



EUROPEAN SOCIAL POLICY NETWORK (ESPN)

National strategies to fight homelessness and housing exclusion

Czech Republic

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Social Europe

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Directorate C — Social Affairs

Unit C.2 — Modernisation of social protection systems

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European Commission

B-1049 Brussels

European Social Policy Network (ESPN)

**ESPN Thematic Report on
National strategies to fight
homelessness and housing
exclusion**

Czech Republic

2019

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Quoting this report: Sirovátka, Tomáš, Jahoda Robert and Malý Ivan (2019). ESPN Thematic Report on National strategies to fight homelessness and housing exclusion – Czech Republic, European Social Policy Network (ESPN), Brussels: European Commission.

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Summary

The Czech definition of homelessness and housing exclusion (HHE) is formulated as 'homelessness and risk of losing home'. Nevertheless, it includes all the categories specified by the ETHOS Light definition of HHE. This does not mean that data are available for all those categories. The system of monitoring HHE still has serious gaps. Information on HHE is based on data regarding the emergency services provided to the homeless, ad hoc surveys by big municipalities and the census. Although it is not possible to cover the period of the last 10 years systematically, on the basis of the above-listed sources available the indications are that HHE has increased. The last estimate by the Ministry of Labour and Social Affairs (MLSA) (2016) is that there are 68,500 homeless and about 119,000 people at risk of homelessness in the country (which has a population of above 10 million). The drivers of this disappointing trend are the rapidly increasing property prices, indebtedness and evictions, and family instability and breakdown, all combined with lack of affordable rental housing (the municipal housing stock is small in general, and the social housing sector is practically non-existent).

According to Government Resolution No. 666 of 28 August 2013, the Czech Republic adopted a strategy to address HHE – the Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020. The concept builds on a complex and coordinated approach, with an emphasis on both housing-focused intensive support, including Housing First, and non-housing-focused support, including the prevention of homelessness. The MLSA is responsible for monitoring implementation of the strategy and for submitting an annual evaluation report to the government.

The strategy has not succeeded in bringing about a policy shift from the current fragmented and ineffective system, which mainly provides emergency services with limited scope. There has been no adoption of such measures as an act on social housing, and no implementation of instruments that would enable the transition from homelessness to housing and that would reinforce the coordinating role of municipalities in this area. One reason is the inadequate financing of the strategy. On the other hand, EU funding has played an important role in providing some capacity of social housing, developing methods of social work with the homeless, piloting Housing First projects and other innovative measures.

Currently, the main package of emergency, preventive and other measures is provided under the Act on Social Services (Housing First is not included). At the central level, different ministries are responsible for the regulation and financing of housing policy, and for the regulation and financing of social services and social work. At the regional level, regional offices are responsible for elaborating the medium-term plan of development of social services in the region, in cooperation with municipalities. At the local level, municipalities are responsible for ensuring conditions for the development of social services and for meeting the needs of citizens – in particular, the need for housing, health protection, etc. This means that they are the key local actors in ensuring service provision to the homeless. The churches and non-governmental organisations (NGOs) represent the lion's share of service providers in emergency housing, non-housing support, prevention services and social work with the homeless.

Although there is no systematic evidence about the effectiveness of the measures in preventing homelessness, finding ways out of homelessness and meeting the needs of the homeless in a flexible fashion, the existing indications are that the measures are too weak to be able to counterbalance the strong mechanisms/causes leading to homelessness.

The key recommendations for closing the policy gaps are as follows: adopting an act on social housing and establishing corresponding financial instruments; defining the role of municipalities in meeting citizens' needs for housing, while providing them with adequate support in the form of appropriate financial instruments; implementing the Housing First/Rapid Re-Housing instrument; increasing legislative protection against eviction,

while strengthening social work with debtors; and developing a healthcare service system for the homeless that combines street medicine, ambulatory healthcare, shelter-based and follow-up care, and prevention.

