



Working Package n° 2

National report – Czech Republic



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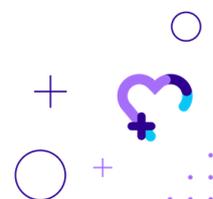


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1. Objective of the Research Report

This research report summarises key findings from desk research, individual interviews, and focus groups on dementia care for older adults in the Czech Republic. The study explored strengths and weaknesses in current care systems, identified areas for improvement, and examined how digital tools could better support all those involved.

Participants included healthcare professionals, caregivers, and social sector experts with direct experience in dementia care. Their diverse perspectives offer valuable insights into current challenges and practical opportunities for enhancing person-centred support.

The literature search was conducted using publicly accessible online sources and institutional websites, including:

- Google Scholar
- Official websites of Czech ministries and agencies (e.g., MPSV, MZČR)
- Websites of relevant NGOs (e.g., Česká alzheimerovská společnost, APSS ČR, Seňorina)
- European Commission publications
- WHO publications
- Academic institutions and technology providers (e.g., ČVUT, Microsoft)

A total of **33 sources** were initially retrieved during the mapping and desk research process.

Of these, **10 sources were excluded** due to limited relevance to the core research topics (dementia care and digital technologies), insufficient data, or lack of applicability.

A total **23 sources were ultimately selected and included** in this review.

2. Overview of Current Developments in Dementia Research Regarding Detection, Prevention, and Treatment

2.1 Summary of the national policies

Short description and summary of the respective policies

In the Czech Republic, care for seniors suffering from dementia is provided at home by family members with the possible use of field social services (care service and personal assistance service) or ambulatory social services (day or weekly stationary), or in residential social service facilities (homes for the elderly, homes with special regimes). (APSS ČR, 2020; MPSV, 2019) A client/patient is then in a health care facility if his/her health condition requires acute health care (e.g. in the event of a sudden deterioration in health or other difficulties) and it is not possible for him/her to remain in the home environment or social services facility.

The system of financing social services is multi-source. Social services are primarily financed from subsidies from the Ministry of Labour and Social Affairs and the regions, which further redistribute the funds to social



service providers. In addition, the financing is contributed by client payments for services and an allowance for care (intended for persons dependent on the help of another person). (MPSV, 2019)

Health care provided in health care facilities and in social service facilities is covered by health insurance.

Only a health professional can provide healthcare in residential services for seniors – either the facility employs a nurse with expertise 913 (general nurse in social services) or it is necessary to contract the provision of home healthcare – expertise 925. However, the financing of healthcare provided is very complicated – the nurse has healthcare services reimbursed by the health insurance company, but the employer must pay for other activities from other sources (practice shows that insurance companies will only cover 40-50% of the costs). High demands are placed on nurses in social facilities to make decisions, care must be provided in the same quality as in healthcare facilities. If the service does not employ a nurse, a home care nurse comes to the service, where the scope of care provided is smaller – only to the extent of services reimbursed by the insurance company.

The continuity of healthcare and social care is not clearly defined – a patient is often transferred from a healthcare facility to a social service facility not on the basis of improved health status, but e.g. due to the need to free up a bed, or due to reaching an unofficial limit on the length of stay. The system is incomprehensible both to the users themselves and to family members, which reduces the availability of care in practice (what quality and scope of care to expect in different facilities, charging for certain services, etc.) (APSS ČR, 2020)

The main policy document on dementia in the Czech Republic is the “National Action Plan for Alzheimer’s Disease and Similar Conditions for the Period 2020–2030”¹ (NAPAN). This plan is the result of cooperation between the Ministry of Health², the Ministry of Labour and Social Affairs³ (MPSV), professional associations, and non-profit organizations. The action plan builds on previous strategic documents and sets out a comprehensive framework for improving care for people with dementia. The key objectives of the action plan include:

- Raising public awareness about dementia and reducing stigma.
- Improving early diagnosis and access to specialized care.
- Developing long-term care services and support for people with dementia and their caregivers.
- Supporting research and education of professionals in the field of dementia.

The Ministry of Health regularly monitors and evaluates the implementation of the action plan's goals in cooperation with expert institutions and organizations focused on dementia.

¹ Title in Czech: Národní akční plán pro Alzheimerovu nemoc a obdobná onemocnění na období 2020–2030 (NAPAN)

² Title in Czech: Ministerstvo zdravotnictví ČR

³ Title in Czech: Ministerstvo práce a sociálních věcí ČR (MPSV)



Another important document is the “Strategy for the Development of Care for Elderly People in the Czech Republic for the Period 2023–2025”⁴, published by the MPSV. The strategy includes several objectives, such as promoting active and healthy ageing, ensuring dignity in old age including access to quality services, supporting home-based care, and supporting informal caregivers. The strategy recognizes dementia as a significant issue related to population ageing and emphasizes the need to develop specialized services and support for people with dementia and their caregivers.

The MPSV also issued the “National Strategy for the Development of Social Services for the Period 2016–2025”⁵, which focuses on the needs of people with dementia through the development of community-based services, support for informal caregivers, and the integration of health and social care.

National policies and strategic documents in the Czech Republic explicitly address dementia among elderly people aged 65 and over, both in terms of prevention and diagnosis, as well as access to care and support for informal caregivers. Dementia in the elderly people population is viewed as a key challenge in the context of population ageing.

