salaries, non-reimbursement by health insurance companies, the lack of information, prejudice, etc.);
- **system obstacles related to the financing of street medicine** (problems with the reimbursement of procedures outside consulting rooms), a problem with the current arrangement of the health care system when there is a sharp line between health care and social facilities;
- the lack of funds for medicinal drugs and medical supplies and equipment;
- the inability and also unwillingness of patients to comply with medical regimen, **health insurance debts** (inability to pay);
- **the mapping of health condition of the homeless is currently random**, in places where social services are accessible, while there are places/locations with no such services available for this group of people or their capacity is inadequate.

B) Ambulatory Health Care

Not all health complications in people living in the street can be treated in the field. Within the field social work with this group, **cooperation with the network of health care services providers is absolutely necessary**. However, in practice we face a problem of integrating homeless people in the existing health care system. Frequent problems include, in particular, the admission of a client by a health care services provider on the account of treatment refusal either by the patient or by the doctor / health care services provider (complications related to the absence of ID documents, hygiene, health insurance, etc.)⁹¹. Therefore, many experts in this area believe that the best solution would be **specialised medical facilities for the homeless**⁹². In the Czech Republic, only some social services providers – but these are isolated cases – specialize in medical care and other health care services for this target group (due to the insufficient support from the State, regions, municipalities, health insurance companies). The cornerstones are **specialised GP consulting rooms**, existing in particular in bigger cities with a higher number of homeless people.⁹³

The ambulatory component also covers the **activities of paramedical workers, in particular in low-threshold day centres for the homeless** (Section 61). A characteristic feature of these services is the fact

⁹¹ Many homeless have health insurance debts in consequence of which health insurance companies exert pressure on doctors, who then refuse to provide health care.

⁹² Personnel in such facilities know their clients well; their employees are not forced to refuse patients on financial or administrative grounds (see Šupková, D. *Zdravotní péče o bezdomovce v ČR*. Prague: Grada Publishing, a. s., 2007 ISBN: 978-80-247-2245-0.).

⁹³ Since 1994, a regular GP consulting room has been open in Prague, focusing on the homeless, run by the Naděje organisation. This consulting room focuses, in particular, on providing urgent care; however, currently it does not register patients and prevention services are still limited. An independent consulting room is open in Olomouc (Charity in Olomouc) where homeless people are provided standard health care (see Annex 2 Examples of Good Practice). In the recent years, health care services have been provided, though to a limited extent, also in Ostrava.

that users come to take advantage of these services from the field where they also return. Within these services, users are offered social counselling, space for personal hygiene, food and in some day centres also the basic health care advice or medical care (Naděje in Prague) or services through a registered general nurse⁹⁴ (the Salvation Army in Ostrava, Prague).⁹⁵ Low-threshold health care is focused, in particular, on the basic services and prevention without providing full health care and therefore, cooperation with providers of health care services is necessary. Compared to street medicine, which is offered in the field, low-threshold facilities are visited by **more motivated clients** who want to change their situation and communicate more.

Risks/barriers:

- Problems with the current arrangements of the health care system when there is a **sharp line between health care and social services facilities** (for instance, if a general nurse is employed as a member of the asylum house social team, this activity is not reflected in her obtained professional experience); the medium-term planning of social services does not cover social care; the absence of an interdisciplinary approach between social services and the health area;
- **the absence and capacity of specialised medical services** (dentist, gynaecologist, dermatologist, ophthalmologist, psychiatrist, psychologist) which would be focused also on homeless people and would respond to their specific needs in the area of physical and mental health (psychiatrist/psychologist);
- **the absence of paramedics motivated** to do this job in ambulatory services for homeless people;
- **services appearing randomly**, not in response to local needs.

C) Shelter-Based Health Care and Follow-Up Care

Currently, **tools and capacities are absent suitable for providing urgent low-threshold shelter-based care**⁹⁶ or **follow-up health care** which would follow on from the field social work. Considering all the barriers and the specialization of the staff, the existing asylum houses do not have any space to follow homeless people with reduced self-sufficiency who require regular assistance of another person. These persons have difficulty integrating into the existing type of social services due to insufficient capacity, low income and problems with people whose behaviour is risky. We can distinguish three groups of persons with respect to whom the need for such services has been identified:

⁹⁴ A paramedical worker who obtains a *certificate to exercise a paramedical profession without professional supervision* is entered in the paramedical register maintained by the Ministry of Health.

⁹⁵ This structure starts to gradually develop in our conditions. For instance, an asylum house with nursing services has been in operation in Prague since June 2012 (Centrum sociálních služeb Praha). This asylum house is currently the only shelter-based facility in Prague which focuses on homeless people. However, the admission of a client is subject to many limitations. It is not intended for people living rough; only clients of other asylum houses or shelters are admitted. Other limiting factors include mental disorders, drug intoxication and limited self-sufficiency on the part of clients.

⁹⁶ A low-threshold shelter-based facility for people from the street is a place where client may recover from an acute disease which is not grounds for hospitalization but is incompatible with living rough.

- a) Persons who do not require continuous medical care but need support and long-term assistance of another person for health reasons.⁹⁷
- b) Persons who can leave the relevant facility (mental hospital, therapeutic community) once they have completed the treatment of their dependence but who are not yet able to handle an independent life.⁹⁸
- c) Persons with a chronic mental disorder who are placed in mental hospitals for social reasons (the estimate is up to 20% of patients) but could live with support in a certain type of service: for instance, supported housing (Section 43) or protected housing (Section 51).

Risks/barriers:

- The lack of sufficient capacity of cheap **beds for follow-up services** / follow-up facilities **for the long-term ill or for persons released from hospital**⁹⁹;
- **people have no money to pay for staying** in these facilities; they receive a contribution for care but have no means to cover accommodation (the service is dependent on subsidies from public budgets);
- **a limited reimbursement by health insurance companies** for health care activities in social services facilities which often does not cover all the provided health care;
- **the absence of a temporary shelter-based facility for the homeless who do not suffer from any acute disease** (for instance, tonsillitis). If they remain in the street, they cannot comply with the therapeutic regimen and their health condition deteriorates;
- **the professional definition of social worker in health care facilities has not yet been embodied in the statute** and therefore, health care facilities are not obliged to employ them;
- **the lack of duly trained personnel** with a focus on people who lead a risky life.