1 The nature and extent of homelessness and housing exclusion

By Government Resolution No. 666 of 28 August 2013, the Czech Republic adopted a strategy to address HHE called the Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020 (MLSA, 2014a). The concept is based on two key notions. The first is 'homelessness', understood as *'the process from losing home to the possibility to return and the actual return to the common way of life or as a situation which covers any stage of this process'* (MLSA, 2014a: 9). The second notion is the 'risk of losing the home', understood as *'the process from the occurrence of the risk of being excluded from housing'* (ibid.). Housing exclusion is not defined in the concept.

The Czech definition of homelessness directly refers to the ETHOS definition for the identification of persons who are homeless or at risk of losing their home (MLSA, 2014a: 9), which is provided in Table A1 in the Annex. In this table, the detailed ETHOS Light categories are provided, together with the categories and situations corresponding to them in the Czech context.

The categories included in the definition correspond fully to the ETHOS Light definition. This does not mean that data are available for all of the categories included in the ETHOS Light definition (see Table A2 in the Annex). Data availability is dependent on data monitoring procedures. The system of monitoring HHE has serious gaps and is being built only gradually.

At the moment, there are, in principle, three main sources of data. The first is the register of the MLSA of services (mainly emergency housing/'asylum houses') provided to the homeless and people at risk of homelessness. These data are published yearly by the MLSA (i.e. basic information on numbers and, partly, on the structure of the people who draw on the service). This means that recent data are available for most subcategories of categories 2, 3 and 4. The second source is offered by the ad-hoc censuses/surveys of people sleeping/living rough (category 1), periodically organised by municipalities in big cities, as well as estimates provided by the representatives of municipalities in special surveys. The data depend on the survey year (in our case, data from years 2009-2014 are available; estimates by municipalities are from 2016). The third source is census data from the Czech Statistical Office (category 5). The last census was carried out in 2011, with no data available for category 6 (see Table A2).

Although the available data do not allow the period of the last 10 years to be covered systematically, the indications are that HHE has increased. Kuchařová and Janurová (Psychlová) (2016) reported some earlier data on people living rough (category 1). The estimate for Prague was 3,092 individuals in 2004 and 3,953 in 2010. For Brno (the second-largest city in terms of population), it was 1,179 individuals in 2006 and 2,253 in 2014 (1,950 adults aged 18+ and 303 children). Based on data from the MLSA (2009, 2018a), the number of people who used overnight shelters (category 2) was 5,555 in 2008 and 50,638 in 2017. In terms of category 3, the number of people in hostels for the homeless or 'asylum houses' was 3,537 at the end of 2008 (with a total for the year of 7,357), while the figure for 2017 was 5,451 (and 11,741); and 295 clients used the services of halfway houses in 2008, compared to 535 in 2017.¹ Regarding category 4, the number of people released from penal institutions dropped from 14,201 in 2008 to 8,650 in 2017, and the number of people released from children's homes or foster care dropped from 714 to 685 in the same period (however, people in these categories are only

¹ It should be noted that the increasing numbers of people provided with the service may also be due to the improved availability of the service.

potentially homeless). Finally, while the 2001 census identified a total of 15,973 people living in non-conventional dwellings (category 5), in 2011 it was 50,167 people (CZSO, 2011).

These indications seem to be rather disappointing. The trend contrasts with relatively positive developments in unemployment and social exclusion indicators in the Czech Republic. Besides, the numbers of refugees who settle in the country remain fairly low.

Among the factors that influence present numbers of homeless people and people at risk of losing their homes in the context of the increasing cost of living, we can mention the following.