Comparison to wider policy frameworks

The Czech national dementia policy, represented primarily by the National Action Plan for Alzheimer’s Disease and Similar Conditions (NAPAN), is aligned with the framework recommendations of international organizations such as the World Health Organization (WHO) and the European Commission.

NAPAN builds on the goals set in the WHO’s “Global Action Plan on the Public Health Response to Dementia 2017–2025”, which calls on member states to adopt a systematic approach to dementia across seven strategic areas: raising awareness and understanding, risk reduction, diagnosis, treatment and care, support for caregivers, data monitoring, and research. The Czech plan includes similar priorities, such as a focus on early diagnosis, support for informal caregivers, and the development of long-term care services. Like the WHO strategy, it also emphasizes the need for a coordinated approach across sectors and institutions.

From the perspective of European frameworks, Czech policy can be seen as part of the broader EU effort to strengthen long-term care systems and support for people with chronic illnesses and older adults. European Commission policies on health and population ageing—including initiatives like the “European Care Strategy” (2022)—promote principles such as community-based care, independence, and personalized support. These principles are also reflected in Czech strategic documents, particularly in the “Strategy for the Development of Care for Elderly People in the Czech Republic for the Period 2023–2025” and the priorities of the MPSV.

Overall, the Czech Republic’s strategic framework aligns with the directions recommended by the WHO and the European Union. However, a major challenge remains the implementation of proposed measures in practice and the long-term sustainability of adopted actions—including the integration of technological and

⁴ Title in Czech: Strategie rozvoje péče o seniory v České republice na období 2023–2025

⁵ Title in Czech: Národní strategie rozvoje sociálních služeb na období 2016–2025



innovative solutions and securing continuous funding—which are also identified as key areas for future development in international documents.

2.2 Analysis of the Current State of the Art

Comprehensive description and evaluation of existing practices

According to the Czech Statistical Office⁶ (ČSÚ, 2024), at the end of 2023, there were approximately 2.24 million people aged 65 and over in the Czech Republic, representing 20.5% of the total population. This proportion continues to grow, and projections from ČSÚ estimate that by the end of the 2050s, the number of older adults will reach 3.25 million, or roughly 30.8% of the population.

Estimates of dementia prevalence in the Czech Republic are based on a model derived from the “Dementia in Europe Yearbook 2019” and data from ČSÚ. According to these estimates, around 171,000 people were living with dementia in the Czech Republic in 2023, including 54,220 men and 116,563 women. Exact data on how many people aged 65 and over have dementia are not available. However, since dementia primarily affects elderly people, it is assumed that most of the 171,000 people fall into this age group. The NAPAN states: “*The prevalence of dementia rises significantly with age, most often appearing after age 65, with the highest rates recorded after age 80.*” The NAPAN also notes that an estimated 72% of people with dementia in the Czech Republic have been formally diagnosed.

In the Czech Republic, care for people with dementia aged 65 and over is provided through various types of social services, which are defined in Act No. 108/2006 Coll., on Social Services. These services aim to support independence, ensure a dignified life, and promote social inclusion of people with dementia.

- **Nursing homes for people with dementia**⁷ are residential social services for people with reduced self-sufficiency due to chronic mental illness, dementia, or substance addiction. They provide accommodation, meals, assistance with daily self-care, support for social contact, cognitive behavioural activities, and other services.
- **Nursing homes**⁸ provide residential services for people with reduced self-sufficiency, primarily due to age, whose situation requires regular assistance from another person. Although not intended exclusively for people with dementia, many elderly people with this diagnosis receive necessary care in these homes.
- **Day care centres**⁹ provide outpatient services for people with reduced self-sufficiency due to age, chronic illness, or disability. These services are provided during the day and include help with daily self-care, activation activities, cognitive behavioural programmes, and more.

⁶ Title in Czech: Český statistický úřad (ČSÚ)

⁷ Title in Czech: Domov se zvláštním režimem

⁸ Title in Czech: Domov pro seniory

⁹ Title in Czech: Denní stacionář



- **Home care service**¹⁰ is a field or outpatient service for people with reduced self-sufficiency due to age, chronic illness, or disability. It includes assistance with self-care, personal hygiene, food provision, and other support activities.
- **Personal assistance**¹¹ is a field-based service for people with reduced self-sufficiency due to age, chronic illness, or disability, whose situation requires help from another person. The service is provided without time limits, in the person's natural environment, and during activities they need assistance with.
- **Respite care**¹² is provided to people who are otherwise cared for in their natural home environment. The goal is to allow the caregiver necessary rest. These services can be delivered in residential, outpatient, or field form.
- **Social counselling**¹³ is provided to individuals in adverse social situations. Counselling may include information about care options for people with dementia, available social services, legal entitlements, and other relevant topics.

Identification of gaps and challenges

Care for people with dementia aged 65 and over in the Czech Republic faces numerous challenges, as seen from the perspectives of professionals, the clients themselves, and informal caregivers. One of the most significant systemic shortcomings is the fragmentation of health and social care, which often fail to connect effectively and cooperate to the extent needed to support the quality of life of the person with dementia. There is also insufficient coordination between these related services and a lack of a comprehensive approach to long-term care. Professionals from both the social services and healthcare sectors have long pointed to the limited availability of specialized services, a shortage of places in nursing homes for people with dementia, and the absence of community-based services in some regions. They also stress the need for systematic education in dementia care—for both experts and frontline workers, who often lack a deeper understanding of the specific needs of this target group.