D) Prevention and Awareness-Raising for Professionals and the General Public

Currently, health prevention is provided, to a very limited extent, mainly within the field work and low-threshold centres through contacts established based on trust and good advice. Prevention activities also cover the provision of food aid as a prevention of malnutrition and health problems resulting therefrom.¹⁰⁰

⁹⁷ They experience physical or mental health problems or a combination of the two. These problems are often associated with a risky lifestyle, frequently including addictions, prevalingly on alcohol. Such situations are handled by **special regime homes (Section 50)** which may adapt their internal rules to a specific, often risky target group. The basic health care services are then included in the services provided (registered nurses, general practitioner).

⁹⁸ Based on the current typology, these users have the possibility of being provided **follow-up services (Section 64)**. They are services whose program includes community elements; while being provided social services, users obtain skills necessary for them to abstain also in the environment where they will not be accompanied by any service any more.

⁹⁹ Hradecký et al., 2012.

A very critical view of homeless people prevails in the society. Changing this view will require long-term efforts by profiling examples of good practice and through targeted information, awareness-raising and educational activities.

4.4 Awareness, Involvement and Cooperation

The basis for finding an effective solution to homelessness consists **in understanding the issues of homelessness and in the knowledge of possible solutions to such issues**. However, the issues of homelessness in the Czech Republic are marked by a **knowledge deficit**, on the part of both the general public and policy-makers. There is an absence of more accurate empirical knowledge which would enable an effective creation and implementation of policies focused on tackling and preventing homelessness. In addition, the fact that detailed data on homeless people are not known **makes comparison at an international level more difficult**. Another problem is **denial of existence of these issues** due to insufficient awareness of their existence.

A) Obtaining and Sharing Data

The basic barrier to tackling the issues of homelessness is **the lack of relevant data** regarding homelessness, possible ways of measurement of its scope, the identification of causes and the impact of individual determinants on its development. Neither homeless people nor homelessness are homogeneously specified; there are many different perspectives, realities and ways of understanding homelessness. **Data on homelessness are not systematically monitored, or they are monitored without coordination and are hence incomparable**. Selected data mainly on the population of hidden homeless people using stay-in and ambulatory social services of asylum houses, night shelters, half-way houses and low-threshold day centres were provided by the census of the homeless within the 2011 Population and Dwelling Census.¹⁰⁰ Certain social services providers (for instance, Charity, Naděje, o.s.) have their own statistics which are currently a valuable and only source of information (however, they only provide information about one group of homeless people who use social services). There is no comprehensive information system regarding homeless people, or people at risk of losing home¹⁰², which would enable

¹⁰⁰ Food banks in the Czech Republic obtain free food, in particular, from the market, production and sales surpluses and they distribute the food free of charge to organisations that provide social services and humanitarian aid. In their activities, they follow the Charter of the European Federation of Food Banks. The crucial problem in running food banks is the absence of public resources for their operation. In Hradecký et al., 2012.

¹⁰¹ For details see subchapter 2.2 *Structure of the Homeless Population in the Czech Republic*.

¹⁰² Similar systems work in Great Britain and the Netherlands. Currently, certain social services providers in the Czech Republic use for the purpose of records and social work with users the following information systems: *New People Vision*; “*Azylák*” used in asylum houses; *Information Portal and Database of Social Prevention Services for People at Risk of Social Exclusion* (available at sluzbyprevence.mpsv.cz) used by probation officers.

monitoring – based on a single definition – of (anonymized) data¹⁰³ and facilitate effective policies to be created. There is no interconnection with international information systems regarding the work with homeless people and the homelessness situation in the Czech Republic. Currently, an important source of information are foreign sources so far little explored.

Another problem is the absence of evaluation of the existing policies in relation to homelessness, the availability of information on the needs of homeless people, the operation of the existing services, their financing and accessibility.

The absence of a data “collection” system (an analogy to the early intervention system used by the authorities charged with the social and legal protection of children) in municipalities with extended powers (social workers employed by the municipal authority) **precludes a coordinated procedure in tackling adverse housing situations of persons.** Social workers depend on their own locally built network of cooperating entities and they may not have sufficient capacity for the network’s systematic development; in addition, the existence of the network is dependent on the social worker’s continuance at that particular place. Information systems are associated with the issues of **personal data protection**. The use of informed consent is only possible with respect to cooperating persons. Partially, an inspiration can be seen in the present practice of case conferences organized by the authorities charged with social and legal protection of children pursuant to Act No. 359/1999 on social and legal protection of children; however, currently no personal information may be provided to a service which is not established by the municipality.

B) Cooperation

There is no simple solution to the issues of homelessness; they require a **multidimensional approach involving public administration, civic societies, researchers and scientists as well as the homeless themselves.** The individual stages and elements in tackling the issues of homelessness are **under the control of various ministries¹⁰⁴ and other public administration bodies**, including municipalities. Problems similar to those existing at the central level are identifiable also at the regional level¹⁰⁵: insufficiently defined powers, weak or no tools of horizontal cooperation between departments, very weak feedback and control, unclear definition of personal authorities and powers of individual workers and departments, etc.¹⁰⁶ The problem of management at the ministerial level is, *inter alia*, to what extent the issues of homelessness are **identifiable** within the individual ministries.

¹⁰³ Within the project “*Strategy for Social Inclusion of Homeless People in the Czech Republic*”, ended in 2007, requirements were defined for the information necessary for fulfilling strategic goals in working with the homeless.

¹⁰⁴ The Commission for Social Inclusion was established at the Ministry of Labour and Social Affairs as a standing advisory, proactive and coordinating body for the area of social inclusion. Its member is also a representative of Naděje, o.s. With a view to drafting this Concept, an expert group on tackling homelessness was created within the Commission.

¹⁰⁵ Among chartered towns, the position of the capital is unique. The need to tackle the issues of homelessness in Prague is most pressing and also comprehensive.

¹⁰⁶ Hradecký et al., 2012.

C) Education, Training and Awareness-Raising

Awareness-raising, i.e. targeted influencing of the general public, which is most effective if present since the childhood, is crucial for preventing homelessness. It is necessary to be informed about the risks, rights, duties and assistance options in an adverse housing situation. The targeted long-term influencing of institutions and persons who work with the homeless or are involved in homelessness issues is inevitable as well. The primary goal is to eliminate prejudice and restraints. Awareness-raising, education and support in the environment in which people at risk live is **appropriate also with respect to persons who may find themselves under the threat of homelessness in the future but the threat is not imminent yet**. In this respect, coordinated cooperation, information exchange between the individual stakeholders and the activity of probation officers plays a significant role.