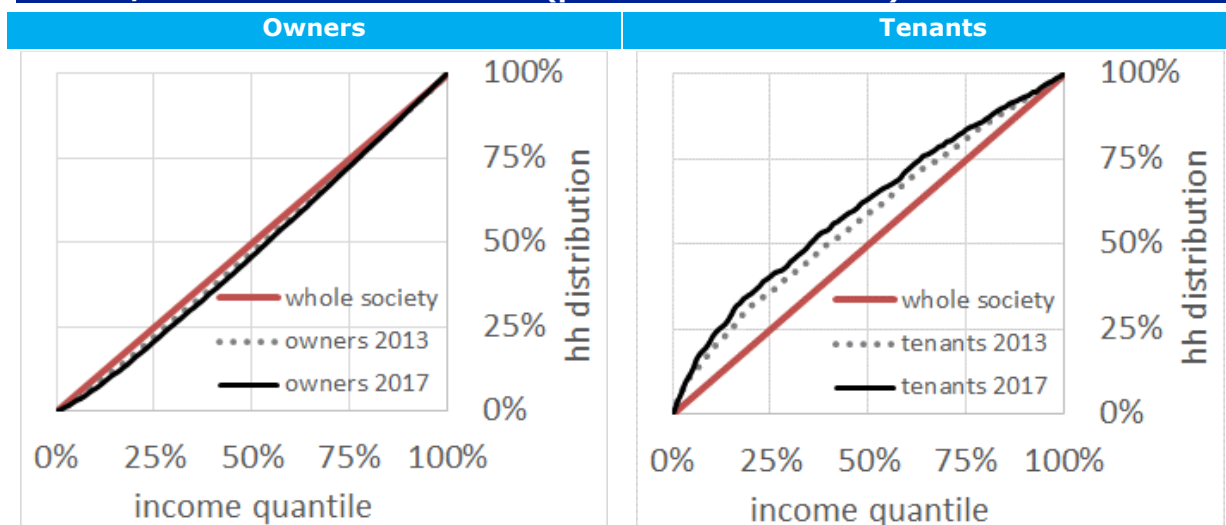
First of all, there is the absence of a social housing law (affordable housing). The law was a pivotal social measure for the previous government (2013-2017), but it failed to gain support in Parliament. In February 2018, the current government spoke about the preparation of a new law (see Taneček, 2018). According to these plans, the wording of the law was to be drawn up in the middle of 2019, and the law would apply from 2021. The drafting of the law was then entrusted to the Ministry for Regional Development (MRD), whereas previously it had been the job of the MLSA. Another shift in the perception of the necessity of the law occurred in September 2018 (see Šimánek, 2018), when Prime Minister Babiš declared: *'We think we need to build apartments ... Forcing municipalities and imposing an obligation to build housing would certainly not be approved.'* It is clear from this statement that the government prioritises support for the housing sector (whether rental or owner occupied), while the issue of social housing for pre-defined social groups has been effectively side-lined. Although work on the preparation of the act on social housing was discontinued, in January 2019 the MLSA discussed with the MRD the possibility of joint preparation of an act on affordable housing (MLSA, 2019a).

Second, there is a rapid growth in property prices. The current economic recovery has brought the unemployment rate in the Czech Republic to 2% (April 2019) and has led to a more rapid increase in wages across the economy.² This has been accompanied by a rise in house prices (partly driven by low mortgage interest rates), with rent levels following the house prices. The house price index (Eurostat, 2019) increased by 32.2% from Q4/2015 to Q4/2018. After Slovenia (39.0%), this was the biggest change in the index (compared to a rise of 13.8% for the EU-28 as a whole). This negatively affects people without income from economic activity, people with irregular incomes, poorly qualified individuals and the young generation with insufficient financial reserves.

Households living in rental housing are particularly affected by the rise in housing prices. The unapproved bill on social housing worked with the concept of 'residual income', which focused on households whose disposable income after housing costs is lower than 1.6 times the subsistence minimum. While the EU definition of income poverty (known as 'at risk of poverty' (AROP)) only focuses on the income position of the family, relative to median income, the residual income approach takes into account housing costs and the national subsistence level. Households captured by these two approaches overlap by 80% in the Czech Republic. These households have both lower incomes and relatively higher housing costs. Their concentration in the rental-housing segment is increasing (see Figure 1), since tenants belong to a poorer part of Czech society. At the same time, home ownership is financially unaffordable for them. Figure 2 illustrates the development of the share of poor households (according to the two above-mentioned measurement concepts) in the rental sector over the long term.