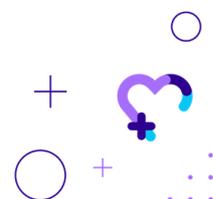
From the perspective of people with dementia and their families, late diagnosis is a common barrier. This is caused both by low public awareness and by general practitioners not being adequately prepared to recognize early symptoms of dementia. People living with dementia and their caregivers also face difficulties navigating the care system, dealing with bureaucracy, and repeatedly proving their eligibility for support. Many families care for their loved ones with dementia at home, often without access to available respite care (which is lacking), without psychological support, and without access to professional counselling. As a result, caregiving is not only physically demanding, but also emotionally and financially exhausting. Informal

¹⁰ Title in Czech: Pečovatelská služba

¹¹ Title in Czech: Osobní asistence

¹² Title in Czech: Odlehčovací služba

¹³ Title in Czech: Odborné sociální poradenství



caregivers often experience burnout or social isolation. Nevertheless, their care saves the state a significant amount of money each year.

In terms of innovation, it is evident that digital and assistive technologies are not yet widely used in everyday practice. There is a lack of systemic support for their implementation, and social service workers often lack the skills needed to use these tools. Additionally, many elderly people and their families either do not trust the technology or do not have access to the necessary equipment.

Overall, the Czech system of dementia care is facing a combination of staffing, capacity, financial, and structural barriers. Despite the existence of strategic documents (e.g., NAPAN, the Strategy for the Development of Care for Older Adults), the implementation of concrete measures in practice remains slow. Key steps forward would include strengthening inter-ministerial cooperation, developing regional dementia care centres, targeted funding for innovation, and creating stable support for informal caregivers.

2.3 Innovative Practices

Examination of the latest advancements and innovative strategies in dementia care

In the Czech Republic, technological adaptation in the care of people with dementia is gradually progressing but remains limited, especially among the population of older adults aged 65 and over. Digital and innovative solutions are mainly applied in the areas of diagnostics, training of professional caregivers, support for client independence, and, in some cases, in telemedicine. These solutions are typically implemented through pilot projects, often supported by European funds or the non-profit sector, and have not yet been widely adopted across the system. In practice, there is a lack of a unified national strategy for the digitalization of long-term care that would systematically promote the use of technologies specifically tailored to the needs of people with dementia. A major barrier to wider implementation of digital tools is the insufficient technological equipment of social service providers, regional disparities, and low digital literacy among some older adults, informal caregivers, and even professionals working in social services. Analytical reports by the Ministry of Labour and Social Affairs and selected research studies (e.g., NTMC Research Report: Innovations in Long-Term Care¹⁴, (NTCM) 2023; MPSV Analysis of Approaches to Dementia Care in Selected European Countries¹⁵, 2020) repeatedly recommend strengthening technological infrastructure, developing electronic tools for care coordination, and providing targeted support for the education of both social service workers and informal caregivers. The NTMC research report also concludes that the potential of digital and assistive technologies in dementia care for elderly people in the Czech Republic is only partially used and lacks a long-term development plan.

The Czech Republic is therefore currently facing the challenge not only of introducing new technologies but also of creating the conditions for their sustainable and equitable use across regions and service providers.

¹⁴ Title in Czech: Výzkumná zpráva NTMC: Inovace v oblasti dlouhodobé péče (NTCM)

¹⁵ Title in Czech: Analýza přístupů k péči o osoby s demencí ve vybraných evropských zemích



Case studies highlighting successful implementation of innovative models

Cogni Trainee – Application for Early Detection of Cognitive Impairment

Authors: Researchers from the Czech Institute of Informatics, Robotics and Cybernetics, Czech Technical University (CIIRC)

Description: Cogni Trainee is a mobile application designed to detect early symptoms of Alzheimer’s and Parkinson’s disease. Users train their memory and attention through simple games and tasks. The application analyses the results and identifies potential cognitive impairments. It supports early detection and timely initiation of treatment.

Source: ČVUT – CIIRC. (2021). *Revoluční česká aplikace Cogni Trainee může pomoci odhalit počínající Alzheimerovu a Parkinsonovu chorobu.* Available from: <https://www.ciirc.cvut.cz/cs/revolutionary-czech-app-cogni-trainee-can-help-detect-incipient-alzheimers-and-parkinsons-disease/>

Principal Engineering Application – Supporting Patient Independence

Authors: Principal Engineering, in collaboration with Microsoft

Description: This application uses artificial intelligence and machine learning to analyse the behaviour of patients with Alzheimer’s disease. Based on the collected data, it provides personalized recommendations and alerts that help patients remain independent for longer. The application improves the quality of life for patients and reduces the burden on caregivers.

Source: Microsoft ČR. (2023). *Pacienti s Alzheimerovou chorobou mohou být díky aplikaci Principal Engineering déle samostatní.* Available from: <https://news.microsoft.com/cs-cz/features/pacienti-s-alzheimerovou-chorobou-mohou-byt-diky-aplikaci-principal-engineering-dele-samostatni/>

Assistive Technologies and Smart Homes

Description: Assistive technologies include devices and systems that support the independence of people with dementia, such as:

- Motion and fall sensors
- Automatic lighting
- Medication reminders
- GPS trackers

Assistive technologies enhance safety and enable elderly people to remain in their home environment for longer.