As regards **homelessness education programs**, in isolated cases we find a good local practice at schools which consists in learning about the situation of homeless people, their life or causes of their homelessness, which may positively contribute to homelessness prevention and to improved perception of homeless people by the public. However, the decision whether the school gets involved in such activities is made by the headmaster, or by the municipal authority if it acts as a promoter of the school. **Financial literacy** is an important set of skills which in the future may contribute to reducing the risk of social exclusion of a person, including lost housing. In this regard, prevention works at high schools and starts to break into primary and secondary schools as well.

5 Goals and Actions

This chapter defines goals and actions for individual selected areas of preventing and tackling homelessness as they result from the description and analysis of the current situation indicated in this Concept.

As regards the fulfilment of all the actions specified hereinbelow, in order to achieve the best possible results, coordinated cooperation on the part of all the stakeholders as well as communication with the media regarding awareness-raising and understanding the work with homeless people, the causes for homelessness and homelessness prevention are required.

5.1 Access to Housing

5.1.1 Goals

- 1. Standardization of the state support for social housing.**
- 2. Functioning system of homelessness prevention including support for people who were homeless and obtained housing so that they do not lose it again.**
- 3. Implementation of tools enabling transition from homelessness (including substandard housing) to housing.**
- 4. A more effective use of the existing instruments of the systems of benefits.**
- 5. Reinforcing the coordinating and planning role of municipalities with extended powers in relation to persons in an adverse housing situation and creating supporting instruments for implementing such role.**

5.1.2 Actions

5.1.2a Social housing legislative arrangements:

From the legislative point of view, the following needs to be defined:

- the role and duties of the State,
- the role and duties of municipalities,
- the role of private and non-profit organisations and churches, if relevant,
- minimum standards for social housing,
- target groups for social housing,

- instruments for providing financial support to social housing (construction, reconstruction, purchase),
- links with the related legislative arrangements.

Responsible: Ministry of Regional Development and MoLSA.

Due date: As a follow-up to the task „Comprehensive Social Housing Policy“.

5.1.2b To develop programs of support for the acquisition, reconstruction or construction of social housing.

Responsible: Ministry of Regional Development.

Due date: As a follow-up to the task „Comprehensive Social Housing Policy“.

5.1.2.c To identify the actual needs of persons at risk of losing home or homeless people at the local/regional level in relation to preventing and tackling homelessness within the strategies for social inclusion adopted by municipalities/regions.

Responsible: MoLSA in liaison with the Agency for Social Inclusion, municipalities, regions, the Union of Towns and Municipalities of the Czech Republic, the Association of Regions of the Czech Republic.

Due date: Ongoing.

5.1.2d To streamline social work in municipalities/regions and at the Labour Office of the Czech Republic, in particular, with a view to reinforcing field social work (including work with persons before they leave institutional care facilities or prison for the purpose of preventing homelessness) applying the methodology of headcount calculation pursuant to MoLSA Recommended Procedure 1/2012.

Responsible: MoLSA in liaison with the Ministry of Interior, the Association of Social Services Providers, the Interministerial Working Group on Preventing and Tackling Homelessness, the Union of Towns and Municipalities of the Czech Republic, the Association of Regions of the Czech Republic, municipalities and regions.

Due date: 2015.

5.1.2e To develop a methodology for social workers (for the networking of services in which other professionals and institutions will be involved within the multidisciplinary cooperation with a view to identifying persons at risk or possible solutions to housing needs), which will however be aimed also at other personnel of public services and institutions who come into contact with this target group (metropolitan police officers, paramedics, etc.)¹⁰⁷.

¹⁰⁷ For an example of good practice within the multidisciplinary cooperation see Annex 2 Examples of Good Practice.

Responsible: MoLSA in liaison with the Agency for Social Inclusion, the Ministry of Interior, the Interministerial Group on Tackling Homelessness.

Due date: 2014.

5.1.2f Pilot projects focused on social innovation for preventing and tackling homelessness (multidisciplinary cooperation, peer support – involving former homeless people); to consider the use of support from EU funds.

Responsible: MoLSA.

Due date: Ongoing.

5.1.2g Systematization of activities focused on preventing homelessness and social exclusion at the level of municipalities with extended powers and regions, in particular in the following areas:

- prevention of indebtedness, for instance, by supporting anti-debt counselling or activities in municipalities aimed at an early settlement of housing debts;
- identification of reasons for being at risk of losing home and communication of information;
- being a contact point for all persons at risk of losing home;
- mediating assistance that would lead to tackling problems which pose a threat to maintaining housing or to getting back to housing due to insolvency or indebtedness (access to discharge, legal assistance);
- mediating professional social counselling;
- provision of the basic information on the possibility to receive social benefits and legal assistance.

Responsible: MoLSA in liaison with municipalities, the Union of Towns and Municipalities of the Czech Republic, regions, the Association of Regions of the Czech Republic and the Association of Social Services Providers.

Due date: By the end of 2015.

5.1.2h Preventing execution: To analyse possible implementation of eviction following the model applied by the Viennese organisation FAWOS.¹⁰⁸

Responsible: MoLSA in liaison with the Ministry of Justice.

Due date: 2014.

¹⁰⁸ For an example of good practice in tackling indebtedness see Annex 2 Examples of Good Practice.

5.1.2ch To ensure that social policy instruments represent a follow-up to the relevant housing policy instruments enabling the fastest possible transition from homelessness to permanent housing (in particular, **implementation of supported housing**).

Responsible: MoLSA in liaison with the Ministry of Regional Development, the Agency for Social Inclusion the Interministerial Working Group on Preventing and Tackling Homelessness.

Due date: As a follow-up to the task „Comprehensive Social Housing Policy“.

5.1.2i To define actions, or a methodology, for handling discharge of the poorest citizens who have already lost or are at risk of losing home (persons who do not qualify for personal bankruptcy).

Responsible: MoLSA in liaison with the Ministry of Health.

Due date: 2015.

5.1.2j Three-year pilot testing of the “housing first” model whose objective would be, *inter alia*, to monitor how successful the users, enrolled in the testing in the first year, are in maintaining independent housing for the following two years – compared to the conventional / still prevailing approaches to tackling homelessness, taking into account the possible use of support from EU funds.

Responsible: MoLSA in liaison with the Ministry of Regional Development, the Agency for Social Inclusion, the Interministerial Working Group on Preventing and Tackling Homelessness.

Due date: 2017 (the project should be launched not later than at the beginning of 2015).

5.1.2k To embody the professional definition of the role, rights, duties and powers of social workers, including probation officers and social workers in prisons, etc. by adopting a law on social workers.