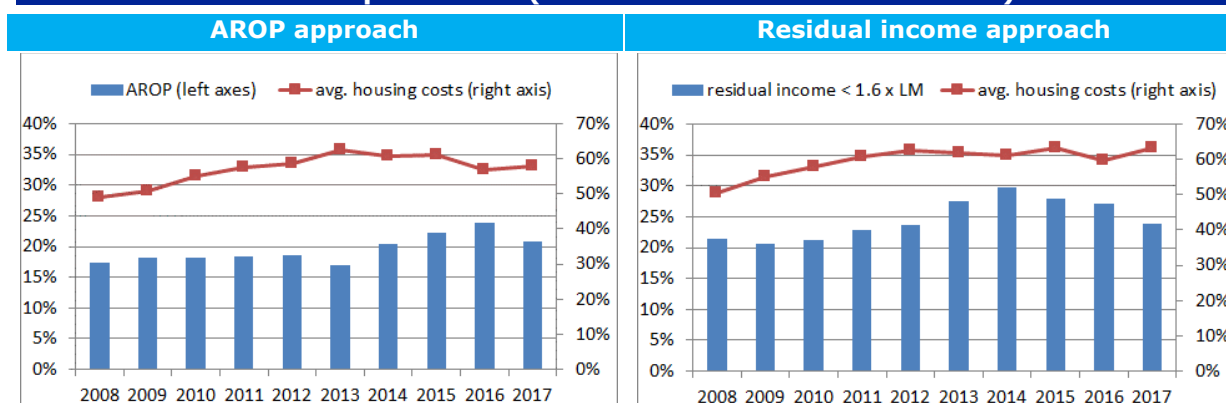
² According to the CZSO (2019), the average wage increased by 19.8% from Q4/2015 to Q4/2018 (the average wage in real terms increased by 12.9% in the same period).

Figure 1: Distribution of household members into different income quantiles for owners/tenants in 2013 and 2017 (pseudo-Lorenz curves)



Source: CZ-SILC data 2013, 2017, own calculations.

Figure 2: AROP, residual income below 160% of the living minimum among households in rented apartments (18.1% of all Czech households)



Source: CZ-SILC data 2008-2017, own calculations.

As we can see, the average housing costs for these households today exceed 60% of their disposable income, and this share has increased significantly over the past 10 years. Eurostat data show that the housing cost overburden (housing cost exceeding 40% of income) is 44.2% among poor households, against 8.7% among all households; meanwhile, the EU average is 37.9%, against 10.4% (in 2017).³

Housing affordability is also influenced by the social system. The calculation of housing benefits is closely related to 'normative costs' announced by the government on a yearly basis. It is assumed that these closely follow the development of real housing costs in the Czech Republic. In reality, the normative costs have changed between -3% and 8% since 2014, which means they lag behind wage developments and changes in housing prices. As a result, the volume of housing benefits decreased by about 8% in 2017 (year on year) and by 13% in 2018 (at the same time, there was a drop in unemployment in the Czech Republic). In the case of people without regular income, this translates into tighter family budgets and increased risk of loss of housing.

³ Eurostat database, table [ilc_lvho07a].

Moreover, since March 2017, municipalities have been able to declare part of their area a 'socially excluded territory', where no new supplement for housing is granted. This measure hits 'newcomers' to the municipality, but also families that already live in the given territory. The scope of the measure, as applied in practice, goes far beyond the original intentions of the legislature.⁴ It makes the income situation of poor people even worse. They then resort to loans from banking and non-banking institutions, or even from usurers.

Another related factor is increasing indebtedness in the country, due to both the increasing costs of housing and the poor protection of consumers. In 2017, 9.7% (863,000) of persons over 15 years of age faced property-seizure proceedings because of indebtedness.⁵ Indebtedness plays a role in combination with strict legislation that allows a landlord to propose eviction if a tenant owes three months' worth of rent, without securing any alternative housing for the tenant.⁶ In fact, in a survey of municipalities conducted in 2016, indebtedness was identified as the most important reason for homelessness (MLSA, 2016). In the context of an absence of the social housing sector/supply of affordable rented housing, indebtedness and evictions directly lead to homelessness. Last but not least, instability of the family, family breakdown and domestic violence are other general drivers of the trend (MLSA, 2016).