Virtual Reality – Dementia

An innovative solution in dementia care, focused on the education and skill development of caregivers. The application was developed in Australia; however, no comparable product is currently available elsewhere in Europe, apart from the Czech Republic. Using virtual reality technology, users can experience the world through the eyes of a person with dementia. This immersive experience helps caregivers—both professional



and informal—better understand what individuals with dementia go through. As a result, they are more capable of identifying the needs of people with dementia, understanding their emotions, and providing appropriate support both in the home environment and in social care facilities.

Source: Institut vzdělávání APSS ČR. (2025). *Virtuální realita – demence*. Available from: <https://www.institutvzdelavani.cz/virtualni-realita-demence>

2.4. Training of Professionals

Assessment of current training frameworks and curricula for healthcare professionals and caregivers involved in dementia care

There is currently no unified national education framework in the Czech Republic specifically and exclusively focused on dementia that would be mandatory for all healthcare and social care professions. Training for staff working in dementia care is provided mainly through individual courses and accredited programmes as part of continuing professional development, which is required by Act No. 108/2006 Coll., on Social Services. According to the Act No. 108/2006 Coll., on Social Services social care workers can obtain their qualification through a basic qualification course for social service workers. This course provides a general foundation necessary for the profession, but it covers all target groups of social service clients. However, there is a proposed amendment to the qualification course that includes a dedicated module focused specifically on older adults and people with dementia.

At the level of social services, staff training is often provided directly by service providers, non-governmental organisations, or specialised training institutions (e.g. the Institute of Education of APSS ČR). In the healthcare system, dementia-related topics are included in disciplines such as geriatrics, neurology, and psychiatry. However, undergraduate medical education often lacks an interdisciplinary approach and a deeper focus on practice in community and home-based settings.

Exploration of best practices in upskilling professionals to enable early detection, prevention, and effective management of dementia

Based on the information provided by Educational Institute of APSS ČR¹⁶ (2025) an example of good practice in building competencies is the use of **virtual reality**, which allows both caregivers and professionals to "see the world through the eyes of a person with dementia" and experience their everyday challenges. This approach supports empathy and improves the quality of communication and direct care. Another example includes various training courses accredited by the MPSV, offered for instance by the Institute of Education of APSS ČR or the Czech Alzheimer Society. These courses combine theoretical instruction with practical skills training, such as communicating with a person with cognitive impairment or implementing individual care planning.

¹⁶ Title in Czech: Institut vzdělávání APSS ČR



The MPSV (Training Methodology for Social Service Workers: Recommended Approaches and Methods¹⁷, 2020) also recommends the use of practical teaching methods, such as:

- *role-playing,*
- *model situation training,*
- *simulation techniques,*
- *case study analysis,*
- *reflection on participants' own experiences.*

These methods support active engagement and help effectively transfer theoretical knowledge into practice.

The approaches mentioned are particularly recommended for direct care staff and are included in high-quality training programmes that contribute to improving professional standards in dementia care.

Identification of skill gaps and recommendations for improvement in training programs

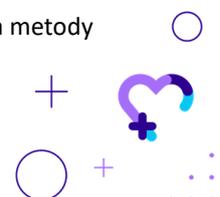
Available analyses mentioned further in the text, as well as practical experience, indicate that the system of professional education in the field of dementia care in the Czech Republic shows several significant shortcomings.

One frequently mentioned issue is the **low level of digital literacy among care workers who provide direct support to clients**, which significantly limits the broader use of modern technologies—whether assistive technologies, smart home systems, electronic documentation, or applications that support communication and care planning. This problem is clearly identified in, for example, the NTMC University Hospital Olomouc Research Report (2023), which states: *“Technology may be rejected by staff due to low digital literacy and concerns about losing personal contact with the client.”*

It is also evident that the Czech education system **lacks systematic and mandatory training specifically focused on dementia**, both at the undergraduate level and in further professional development. Although high-quality courses and training programmes exist (e.g. those accredited by the Ministry of Labour and Social Affairs or provided by the Czech Alzheimer Society), they are not commonly required as a standard. This gap is also highlighted in the NAPAN (2020), which points to the need to *“strengthen expertise and interdisciplinary cooperation in the field of dementia”*.

Last but not least, **training is often outdated in relation to real-life practice**. It does not reflect the specific situations that care workers and caregivers encounter—such as home-based care, managing aggressive behaviour, or the need for crisis intervention. This need is also recognised in the Action Plan for Ageing 2023–2025 (MPSV), which emphasises the importance of responding to the *“changing needs of older adults and the expanding scope of home care”*.

¹⁷ Title in Czech: Metodika pro vzdělávání pracovníků v sociálních službách: Doporučené přístupy a metody



Based on the identified shortcomings, the following steps are recommended:

1. **Introduce a minimum standard for dementia-related training:** Make dementia a mandatory topic in the training programmes of all professions that work with elderly people—especially social service workers, general nurses, and general practitioners.
2. **Support interdisciplinary approaches in education:** Connect medical, social, and psychological perspectives in dementia care and strengthen teamwork across professions.
3. **Provide financial support for interactive learning:** Invest in modern teaching methods such as simulation tools, video-based interaction training, or virtual reality—e.g. the VR course for caregivers offered by the Institute of Education of APSS ČR.
4. **Develop a national educational framework:** Create a comprehensive document defining required competencies, educational content, and recommended forms of training in dementia care. This framework should be binding for service providers and educational institutions and should be regularly updated.
5. **Systematically support the prestige of the social service worker profession:** Address the staffing shortage, which directly threatens service quality and increases the risk of staff turnover.