Responsible: MoLSA.

Due date: 2015.

5.1.2l To identify actions that will prevent housing benefits from being abused by certain hostel owners.

Responsible: MoLSA.

Due date: 2014.

5.1.2m To create a functional interconnection between the payment of benefits and social work in the interest of cooperation with the beneficiaries of the support focused on tackling the situation.

Responsible: MoLSA in liaison with municipalities and the Labour Office of the Czech Republic.

Due date: 2015.

5.1.2n To analyse the possibilities of implementing new instruments of financial assistance to persons at risk of losing home or to homeless people.

Responsible: MoLSA in liaison with the Interministerial Working Group on Preventing and Tackling Homelessness.

Due date: 2015.

5.1.2o To support municipalities in planning solutions to the housing needs of their citizens, using EU funds.

Responsible: MoLSA in liaison with the Ministry of Interior and the Ministry of Regional Development.

Due date: Ongoing.

5.1.2p Methodological support to municipalities in tackling adverse social situations of persons related to housing.

Responsible: MoLSA in liaison with the Agency for Social Inclusion.

Due date: Ongoing.

5.2 Social Services

5.2.1 Goals

<p>1. Social services will better respond to the needs of homeless people and people at risk of losing home in adverse social situations related to housing.</p>

5.2.2 Actions

5.2.2a To open certain existing social services to the target group of homeless people (protected housing, supported housing, special regime homes. For instance, to open special regime homes to the target group of homeless people who are not able any more to use the traditional services for the homeless, such as asylum houses, or cannot remain any more in a health care facility. See the Annexes.)

Responsible: MoLSA.

Due date: 2016.

5.2.2b To adapt the existing capacities of social services to allow crisis accommodation of entire families based on the identified local needs.

Responsible: MoLSA in liaison with the Union of Towns and Municipalities of the Czech Republic, municipalities, local unions of municipalities, regions, social services providers.

Due date: Ongoing.

5.2.2c To support actions aimed at reducing the threshold of social prevention services (in particular, to mitigate admission conditions for users).

Responsible: MoLSA.

Due date: 2015.

5.2.2d A recommendation to create threshold-free capacities for winter accommodation of homeless people which will not be makeshift accommodation but will use, to a greater extent, the existing simple accommodation facilities (also private ones) which are not very much used in winter, with a support for field services to be provided for the homeless in such facilities by social services providers and the local government.

Responsible: MoLSA in liaison with municipalities, regions, private accommodation providers and social services providers.

Due date: Ongoing.

5.2.2e To support the interconnection of social services and interdisciplinary overlap, in particular in the area of health.

Responsible: MoLSA in liaison with the Ministry of Health.

Due date: 2015.

5.2.2f To support, in the new social services system under preparation, such classification of types/activities of social services that will not primarily be focused on target groups but on the actual needs of users. The objective is that no group, including persons at risk of losing home and homeless people (based on the ETHOS definition), “drops out” of the system.

Expected contribution: the interconnection of more types of services with one provider, continual care, focus on the developing needs of users in view of enhancing user skills, reduced threshold of accessibility of services for users, increased efficiency, a greater effect on users in consequence of the concurrence of interconnected services.

Responsible: MoLSA.

Due date: 2016.

5.3 Access to Health Care

5.3.1 Goals

- 1. To increase accessibility and to create possibilities of comprehensive health care for homeless people with a focus on prevention.**
- 2. Awareness-raising of the general public and workers in health care and social services with a view to destigmatizing homeless people.**

5.3.1 Actions

5.3.2a To look for options of involving health insurance companies, regions and municipalities in mapping the health condition of homeless people.

Responsible: MoLSA in liaison with the Ministry of Health, health insurance companies, regions and municipalities.

Due date: Ongoing.

5.3.2b To look for options of providing street medicine, including involvement of regions and municipalities, and for options of involving health insurance companies; to change the system of statements and administration (field care entails significant cost savings for health insurance companies), to identify possible legislative changes.

Responsible: The Ministry of Health in liaison with health insurance companies and the Interministerial Group on Preventing and Tackling Homelessness.

Due date: Ongoing. To initiate negotiations with health insurance companies by the end of 2013.

5.3.2c To initiate negotiations and to look for options of involving the Ministry of Health, health insurance companies, regions and municipalities regarding the operation and co-financing of consulting rooms for homeless people, including their specific definition and financing alternatives. To determine the necessary number of consulting rooms in view of the regions' size, based on the situation in individual regions and based on a survey. (Consulting room shall not mean that a doctor will be on duty every day; a GP may alternate with a specialized doctor, while on certain days a registered general nurse might be on duty.)

Responsible: The Ministry of Health in liaison with municipalities and regions and the Interministerial Working Group on Preventing and Tackling Homelessness.

Due date: 2015.

5.3.2d To launch short-term low-threshold stay-in services for people who have no possibility of follow-up treatment (for instance, after being released from a hospital or following an acute disease), taking into account the possibility of using multi-source financing.

Responsible: MoLSA in liaison with regions and the Ministry of Health.

Due date: 2016.

5.3.2e To identify the basic social and health care needs of homeless people who are not capable of integrating into the common lifestyle, *inter alia*, on the grounds of non-diagnosed mental disorders. This is a condition for satisfying the needs in a dignified way and for preventing life situations which in the future will have a negative impact on mental health and social integration of a person.

Responsible: MoLSA in liaison with the Ministry of Health, the Interministerial Working Group on Preventing and Tackling Homelessness, social and health care services providers, regions and municipalities.

Due date: 2015.

5.3.2f Awareness-raising, education and training of health care personnel (the key topics include an ethical view of homeless people, social aspects, paramedical work, patient rights, etc.). To support teaching that would prepare doctors, on a professional level, for facing homeless people and their health specifics within pre-graduate and post-graduate education; to cooperate with the faculties of medicine, nursing colleges, etc.; to incorporate the relevant subjects into the curriculum; life-long learning of paramedical workers through “functional or certified courses”.

Responsible: The Ministry of Health in liaison with the Interministerial Group on Preventing and Tackling Homelessness.

Due date: 2015.

5.3.2g To organize training seminars on health care subjects for social workers (workers from low-threshold services for homeless people, field workers, etc.). To support and develop cooperation with organisations which work with this group (exchanging good practice and experience in providing health care). To consider the possibility of financing selected actions from EU funds.

Responsible: MoLSA in liaison with the Ministry of Health, regions and the Association of Regions of the Czech Republic.

Due date: Ongoing.