Data on the profile of the homeless are even less available and systematic than are data on their numbers. Kuchařová and Janurová (Psychlová) (2016) summarised the attempts so far to characterise the profile of the homeless. They concluded that – rather than possessing common features – there were remarkable differences between the profiles of the individual categories defined by ETHOS. What they do seem to have in common, however, is a roughly similar age structure, a higher share of people with a level of education below upper-secondary (without *Abitur*/school-leaving examination), weak family background, as indicated by a large share of people living alone (although the shares of parents with children, and of those who live apart from their children due to lack of housing are not small either), and, lastly, indebtedness. A more detailed account will be given below.

There are more homeless men than homeless women, with the largest share of men being found among those living rough (75%) and in overnight shelters (83%) (Kuchařová and Janurová (Psychlová), 2016). In 'asylum houses' and halfway houses, gender is more balanced, and there is also a higher share of children below 18: 35% men, 31% women and 34% children in 'asylum houses', and 58% young men, 34% young women and 8% children in halfway houses (MLSA, 2018a).

All age categories are exposed to HHE, but the most affected are people in the 20-55 age category. We have, however, reported a high share of children in 'asylum houses' above. According to the 2011 census, 40% of those living in non-conventional dwellings are aged between 20 and 39 years.

As regards the marital status of persons living rough, 51% are single, 37% are divorced, only 11% are married and 1% are widowed. Among those living in non-conventional dwellings, 42% are single, 35% are married, 18% are divorced and 5% are widowed. People living alone account for the great majority of those living rough, in overnight shelters and hostels for homeless people/'asylum houses' (about 80% or even more). As

⁴ The aim of the measure was twofold. First, it was intended as a tool to fight the poverty industry. Secondly, it was to prevent the growth of particular socially excluded localities, selected at the discretion of the municipalities. It was never the aim to declare a whole municipality a socially excluded locality. Yet there is evidence that this happens even in rather big cities – e.g. Kladno (70,000 inhabitants, December 2017) and Ústí nad Labem (with the surrounding villages, almost 100,000 inhabitants, March 2019). As a result, a group of 17 senators appealed to the Constitutional Court on this matter in December 2017. The Constitutional Court has not yet decided (2018).

⁵ See a map of property seizure proceedings at <http://mapaexekuci.cz/>

⁶ It should also be noted that during 2009-2013, the deregulation of rent in the protected sector was completed.

regards 'asylum houses', however, more than half of the women who live there have children with them (single-parent families). About half of people in non-conventional housing live alone, but the share of couples without children is also relatively high (Kuchařová and Janurová (Peychlová), 2016).

Migrants do not seem to represent a significant share of the homeless. Among people living rough and in shelters or hostels for the homeless, nearly 90% were identified as Czech citizens; some of the rest were Slovak citizens. The share of migrants from other countries in non-conventional housing was about 10% in 2011 (Census). Roma are underrepresented among the homeless, according to the MLSA (2014a). The reason is that they often share overcrowded dwellings with their relatives. There are also indications of a high share of Roma among the inhabitants of commercial dormitories, which have been booming in recent years.⁷

Data on health status are scarce. In the overnight shelters, an estimated 5-30% are people who are physically or mentally disabled. Data on the duration of homelessness have been collected only sporadically and do not seem to be reliable (Kuchařová and Janurová (Peychlová), 2016).

2 Relevant strategies and policies to tackle homelessness and housing exclusion

As mentioned in the above section, by Government Resolution No. 666 of 28 August 2013 the Czech Republic adopted a strategy to address HHE called the Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020.

The concept was prepared fairly thoroughly, over two years, by an inter-ministerial group of experts established for the purpose⁸ and composed (in addition to ministry officials) mainly of representatives of NGOs and academic institutions. The group first prepared a background study of 600 pages, which then served as a basis for drafting the proposal.