Role of APSS ČR in Advancing Dementia Training

APSS ČR plays an important role in the education of social service workers, including the development of competencies in dementia care. Through the Institute of Education of APSS ČR, it offers accredited courses and thematic seminars focused on specific skills needed when working with clients with cognitive impairment.

These courses cover topics such as:

- understanding the behaviour of people with dementia,
- crisis communication and managing challenging situations,
- an individualised approach to older adults with cognitive impairment.

APSS ČR also uses **interactive teaching methods**, such as visual materials (e.g. the Dementia in Images course), model situation training, and facilitated discussions based on case studies. This supports active learning and the direct application of theory into everyday practice.

In addition, APSS ČR is involved in **project activities focused on innovation and quality in long-term care**, where dementia is often a central theme. Together with other partners, it contributes to the systematic development of education in this area at the national level.



3. Focus group and Interviews

3.1 Participants in Focus Groups and Individual Interviews

General Information about the Participants

In order to collect data for the research report, a total of 7 individual interviews and one focus group with 3 participants were held. In total, 10 stakeholders, experts, and policymakers of various job categories were interviewed.

Among the interviewees were two directors of residential social services – special regime home, one head of respite care and personal assistant, one head of field home care services, one station nurse from the neurological ICU, one head methodologist and caregiver of residential services for the elderly, one methodologist of a home for the elderly, now an external consultant of residential services for the elderly, one social worker, case manager and coordinator of respite care of an organization helping people with dementia, one manager of social services and one participant who is an advisor to the Minister of Labor and Social Affairs and a member of several expert committees or commissions in the social field, within the local government.

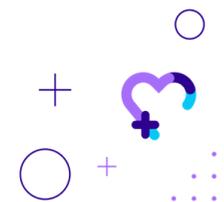


Table – list of the participants and their characteristics

Participant ID	Gender		Age	Ethnicity	Professional background							Type of organization					
	Male	Female			Doctor	Nurse	Physiotherapist	Geriatrician	Psychologist	Social worker	Caregiver	Other	NGO	Alzheimer's Association or similar	Government Agency	Other	
01	✓		41	Czech						✓							✓ Privat social care facility
02		✓	43	Czech		✓									✓		
03		✓	44	Czech						✓		✓					
04		✓	43	Czech						✓		✓					
05	✓		49	Czech							✓						✓
06		✓	63	Czech								✓					✓



07		✓	50	Czech						✓			✓			
08		✓	50	Czech						✓						✓
09	✓		52	Czech						✓		✓	✓			
10		✓	32	Czech						✓			✓			



All participants have an education in the social field, or healthcare. Most of them also have experience as lecturers – different schools or universities in the social field, or in courses for workers in the social sphere, accredited by the Ministry of Labor and Social Affairs.

Table – list of the participants and their job titles

Participant of individual interview / focus group	Participants 'job background
Individual interview	Director of a nursing home for elderly people (private provider), lecturer at AMBIS University and the Czech University of Life Sciences Prague, trainer in continuing professional education courses
Individual interview	Head nurse at a neurological intensive care unit, university hospital
Individual interview	Coordinator of contact centres, respite care coordinator, specialist consultant in dementia counselling, member of the “Vážka” certification team – Czech Alzheimer Society (non-profit organisation), trainer in continuing professional education courses
Individual interview	Head of respite care (non-profit organisation), trainer in continuing professional education courses
Individual interview	Head of care workers, social work methodologist (church-based organisation), secondary school teacher, trainer in continuing professional education courses
Individual interview	Trainer in continuing professional education courses, formerly head of home care services and a day care centre (municipal organisation), former vice-president for field services in a professional association
Individual interview	Social services manager (non-profit organisation)
Focus group	Director of a nursing home for people with dementia (private provider)
Focus group	Social services specialist (non-profit organisation), trainer in continuing professional education courses
Focus group	Social worker by training, advisor to the Minister of Labour and Social Affairs, member of several social committees and working groups, director of sections at the Confederation of Employer Unions of the Czech Republic

3.2 Realization

The interviews were always conducted with the same script – whether it was an individual interview or a focus group meeting. The script was pre-defined with a set of twelve questions that served as a guide to covering all the necessary thematic areas. The length of the interviews was on average 75 minutes. The interviews were conducted in person and online and were always recorded and transcribed.

3.3 Basic set of questions

The interviews always first mapped the professional background of the interviewees, with an emphasis on key aspects related to working with older people suffering from dementia. In the introduction, we defined the basic skills, knowledge and competences that the interviewees considered essential in providing quality care to older adults suffering from dementia. We also focused on the most significant problems that the interviewees face and how they manage to deal with them in practice. Attention was also focused on the quality of the work of caregivers – what are the functional strategies for their support. We looked for possible tools, resources or procedures for improving support – not only through education, but also through other tools or support systems.

We investigated the benefits and usefulness of digital tools or technologies, possible limits or obstacles of their effective use. We also looked for what an ideal digital tool or technological solution might look like.

Finally, we also touched on the systemic perspective – what changes at the policy or system level would best support quality care for older adults suffering from dementia and enable better integration of digital tools.