5.3.2h To organize joint expert and educational meetings of workers from social services and health care facilities. To support cooperation and partnership among various entities in respect of tackling homelessness.

To consider the possibility of financing selected actions from EU funds and to create mechanisms for their financing, if appropriate.

Responsible: MoLSA in liaison with the Ministry of Health.

Due date: Ongoing.

5.3.2ch To evaluate the use of the Fund for European Aid to the Most Deprived for the provision of food aid as a prevention of malnutrition and deteriorated health condition.

Responsible: MoLSA.

Due date: Ongoing.

5.4 Awareness, Involvement and Cooperation

5.4.1 Goals

- 1. To evaluate the creation of an interconnected information system – a network for retrieving information which is concentrated in municipalities with extended powers – focused on homelessness (services and clients) among the relevant stakeholders of the work with homeless people which will fulfil conditions for statistics, records, communication, mobility of homeless people and the use of social services.**
- 2. The application of evidence-based policy¹⁰⁹ and cooperation between ministries / departments / different levels of public administration in the creation of policies conducive to preventing and tackling homelessness.**
- 3. An effective system of primary prevention through training, education and awareness-raising.**

5.4.2 Actions

5.4.2a To analyse the existing information systems used in working with homeless people and in social services in order to achieve the utmost comprehensiveness and interconnection; to introduce an optimal

¹⁰⁹ A policy based on evidence – data.

information system in municipalities with extended powers (taking into account the possibility of using support from EU funds and cooperation with universities).

- To define the key values to be monitored within the information system, in compliance with the Personal Data Act and other special regulations.
- To set the rules regarding how and who will enter the key values to the information system and view such data, in compliance with the Personal Data Act and other special regulations.

Responsible: MoLSA in liaison with the Ministry of Interior, the Interministerial Working Group on Preventing and Tackling Homelessness, the Agency for Social Inclusion, municipalities and regions.

Due date: 2015.

5.4.2b To evaluate the possibility of using the *Model map for monitoring social phenomena which are related to social threat or exclusion* as an output of the individual project implemented by MoLSA entitled *Support of Processes in Social Services*.

Responsible: MoLSA.

Due date: 2015.

5.4.2c To organise the first national consensus conference on homelessness with a view to reaching consensus and general support for further policy direction.

Responsible: MoLSA in liaison with the Interministerial Group on Tackling Homelessness.

Due date: 2014.

5.4.2d To evaluate the existing foreign and national researches and surveys focused on homelessness and their application in the policies of the Czech Republic. To carry out and finance researches and surveys focused on obtaining the absent key data on homelessness, taking into account possible cooperation with universities. To cooperate with foreign partners in obtaining, evaluating and applying data and instruments, taking into account the possibility of financing selected actions from EU funds.

Responsible: MoLSA in liaison with the Research Institute for Labour and Social Affairs, the Institute of Sociology, the Ombudsman and the Agency for Social Inclusion.

Due date: Ongoing.

5.4.2e To spread information and good practice as regards tackling homelessness among social policy makers at all levels of administration.

Responsible: MoLSA in liaison with the Ministry of Regional Development, the Ministry of Interior, the Agency for Social Inclusion, the Union of Towns and Municipalities, the Association of Regions of the Czech Republic and the Interministerial Group on Preventing Homelessness.

Due date: Ongoing.

5.4.2f Social inclusion of homeless people with support from business circles (support for social business focused on homeless people or persons at risk of losing home, employment programs for the target group, community service of businesses); to consider the possibility of financing selected actions from EU funds and to create mechanisms for their financing, if appropriate.

Responsible: MoLSA in liaison with the Ministry of Industry and Trade, businesses and employers.

Due date: Starting from the first half of 2014.

5.4.2g To support educational programs and projects implemented in primary and secondary schools focused on homelessness issues (to include in the curriculum information about what homelessness is, how it begins, who is a homeless person, prevention).

Responsible: The Ministry of Education, Youth and Sports in liaison with MoLSA, the Interministerial Group on Preventing and Tackling Homelessness and the Union of Towns and Municipalities of the Czech Republic.

Due date: 2014.

5.4.2h To propose a recommendation for high schools, colleges and universities focusing on social and humanistic studies regarding the teaching and education in the area of homelessness issues and work with homeless people.

Responsible: MoLSA in liaison with the Ministry of Education, Youth and Sports and the Interministerial Working Group on Preventing and Tackling Homelessness.

Due date: 2016.

5.4.2ch To include in the ongoing training programs for social workers and other supporting professions (including metropolitan police officers and the Police of the Czech Republic, prison service, personnel in children's homes, etc.) who come into contact with this target group the issues of homelessness focused on the specifics of this target group with a view to raising their awareness about the homelessness phenomenon, its causes and possible prevention.

Responsible: The Ministry of Education, Youth and Sports in liaison with MoLSA, the Ministry of Interior, the Association of Regions of the Czech Republic, the Association of Regions of the Czech Republic and the Interministerial Group on Tackling Homelessness.

Due date: 2016.

5.4.2i To perform awareness-raising activities in the area of homelessness aimed at the general public.

Responsible: MoLSA in liaison with the Union of Towns and Municipalities of the Czech Republic, the Association of Regions of the Czech Republic, the Ministry of Interior, the Interministerial Group on Preventing and Tackling Homelessness and the media.

Due date: Ongoing.

5.4.2j To develop specific and clear instructions regarding what to do in an adverse housing situation aimed at persons at risk of losing home, homeless people, workers from health care and social services, employees of the Labour Office of the Czech Republic, metropolitan police officers, the Police of the Czech Republic, and others.

Responsible: MoLSA in liaison with the Interministerial Group on Tackling Homelessness, the Agency for Social Inclusion, the Ministry of Regional Development, the Ministry of Health, the Ministry of Interior, the Labour Office of the Czech Republic, the Ombudsman, social and health care services facilities and other relevant entities.

Due date: 2015.

6 Monitoring the Fulfilment of Actions Identified in the Concept

With a view to monitoring and evaluating the fulfilment of the above-mentioned actions identified in the Concept, the *Interministerial Working Group on Preventing and Tackling Homelessness* is established. The working group will consist of representatives of all the relevant stakeholders, in particular persons responsible and co-responsible for individual actions, and members of the expert group on tackling homelessness, which participated in drafting the Concept. MoLSA will be charged with establishing and leading this working group.

The working group will monitor, on an ongoing basis, the fulfilment of the actions and will convene a meeting, twice a year starting from December 2013, with a view to evaluating the fulfilment of the actions identified in the Concept.