The approach of the strategy is fully in line with internationally recognised legal norms and obligations. It is based on the 'complex model' of work with homeless people in all phases of the process of homelessness, and takes a coordinated approach. The general objective of this approach is to minimise the number of people and households who lose their housing, to minimise the number of people who live on the street, to increase the efficiency and effectiveness of the system and to achieve future expenditure savings by:

- supporting the prevention of homelessness and the possibilities of social inclusion for homeless people who are able (and want) to return to a common standard of living, i.e. with housing for which they assume full responsibility; also included is support for those who are not capable of inclusion;
- completing and stabilising an interdisciplinary network of services (from prevention of homelessness to other interdisciplinary services, such as for families and children, health services, employment services) through supported accommodation to independent housing;
- expanding the current scope of social work with the homeless (including the Housing Ready model) with the Housing First concept (MLSA, 2014a: 11).

The aim of all policies to tackle homelessness is to maintain or find housing, not to provide shelter or temporary accommodation.

⁷ Data on the numbers of users of this category of temporary accommodation run by private owners are not available. Rákoczyová et al. (2019) reported only on the numbers of the recipients of the supplement to housing costs who live in non-standard forms of housing (these are typically commercial dormitories): their average share in the population (based on administrative data from all 14 regions) is 0.21%.

⁸ The expert group was established under the Commission for Social Inclusion of the Ministry of Labour and Social Affairs.

The more specific goals in the particular policy areas included in the concept are as follows.

Access to housing:

- Standardisation of state support for social housing.
- Functioning system of prevention of homelessness, including support for people who were homeless but have obtained housing, so that they do not lose it again.
- Implementation of tools that enable a transition from homelessness (including substandard housing) to housing.
- A more effective use of the existing instruments of the systems of benefits.
- 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 a role.

Social services:

- Social services should respond better to the needs of homeless people and people at risk of losing their home in adverse situations related to housing.

Access to healthcare:

- To increase accessibility and to create possibilities of comprehensive healthcare for homeless people, with a focus on prevention.
- Awareness-raising of the general public and workers in healthcare and social services, with a view to destigmatising homeless people.

Awareness, involvement and cooperation:

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

It would be an oversimplification to assess the strategy using the dichotomies applied in the classification of strategies to tackle HHE. In fact, the strategy suggests improvements in the key policy areas through a combination of these strategies: housing-focused support, as well as non-housing-focused support (high-intensity preventive services). Obviously, housing-focused support – in particular, the building-up of the social housing sector – is a more significant policy turn. Another significant innovation is the housing-led model with an emphasis on the Housing First approach, although the Staircase model is also included. In short, the complex approach underlying the strategy addresses different policy areas and different stages in the homelessness process (see above) and assumes implementation of intensive housing-focused support, accompanied by intensive non-housing-focused support and prevention.

The approach and objectives outlined in this strategy represent a departure from the current fragmented policy and piecemeal approach to tackling homelessness, which relies on emergency measures only and, to a great extent, on the contribution of bottom-up initiatives by NGOs, while the key actors – municipalities – play only a minor role.

Some objectives of the strategy seem very ambitious, considering the political, societal and economic context. The achievement of some of the key objectives would apparently require strong measures in legislation and financing to be adopted. This is particularly the case for Objective 1 (standardisation of social housing); Objective 3 (implementation of instruments that enable transition from homelessness (including substandard housing) to housing); and Objective 5 (reinforcement of the coordinating and planning role of municipalities, with extended powers in relation to persons in adverse housing situation).

This national-level strategy became a key document in addressing HHE. It was not developed into regional strategies. However, the capital Prague did adopt its own strategy even earlier, on 18 December 2012 (HMP, 2012).

This strategy, like the national strategy, included several key measures, particularly in the area of preventing homelessness. However, the general objective, as formulated by the municipality, was rather narrow: to minimise the negative impacts of homelessness on the homeless, as well as on other citizens and on the overall quality of life in the city of Prague (see website of the city of Prague).⁹ Neither a monitoring mechanism nor an implementation plan was adopted to evaluate and implement the measures proposed in the concept. For these reasons, it can hardly be considered a viable strategy.