The interviews also served as a sharing of good practices, useful tips and transfer of experiences.

3.4 Main topics and description of key findings

Essential knowledge, attributes, specific skills and competencies for providing quality care

Communication, empathy, listening, flexibility, perspective, and patience are perceived as key qualities.

“But when we talk about those soft skills or abilities, there's always empathy. Then there's the ability to listen, to communicate, even with regard to those specifics and a person with dementia.” – Director of a nursing home for elderly people

“Certainly, for those people who provide direct care, it's 100% patience and also some kind of perspective, knowledge of how dementia, or simply all its different forms, can manifest itself.” – Head of respite care



Expert knowledge of the specifics of the target group will enable workers to work effectively with possible aggression in behaviour – from clients and also family members. The ability to work with one's own emotions together with a well-organized team at all levels (from caregivers, through middle management, to the management of the service or facility itself) will then enable workers to better manage time pressure that arises due to a lack of personnel capacity.

“So most often we see that middle management completely fails, that it has no support at all, it cannot support its teams at the same time. There is also a shortage of those who would go into middle management, no one wants to be the umbrella, sifting up and down and being a target.” – Social services specialist

If a worker has enough time for individual tasks, does not get into time pressure, or can manage it effectively, they can provide care in a high standard of quality through individual knowledge of the client and their story.

“Professional knowledge, that means that the person knows the issue in which he is involved, although at the same time I am a supporter of the approach that knowledge can be gained, and skills can be learned. So, if the person is willing to develop and deepen that knowledge and competence, then for us the constant education and development of the team is very important. And at the same time, it is also an individual approach and knowledge of the person we are looking after.” – Social services manager

The ability to communicate respectfully with the family is also important – to obtain the maximum amount of information about the client and their habits.

Challenges in the care of older adults with dementia, defined areas of improvement

The capacity of social services was defined by the participants as the biggest problem. The number of clients with some type of dementia is increasing. It is necessary to immediately address the increase in the capacity of field, ambulatory and residential services. There is a great shortage of workers – not only in direct care as caregivers, but also at the middle management level. In addition to interesting external stimuli, the volunteer program and student internship can also generate potential employees.

There are families ready to provide care with the help of field and ambulatory services. There are also families ready to finance services in private residential facilities, but we also have clients who have no close family or support from the environment. In this case, connection with the social department of the municipality or city and activation of services in the local network are necessary. Not all adverse social situations need to be resolved only with the help of social services - it is possible to use community care, connection with the health service, activation of volunteers, etc.

The capacities of social services need to be used effectively – for example, the Vysočina Region - uses a shared social investigation (it is not carried out separately by the care service, by a social worker from the Labour Office due to the allowance for care and also by a worker from the city's social department), which does not exhaust the client and his family so much and also saves the personnel capacities of social services. The Vysočina Region also has a uniform procedure for accepting clients into residential social care services established by the region. Across the country, care services are gradually being transformed - distinguishing



needs – workers do not primarily provide cleaning, shopping or lunches – where possible, community services in the locality are used. This contributes to supporting the prestige and expertise of the profession and allows for a better distribution of the personnel capacities of a specific service.

The issue of timeliness of care provided – it is necessary to identify people with early signs of dementia as early as possible (e.g. Days of Remembrance – held throughout the Czech Republic since 2006). It is very difficult to correctly estimate the appropriate timing of the transfer from home care to residential care. Currently, clients often come to residential care facilities only when the demands on the care provided are very high with regard to the client's condition. This makes it difficult for the client to adapt to staying in the facility and also places great demands on caregivers. The number of caregivers in the facilities remains the same, and the requirements for their education do not change, although the demands on care increase every year.

In relation to older adults suffering from dementia, the so-called **positive approach to care (“PAC”)** has proven to be effective – focusing on understanding the experiences of people with dementia, thereby improving communication and creating a supportive and empathetic environment in which people with dementia will do well despite their illness. “PAC” seeks to understand the unique needs of people with dementia – training staff in this approach, the ability to apply it in practice.

The **position of family guide, advisor** (case management) is missing – a comprehensive approach, care for the senior and his family, provision of professional social counselling to both the client and the family. The position is being piloted in practice by the A-doma organization. The question is whether it is necessary to establish another job position, a new specialization, or associate the activities of the family guide with some already existing specialization.

A big topic is **cooperation and continuity of the social sphere with the healthcare system**. When a person comes from their home environment to the hospital and then cannot return, it is necessary to ensure some residential service in time. However, this may not be available immediately. The patient then ends up in a long-term care facility or a geriatric ward, where they do not receive adequate care. All transfers from one ward to another and changes in staff are extremely demanding for them. The social worker of the healthcare facility should start working with the patient immediately after his admission, so that continuity of services is ensured as soon as possible.

The course of hospitalization is very demanding for patients suffering from dementia – a change of environment, the ICU bed is connected to various devices that make sounds, monitor vital functions, the patient needs specific treatment. **Medical staff and orderlies need to be specifically educated in the area of communication, approach to people suffering from dementia**. They need to know how to work with the fact that the patient is not helpful in handling, does not respond to instructions, etc. Health facilities also have a shortage of social workers, which makes it problematic for the client to return to a social service facility or home environment with the help of field social services. Also transition from previous home care to a residential facility is problematic. It would be ideal to accompany the client while still in the health facility – where he would get to know the workers of social service facility and thus adapt more easily after the transfer.