Once per year, MoLSA will prepare a report on the fulfilment of the actions identified in the Concept and present it to the Government for information.

7 Financing of the Concept Implementation

This Concept is a document formulating the basic principles and approaches to tackling homelessness in the Czech Republic for the period 2014–2020. The individual actions, which are rather general and determine the basic concept of directing the activities of individual stakeholders with a view to preventing and tackling homelessness, correspond to such period of time.

Considering the period of validity of the Concept and the fact that statistical data are absent for many areas (see the previous chapters of the document), it is not possible in the existing situation to determine the amount of funds to be earmarked for tackling the issues.

The individual actions have been formulated so that their implementation does not entail increased expenditure for public budgets. With respect to all the actions, expenditure is foreseen only within the approved medium-term expenditure framework of the State budget.

All the actions were discussed with the individual ministries and the ministries did not request any further financial resources for the actions identified. Therefore, all the actions will be implemented within the expenditure limits of the individual ministries.

However, it should be noted in view of the above that in implementing the individual actions of the Concept an emphasis will be placed on the maximum use of financing from EU funds within the 2014+ programming period.

Annexes

1 ETHOS Functional Definition

2 Examples of Good Practice

1 ETHOS Functional Definition 1/1

ETHOS – European Typology of Homelessness and Housing Exclusion with National Subcategories for Czech Republic

Homelessness is one of the main societal problems dealt with under the EU Social Protection and Inclusion Strategy. The prevention of homelessness or the re-housing of homeless people requires an understanding of the pathways and processes that lead there and hence a broad perception of the meaning of homelessness.

FEANTSA (European Federation of organisations working with the people who are homeless) has developed a typology of homelessness and housing exclusion called ETHOS.

The ETHOS typology begins with the conceptual understanding that there are three domains which constitute a "home", the absence of which can be taken to delineate homelessness. Having

a home can be understood as : having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (*physical domain*) ; being able to maintain privacy and enjoy relations (*social domain*) and having a legal title to occupation (*legal domain*). This leads to the 4 main concepts of Rooflessness, Houselessness, Insecure Housing and Inadequate Housing all of which can be taken to indicate the absence of a home. ETHOS therefore classifies people who are homeless according to their living or "home" situation. These conceptual categories are divided into 13 operational categories that can be used for different policy purposes such as mapping of the problem of homelessness, developing, monitoring and evaluating policies.

Conceptual category	Operational category		Living situation		Generic definition	National subcategory		*
ROOFLESS	1	People living rough	1.1	Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters	1.1.1	People sleeping rough (e.g. on the streets, under bridges, on public transport, in train stations, airports, sewage systems, caves, old railway wagons, tents, garages, laundries, basements and attics, wrecks of cars)	b
	2	People in emergency accommodation	2.1	Night shelter	People with no usual place of residence who make use of low-threshold overnight shelters	2.1.1 2.1.2	People in low-threshold night shelters People sleeping in the shelter areas without beds (during the high season)	b b
HOUSELESS	3	People in accommodation for the homeless	3.1	Homeless hostel	Osoby v azylových domech s krátkodobým ubytováním	3.1.1 3.1.2 3.1.3 3.1.4 3.1.5 3.1.6	Men in hostels Women in hostels Mothers with children in hostels Fathers with children in hostels Families in hostels People in half-way homes	b b b b b b
			3.2	Temporary accommodation	People in short-term accommodation who do not have their own housing	3.2.1 3.2.2 3.3.1	People in public commercial hostels (with no other option of accommodation) People in shelters after eviction Supported housing designated specifically for homeless people does not exist	b b b
			3.3	Transitional supported accommodation				
	4	People in women's shelter	4.1	Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term	4.1.1 4.1.2	Women at risk of domestic violence staying at undisclosed address Women at risk of domestic violence staying in hostels	a a
	5	People in accommodation for immigrants	5.1	Temporary accommodation / reception centres	Immigrants in reception or short term accommodation due to their immigrant status	5.1.1	Asylum seekers in asylum facilities	a
			5.2	Migrant workers accommodation	People in hostels for migrant workers	5.2.1	Migrant workers – foreigners in public commercial hostels (with no other option of accommodation)	a
	6	People due to be released from institutions	6.1	Penal institutions	No housing available prior to release	6.1.1	People due to be released from prisons	a
			6.2	Medical institutions	Stay longer than needed due to lack of housing	6.2.1	People due to be released from medical institutions	a
			6.3	Children's institutions / homes	No housing identified (e.g. by 18th birthday)	6.3.1 6.3.2	People due to be released from children's institutions People due to be released from foster care	a a

1 ETHOS Functional Definition 1/2

	7	People receiving longer-term support (due to homelessness)	7.1 7.2	Residential care for older homeless people Supported accommodation for formerly homeless people	Seniors and disabled persons staying in hostels on a long-term basis Long stay accommodation with care for formerly homeless people	7.1.1 7.2.1	Seniors and disabled persons accommodated in hostels on long-term basis Supported housing designated specifically for homeless people does not exist	b
INSECURE HOUSING	8	People living in insecure accommodation	8.1 8.2 8.3	Temporarily with family/friends No legal (sub)tenancy Illegal occupation of land	Temporary accommodation with family or friends Occupation of dwelling with no legal tenancy, illegal occupation of dwelling Occupation of land with no legal rights	8.1.1 8.1.2 8.2.1 8.2.2 8.3.1	People temporarily staying with family / friends (with no other option of accommodation) People in (sub)tenancy (with no other option of accommodation) People living in apartments with no legal tenancy People in illegally occupied buildings People on illegally occupied land (allotment gardens, dug-out shelters)	a a a b b
	9	People living under threat of eviction	9.1 9.2	Legal orders enforced (rented) Re-possession orders (owned)	Where orders for eviction are operative Where mortgagee has legal order to re-possess	9.1.1 9.2.1	People whose tenancy has been revoked People at risk of being evicted from their own dwelling	a a
	10	People living under threat of violence	10.1	Police recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence	10.1.1	People under threat of domestic violence – police recorded incidents – victims	a
INADEQUATE HOUSING	11	People living in temporary / non-conventional structures	11.1 11.2 11.3	Mobile homes Non-conventional building Temporary structure	Mobile home not intended as place of usual residence Makeshift shelter, shack or shanty Semi-permanent structure, hut or cabin	11.1.1 11.2.1 11.3.1	People living in mobile homes, e.g. trailers, caravans, houseboats (with no other option of accommodation) People living in a building not designated for accommodation, e. g. workplace or in garden sheds with the owner's consent People living with temporary structures or building sites, e. g. not approved for occupancy	a a a
	12	People living in unfit housing	12.1	Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations	12.1.1	People living in unfit structures – the dwelling has become unfit for habitation, may have been suitable in the past	a
	13	People living in extreme overcrowding	13.1	Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms	13.1.1	People living in overcrowded housing	a