2.1 Funding the strategy

2.1.1 Supply side of the housing market – capital expenditure (e.g. funding for social housing)

Since 2003, rental-housing support has focused on apartments intended for socially defined target groups. In particular, these are persons on low income, persons with disabilities, seniors, or persons with other social handicaps, such as socially excluded persons and persons leaving institutional facilities (children's home, halfway house, shelter, prison, social care institution, etc.). The support is provided particularly by the Ministry for Regional Development (MRD) and the State Housing Development Fund (SHDF).

Support provided by the MRD in the form of direct non-repayable investment subsidies is aimed at supporting care homes, community senior homes and starter homes. Another area is support to ensure barrier-free access to existing flats – subsidies for the construction of a lift and barrier-free access to a residential building. The Integrated Regional Operational Programme (IROP) provides grants for the construction or acquisition of social apartments (see Table 1). Support provided by the SHDF in the form of low-interest loans is aimed at encouraging the construction of rental apartments.

The MRD mainly provides grants to municipalities for the creation or renovation of the housing stock intended for specific low-income populations (seniors, people with disabilities, excluded persons or those at risk of exclusion). The SHDF offers preferential loans, targets broader social groups (e.g. young people under 30), and supports the revitalisation of existing multi-dwelling housing estates (mostly in private or cooperative ownership).

⁹

http://www.praha.eu/jnp/cz/o_meste/maqistrat/tiskovy_servis/tiskove_zpravy/bezdomovci/praha_pripravila_k_poncepci_navrhu_reseni.html

Table 1: Number of supported dwellings and amount of funds from the MRD, 2015-2017

Subsidy title	Requirements (in '000 CZK)			Funds provided (in '000 CZK)			No. of supported dwellings		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
Nursing home	241,400	198,750	273,161	123,501	89,400	126,903	206	149	213
Starter homes	159,907	71,130	37,700	115,681	43,350	15,500	200	79	28
Community Home for Seniors	398,444	363,996	488,072	161,700	198,830	77,400	256	334	129
Total	799,751	633,876	798,933	400,882	331,580	219,803	662	562	370

Source: MRD (2019).

Table 1 shows the number of dwellings supported from the MRD budget. The figures indicate that the amount of subsidies required is far higher than the amount of aid provided, and that the total number of supported dwellings has declined over time. Table A3 in the Annex shows a total of 1,800 supported dwellings per year between 1998 and 2007. It is worth mentioning that, out of the above categories, only starter homes are intended for low-income households; the other categories are intended for the elderly and people with disabilities. At the same time, the MRD estimates that there are currently between 62,000 and 65,000 households in the Czech Republic that cannot, even accessing all the existing instruments of state social and housing policy, secure housing, under market conditions, that is affordable, of standard quality and not territorially excluded (MRD, 2019). In summary, the support for affordable rented housing (social housing) for low-income groups is only marginal.

2.1.2 Demand side of the housing market – supporting people’s access to housing (e.g. through specific programmes enabling access to permanent housing, through social protection system or tax reliefs

The MRD, through the SHDF, also implements housing policy programmes focused on preferential acquisition or revitalisation of ownership housing. They include, for example, the Loans for Young People programme, which allows people under 36 years of age to obtain a preferential loan, if they are married or live in a registered partnership. The SHDF has earmarked 650 million Czech koruna (CZK) (€26 million) for this programme for 2019. Other programmes include the Panel 2013+ programme, which is focused on the renovation and modernisation of residential buildings; Programme 150, which is intended for the modernisation of existing properties owned by applicants under 36 years of age; and Programme 600, which is designed for the acquisition of housing by persons under 36 years of age and caring for children under the age of 6. In 2017, these programmes financed slightly more than 2,000 flats, and only 42% of the assigned budget was utilised in 2017 (see SHDF, 2018).

Tax and benefits support is the key instrument of support for households to secure their own or rented housing. Benefit support aims mainly at securing affordable rented housing for low-income households through housing allowance (provided to those households whose housing costs exceed 30% of their income – or 35% in Prague) and housing supplement (provided to social assistance recipients, up to the level of normative housing costs, in order that their incomes after housing costs can still guarantee the minimum subsistence level).