The general practitioner visits the patients' homes only exceptionally, **does not have an up-to-date overview of social services in the district or nearby locality**, does not know where to refer the patient in case of any specific difficulties or need for help. He also should test all patients from the age of 65 every two years for memory screening, as a part of prevention, but this is not happening.

Cooperation with the family is crucial – caring for older adults with dementia – it is crucial to obtain the maximum amount of information, detailed information about the client's life, their habits, needs and wishes from the productive part of client's life. However, it is often difficult to meet the family's expectations when the client moves to a residential facility. In practice, it is necessary to care not only for the client, but also for family members, which again deepens the staff shortage.

Social service providers are selective about their clients – they reject clients with behaviour that requires more care, and it is very difficult for them to find a suitable social service. The selectivity of services means that clients often end up in psychiatric hospitals, where they do not belong due to the nature of their disability. A major problem with placement is, for example, clients whose dementia has developed in connection with alcoholism. The provision of palliative care in residential services is also not yet fully functioning. It is necessary to deal with the stigma that Alzheimer's dementia – these are aggressive clients – we do not want them in our service.

Another frequently identified area for improvement is **collaboration with psychiatry** to prevent overuse of antipsychotics or polypharmacy. The client often takes many medications at once that interact with each other or misuse of medications occurs (e.g. some medications are not designed to be broken in half - damaging the medication packaging can affect their effectiveness).

A major area for improvement is **awareness of the topic of dementia, and preparation for old age in general**. It is necessary to stir up a societal debate on this topic – so that the family has realistic expectations, so that they know how the disease is likely to develop further, how it can progress. It is necessary for society to talk about what changes can occur in old age, what a person wants in connection with ensuring self-care. Professional social counselling in this area should be provided and should be easily available.

Strategies for effective support for caregivers

Quality care for employees is crucial in the case of caregivers of older adults suffering from dementia. Caring for older adults suffering from dementia, is extremely exhausting. Each client has slightly different symptoms, has its own specifics, workers are usually in 24-hour operation (in the case of residential services), they should be entitled to, for example, an extra vacation days. Organizing shift operations is very challenging, also considering the almost permanent shortage of personnel across all regions. Scheduled shifts often interfere with workers' personal lives, thus increasing the chance of professional burnout and the risk of turnover. In the case of the target group of older adults suffering from dementia, it often happens that workers are afraid of doing something wrong, harming the client, even if they were doing the best they could at the time.

In practice, care coordinating which includes functional communication within the team, supportive leadership, **accessible and regular supervision** with a well-defined contract, regular interviews, and sharing between workers on a daily basis have proven to be effective mechanism for supporting caregivers.



A major role has **the number of clients per one worker** – this is reflected in how much they can meet individual needs, devote time to the client, and take their time.

In teamwork, it works well when the care manager knows exactly what the direct care workers actually do, what their working day looks like.

Thanking, praising, and appreciating quality work, are very important. If the **organization has a well-established philosophy of providing service**, the culture of the organization or a specific facility works here, it supports clearly defined boundaries within which the workers can move and feel supported.

It is also necessary to **take care of the personal level of workers** – e.g. providing psychotherapy, debt counselling, etc. Workers are often alone in very difficult life situations, which they may not know how to solve on their own.

Education system and its settings

Support for caregivers is primarily based on a well-established education system. Workers are often paid overtime for the time spent on education – they are then better motivated to actively participate in the education process.

Education should meet the needs of workers in relation to the target group of clients they work with, and it should be a continuous process. Education does not end with completing the course. Middle management should also participate in education, it is necessary to support the subsequent implementation of knowledge into practice, new skills need to be trained, repeated so that a change occurs in practice, so that workers adopt the newly acquired skills.

Education can take various forms – it is good to **keep it varied, and to use informal methods of development**, such as watching a film with a social theme and subsequent discussion within the team. The topics that workers with older adults suffering from dementia need most for their practice are, for example, courses using virtual reality – e.g. gerontosuit, glasses, and also the topics of ethics, respect, dignity, client autonomy, understanding of the health condition, techniques of working with the family, workers' resistance to stress, worker boundaries, self-care.

Services have long been struggling with staff shortages and when staff do participate in educational activities, they are absent from direct care. It is also very difficult to secure funding for further education. The most practical courses with quality lecturers are financially demanding.

Most commonly used digital technologies

The most frequently mentioned and used digital technologies, systems or tools included applications for recording the care provided (e.g. Cygnus, eQuip), electric positioning beds, mobile systems for moving clients with impaired mobility, bed-leaving detectors, fall detectors, emergency care buttons, cameras, various locators, smart medicine dispenser, smart bottles or cups for monitoring drinking patterns, sensors for the refrigerator or other appliances. There is also a bracelet that records the client's habits - e.g. where they walk the most around the apartment, what they do and evaluates when there is a divergence, which will alert them. Services also use a pad that monitors the client's sleep – it will allow them to allocate staff capacities



where necessary. The monitoring will show whether the client is sleeping peacefully or, on the contrary, is experiencing some deep restlessness or stress – workers can help where it is really needed. Some services already use AI, e.g. to help with administration – working with the allowance for care application or Czech Social Security administration billing.