* Abbreviations used in the last column – Level of risk

a – persons at risk

b – homeless persons

2 Examples of Good Practice

(Source: Hradecký et al., 2012)

I. FAWOS Vienna – preventing eviction

An example of good practise in the area of eviction from home is the activity of FAWOS in Vienna, an organization which searches actively for people at risk of losing home due to execution. By virtue of law, the court cannot commence execution proceedings unless first notifying the social welfare office and requesting information on the method for resolving the situation. **Up-to-date data indicate that up to 75% of people could be retained in their homes in this way.**

The substance of the service lies in the following activities:

Search for the client: Cooperation between courts, municipalities and preventive services providers where there is a risk of tenancy termination. The client himself may contact the organization to ask for help.

Familiarising oneself with the client's current situation: Getting to know about the causes of and grounds for the situation placing the client's existence in jeopardy; personal information on the number of people in the household; age; legal status of the client as regards the tenancy; the status of administrative or judicial proceedings; type of tenancy; rental affordability; the client's financial situation; employment; income, expenses and debts; possibility of using the client's own means; clarification and planning of potential prospects.

Provision of adequate assistance: Provision of social counselling; information on the existing options for averting the risks of tenancy termination or eviction from home; making agreements on instalments, etc. As well, clarification of potential eligibility to support from the social welfare system; assistance in drawing up an individual financial plan; assistance in negotiating with landlords, lawyers. Mediation of other adequate services depending on the client's situation. Mediation of serious financial assistance for settling unpaid rental.

II. Domov Přístav (Haven Home)

Implemented by: The Salvation Army

Implementation: since the beginning of 1992 to date

Annual operating costs: CZK 11,000,000

Financing: Ostrava Municipality (30%), the Ministry of Labour and Social Affairs (35%), users (35%),

Web: <http://www.armadaspasy.cz>

Description (what does it tackle and how): Problems of the homeless people who due to age or health condition are dependent on other person's assistance are tackled by Domov Přístav (Haven Home) in Ostrava. **This covers people who cannot make use of traditional services for homeless people (such as asylum houses) or cannot stay in a medical facility any more.** The programme focuses on providing support to such people under a special regime. Because of frequent health problems, the personnel include medical staffs as well. The service falls under the category of special regime homes and it is the only project with such specialization in the Czech Republic. Thanks to the waiting list maintained and the research having been made in Ostrava, the staffs have a good track of the need of such service. Considering that the population is growing old and the homeless people's initial condition is very bad, forty-four beds is insufficient. For these reasons and with the assistance of the Ostrava Municipal Authority, a similar home was opened in Ostrava in November 2012 which, however, rather focuses on immobile users – homeless persons.

Reasoning:

A research made in asylum houses and health care facilities in part of the Moravian-Silesian Region **confirmed the need to develop a specialised social service for such homeless people who, because of their health condition, cannot live without the assistance of another person, but do not need to stay in a health care facility for that.** Such people mostly have a combined affliction and their health problems are accompanied with alcohol or other dementia. Therefore, the service provider opted for a **special-regime home.**

III. Specialised GP consulting room for homeless people

Prague

Implemented by: Naděje o. s.

Implementation: since 1994 to date

Annual operating costs: CZK 1.2 mil.

Financing: the Ministry of Health, Prague Municipal Authority, Všeobecná zdravotní pojišťovna (General Health Insurance Company), donations

Web: <http://www.nadeje.cz/index.php?q=node/54>

The way of life of homeless people (poor diet; staying long in the street; having insufficient clothes in frequent cases; lack of proper conditions for maintaining personal hygiene; disrupted rhythm of being active and resting) leads to poorer health condition, both physical and mental. Loss of social relationships raises the level of stress and mental deprivation. Therefore, at the end of 1994, Naděje has established a GP consulting room, cooperating with day centres, in the centre of the city, not far from Prague's main railway station. Its mission is **to make basic health care accessible to homeless people, improve their health condition and protect the rest of the population against the risk of infectious diseases** that may be carried by homeless people. The specialised GP consulting room cooperates with low-threshold day centres where the patients can have a shower and their clothes exchanged before the examination. If the patient has a mental problem, the consulting room's staffs may contact a psychologist in a low-threshold day centre. The GP consulting room provides basic medical examination within the framework of an outreach programme. The existence of such a health-care facility, in addition to direct assistance provided to the homeless people directly, is a tool for preventing spreading of infectious diseases and parasites. Besides regular treatment of homeless people, the consulting rooms collaborated for several years with the National Unit for Tuberculosis Surveillance in Screening and, together with the Hygienic Services, it carried out inoculation against viral hepatitis. Since the beginning, this unique facility has been received financial support from the Ministry of Health and Prague Municipality.

Table 1

GP consulting room 2011	
Number of patients - individuals	1,598
Number of examinations and treatments	4,409
Most frequent diseases	
Varicose ulcer	656
Skin diseases	457
Influenza and respiratory system diseases	422
Cardiovascular	247
Rheumatic	150
Scabies	282

Stomach and intestinal problems	198
Neurologic problems	74

Reasoning:

The capital city Prague is confronted with an increased number of homeless people. One of illustrative examples for that is the above project that deals with homeless people's health problems. Homeless people's health problems are frequently escalated due to lack of health care, which is especially true of people in the street. Many of them refuse and underestimate health care, while their way of life causes various health problems. For understandable reasons, health-care facilities often refuse to accept homeless people. An example of good practice is the opening of GP consulting rooms directly in places where homeless people are found, i.e., providing of basic health care near an asylum house, low-threshold day centre, or straight in the field.

Olomouc

Implemented by: Olomouc Charity

Implementation: since December 1997 to date

Annual operating costs: CZK 900,000 approx.

Financing: Olomouc Municipal Authority, health insurance companies, Olomouc Charity, donations

Web: <http://www.olomouc.charita.cz/socialni-sluzby-SLD>

Description: The service is meant for homeless and socially excluded people. It is useful in cases where, because of their social status, it is difficult for people to obtain general practitioner's care. It is a **classic GP consulting room, working on a daily basis**. Five days per week, the consulting room for homeless people offers general practitioner's assistance to people right in the street and, to a certain extent, also to clients living in the centre's facilities. The consulting room's staffs also work on prevention of infectious diseases among people in need. If need be, the general practitioner sends patients to specialised examinations, because through the project, we also want to set the method for communication with other institutions operating in the Czech health care system.

The objective of the service is to develop in cooperation with a low-threshold day centre (where, *inter alia*, a patient may have a wash or get clean clothes before the examination) a **social and health-care facility** which tackles the problem, so far neglected, of providing care to homeless people. **The consulting room treats around 500 people and carries out 3,200 treatments annually**. Around 100 treatments are received by foreigners in which case the payment usually occurs to be problematic.

Reasoning: Similarly to Prague, even though to a smaller extent for now, Olomouc has to tackle the same issue. Homeless people's health problems are often escalated due to inexistent health care, mainly in the case of people in the street. An example of good practice is the building of consulting rooms in places where homeless people are found, i.e., providing of basic health care near an asylum house, low-threshold day care or straight in the field.

IV. Prevention of homelessness – Ostrava

Implemented by: The Salvation Army

Implementation: since start of 2005 to date

Financing: The Ministry of Labour and Social Affairs, Ostrava City Authority, Moravská Ostrava and Přívoz Local Authority. From 2008 to 2011 the service was also financed by the Individual Project of the Moravian-Silesian Region (ESF, HREOP).

Annual operating costs: CZK 3,024,800

Website: <http://www.armadaspasy.cz>

Description: The service helps users to harness their own abilities and resources to manage life situations, particularly with regard to accommodation and employment. The chief objective of the service is to forge contacts with people in adverse social circumstances and to help them towards independence and integration into society through counselling and field work. **Users of the service can either live in their own flat or request accommodation in a flat rented by the Salvation Army from the Moravská Ostrava and Přívoz Local Authority.** 35 flats are currently available; these are primarily intended for individuals and families who have either lived on their own or in social services accommodation. Salvation Army field and social workers provide assistance to service users, accompanying them through a wide variety of situations and matters related primarily to staying in rented accommodation. Users may stay in Salvation Army accommodation for a maximum of 5 years and are obliged to maintain it, pay rent properly and on time, have a properly connected energy supply and actively address their social situation with a field or social worker. If such cooperation with a user works for a minimum period of two years, employees can recommend that the local authority (which is the owner of the flat) close a lease contract with that user. Field workers then remain in contact with users renting flats according to the interest of users. The Salvation Army then receives another flat from the local authority in place of this flat so that they can continue to give a chance to other users. 11 flats have been transferred as described above during the period in which the service has been available. In 2011, a total of 253 users received counselling regarding accommodation, 35 of whom gained a lease contract for a trial flat. What makes the service unique is the high level of cooperation between the local authority and the non-profit organisation. The significance of the service to the client lies in the fact that they can **gain access to rented accommodation** even if they use asylum facilities, allowing them to gain competence and skills for maintaining such accommodation. **The local authority then gains a tenant** who is integrated and **able to care for themselves and their accommodation, with a high probability that they will maintain the accommodation and living standards that they have attained.**

Reasoning: A constant problem faced by clients of asylum houses, be they individuals, parts of families or whole families, is the impossibility of becoming independent and finding one's own flat. From our experience in (not only) the two projects described above, it is evident that these services are cheaper for society and more effective for users. With the assistance of social workers, clients of trial flats learn how to

take responsibility for not only the timely payment of rent and charges associated with their accommodation, but also living independently (job seeking, care for their family etc.). This is an **example of supported housing**.

V. Naděje (Hope) field social service in Prague

Implemented by: Naděje o.s.

Implementation: 2007 onwards

Annual operating costs: CZK 836,000

Financing: Prague 1, Prague 4, Prague 5, the Ministry of Labour and Social Affairs

Website: <http://www.nadeje.cz>

This project connects three areas key to work with the homeless, these being field work, social work and health care services. The scope of provision of the services (5 days per week) and the number of people using it (daily average 100) mean that this project is without compare with regard to the number of people receiving field services for the homeless in the Czech Republic. Field workers in the project use specially equipped and fitted supply vehicles, making basic material, health care assistance, including social work, more accessible to the homeless. The service creates **conditions that allow homeless people to begin to resolve their situation.** In some cases, assistance provided by mobile social workers has helped save lives. The common denominator of the target group is that they do not, for subjective reasons, utilise services intended for the homeless. One key outcome of the project is the interconnection of the aforementioned areas, which help people from the target group to alleviate health and social risks. Another is the mobility of social services, which can visit clients on the street. The project is also used to connect with a large number of homeless people who are motivated to, and supported in, the utilisation of follow-up social services in the form of day centres, night shelters and stay-in facilities; that is, to facilitate their re-integration into society. **This project was ranked amongst the 100 best projects in Central Europe.**

Reasoning:

This project was selected as an example of long-term cooperation between a public administration body (Prague 1 district) and a provider of social services. This innovatory outreach programme utilises an automobile occupied by a social worker, social services employee and employee with medical training for urgent treatment in the field. The automobile is connected to the Internet and databases and has a telephone connection to other centres. **The mobility and scope of the project allows services to be provided to people to whom stationary social services for the homeless are inaccessible.**

VI. Rising Spiral

Implemented by: Olomouc Charity

Implementation: since July 2011 to date

Annual operating costs: CZK 1,500,000

Financing: ESF, HREOP, No. CZ.1.04/3.1.02/67.00042 (1 July 2011 – 30 June 2014)

Web: <http://www.olomouc.charita.cz/socialni-sluzby-SLD>

Description: Based on the escalating issue of indebtedness, the Samaritan Centre for homeless people has implemented a project focusing on **homeless people in debt or people at serious risk of losing home**. The escalating issue of indebtedness places demands on the expertise of all homeless services staffs, including beyond the scope of specialised activities. The key objective is to expand the counselling services capacities specialised in tackling the issue of indebtedness in the Olomouc region by 60 people annually, to improve resolution of indebtedness among homeless **people by approaching people actively and applying strong individual approach** in working with at least 20 homeless people annually and involving experts in the discussion and cooperation on the issue of indebtedness in the Olomouc region. The project is a very useful tool for resolving the situation of homeless people and a tool for preventing the loss of home. Since the project **was initiated, it has been obvious that the target group is numerous, the service is necessary and its use will be growing**.

Increasing indebtedness and unreasonable loans currently represent a serious problem. This project provides help not only to people who have fallen in debt trap already, but also to those who are at risk of unreasonable loans and subsequent debt, often leading to execution.