However, there is an ethical question – how much of a violation of the client's privacy is it when they are constantly monitored? Technologies should only be used to the extent that the client really needs them – it is very difficult to agree with the client what devices/technologies they will use and why.

In the Czech Republic, Jaroslav Cibulka (Czech Institute of Informatics, Robotics and Cybernetics at the Czech Technical University) is developing a **robotic pet – Petbot**, which serves as a companion and also a guardian for older adults – it can tell when lunch will be, what medication the client should take, it can check whether the client has fallen or forgotten to turn off the stove in the kitchen.

There is already a robot Robin – a robot caregiver and companion – it does not change the bed, does not help with hygiene, but without a trace of fatigue or irritation it repeats the answer to the same question several times in a row – it can be an alternative to workers, not their replacement, it talks, plays games, sings and dances, plays music.

Participants reported a wide range of technologies used in their specific service. High demands were mentioned on employees and their ability to use technology (digitalization places high demands on middle management – they report everything to management and has to supervise the correct use by subordinates). According to participants in the focus groups, an ideal digital tool should be able to process risks, analyse, and, based on the data obtained, propose specific procedures and identify other possible risks. These perspectives are based on qualitative findings and reflect the expectations and experiences of professionals rather than data from applied testing or evaluation in concrete service settings. The broader debate on the use of robots in care also highlights certain limitations – for example, the opinion article *Robots, Save the Social and Healthcare System!* (Přítomnost.cz, 2021) points out that the use of robots in direct care is often seen as suboptimal.

Possible use of digital technologies for working with elderly people suffering from dementia

Digital technology as an effective tool for training workers – will enable workers to better understand the target group of clients with dementia and their needs, experiential courses for at least 2 days, ensure the implementation of new knowledge into the practice of providing services, experience some things first-hand (i.e. try lying on a bed and let others perform individual tasks – e.g. hygiene, transfers, etc.), courses using virtual reality.

Digital technology as an opportunity to save workers' time – functional systems for recording the care provided, the ability to speak a record of the services provided, automatic transcription into the system, minimization of duplicate activities, easier and more effective transfer of information.



Digital technology as a way to ensure client safety and medication adherence – to prevent health conditions from deteriorating due to the client not taking medication as prescribed by the doctor in the field service, or causing an accident or injury

Digital technology as a way to protect the client's home – various sensors, detectors, alarms.

Gaps and challenges – policy and systemic perspective

From a systemic perspective, the problem is with the currently **low requirements for the initial education of workers in social services**. However, the change could cause a backlash among workers and thus threaten the already existing personnel shortage.

In practice, **the system of registration of social services according to species, not according to real need**, appears to be an obstacle.

Care for older adults, not just those suffering from dementia, **must be a priority for the government**, it is necessary to address the issue with experts who have knowledge of the environment and the issue. In 2021, the government approved the National Action Plan for Alzheimer's Disease 2020 – 2030, which proposes various measures leading to the fulfilment of strategic goals. Publications were created as part of the project, but they are not used in practice, and the promised funds were not released.

The need for more efficient and meaningful work with the data that the Ministry of Labour and Social Affairs obtains from individual providers and their ongoing evaluation was also mentioned, which would increase the motivation of providers to report the most accurate data possible. Each region has everything around registration, financing of social services (differences between the state and private sectors) and required reporting set up differently, which is inefficient for providers.

As part of awareness-raising and supporting the prestige of work in social services, it is necessary to start with the education of the next generations – setting up cooperation with schools, excursions, passing on information. The topic of social services and the care provided needs to be brought into social discussion, among the general public.

Conclusion

The report highlights that the Czech Republic has developed a solid strategic framework for dementia care, including support for people aged 65 and over, primarily through the National Action Plan for Alzheimer's Disease (NAPAN) and other policies of the Ministry of Health and the Ministry of Labour and Social Affairs (MPSV). Although various types of services and financial tools exist to support people with dementia, in practice, major issues persist in terms of availability, coordination, and quality of care—especially regarding interdisciplinary cooperation and the integration of digital tools. Czech practice continues to face challenges related to capacity, workforce qualifications, and early detection of dementia, as also reflected in the expert interviews conducted during this research.



Innovative approaches such as the use of virtual reality, mobile applications, and assistive technologies demonstrate potential for modernising care, improving staff education, enhancing client safety, and increasing efficiency, thereby saving staff time. However, these tools are not yet widely implemented, and their use is limited by the availability of technology, funding, and the current preparedness and capabilities of the workforce. It is therefore important to establish a national educational framework for dementia care that standardises competencies across sectors and to ensure systemic support for both families and professionals who face growing demands in working with this target group.

The Care4Elders project has the potential to enhance the quality of care through concrete methodologies, recommendations, and tools tailored to real needs in practice. It can also support interdisciplinary dialogue on the topic, which may lead to broader systemic change.

Recommendations

- To implement the National Alzheimer's Plan (NAPAN), it is necessary to systematically deal with the capacity of social services so that it is available and in adequate quality.
- To support the prestige of the profession in the social field so that in the long term it is possible to increase the capacity of social services in accordance with the appropriate number of clients and appropriate requirements for the provision of care.
- To improve the continuity and accessibility of health and social services.
- To support public awareness of the problematic dementia and the possibility of early use of professional services.



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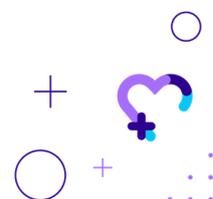
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