Expenditure on benefits (see MLSA, 2019c) showed an increase between 2012 and 2018 – for example, the number of housing allowance recipients increased from 155,000 to 182,000 a month, with an increase in the benefit amount from CZK 429 million to

CZK 638 million (from €17 million to €25 million) a month. During the same period, the number of housing supplement recipients dropped slightly, from 42,000 to 37,000 a month, while expenditure increased – from CZK 137 million to CZK 146 million (from €5.5 million to €6 million).

This increase was primarily due to rising housing costs, which increased by about 7.3% for all households and by approximately 10% for tenants between 2012 and 2018 (see Eurostat, statistics on the harmonised index of consumer prices). After 2015, property prices rose rapidly (with a change in the house price index of 32% between 2015 and 2018). This has rendered certain parts of society unable to finance its own housing (households in Prague and large cities, young households, households without sufficient financial reserves). These households are thus pushed into the rental sector, where they have been facing rising rents.

Building savings support, paid by the Ministry of Finance, used to be a costly tool. In 2004, the support amounted to 0.5% of GDP, but after a series of reforms, it fell to 0.08% of GDP in 2017. The reason for the reforms was, among other things, the argument that this savings product might not be being used exclusively for the acquisition or renovation of beneficiaries' own housing. On the other hand, tax expenditure (support) related to support for home ownership (mainly in the form of the deduction of mortgage interest payments from the personal income tax (PIT) base) enjoys relatively broad support across Czech society. Table 2 shows the amount of support provided and estimates its overall impact. It is evident that this is by far the largest housing support programme in the Czech Republic – one focused on encouraging home ownership and that targets the part of the Czech Republic's households that can obtain housing from their own income.

Table 2: Tax relief on acquisition of home ownership flats with the help of loans (e.g. mortgage), 2011-2016

		2011	2012	2013	2014	2015	2016
Number of applications	A	379,887	382,127	407,848	396,446	397,958	407,930
Interest volume (CZK million)	B	16,240	16,190	16,628	15,181	14,287	13,744
Impact (CZK million)	C	2,436	2,428	2,494	2,277	2,143	2,062

*Note: The impact is modelled as 15% (PIT rate) from the amount of interest paid ($C = 0.15 * B$).*

Source: MF (2019) and own computations.

In summary, total housing sector support fell from 0.77% of GDP to 0.35% of GDP between 2005 and 2017 (see Table 3). Although this reduction was mainly due to decreased support for building savings (Ministry of Finance), there was also a significant decline in the share of support for the construction of rental housing. Almost 80% of expenditure goes on social benefits related to housing and on building savings support. The remainder is mainly allocated to home ownership support, whether in the form of acquiring a new property or the renovation of an existing one. Support for rental housing is marginal in today's system and does not allow a response to be made to emerging or deepening problems of socially excluded localities or groups in society (e.g. homelessness or household exclusion). Although in spring 2019, the government discussed a plan for the coming years to support the acquisition of social and affordable housing, this plan is only at the beginning of its legislative path.

Table 3: National government housing expenditure (as % of GDP and structure in %), 2005-2018

	2005	2007	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total as % GDP	0.77	0.59	0.48	0.52	0.67	0.58	0.43	0.45	0.44	0.41	0.35	0.38
MF	66	68	71	58	41	23	29	25	23	22	23	21
SHDF	15	18	11	9	5	4	7	9	8	6	6	10
MLSA	10	10	15	21	21	32	59	63	62	63	59	59
MRD	8	4	3	3	2	2	2	2	3	2	2	1
ME+SEF	0	0	0	10	32	39	2	1	4	6	9	9
Total	100	100	100	100	100	100	100	100	100	100	100	100

Notes:

MF – Ministry of Finance, SHDF – State Housing Development Fund, MLSA – Ministry of Labour and Social Affairs, MRD – Ministry of Regional Development, ME – Ministry of the Environment, SEF – State Environmental Fund (responsible for the Green Saving Programme); data for 2018 are provisional. Support through mortgage interest deduction is not included in the table. If included, the total expenditure would increase by approx. 0.05% GDP in 2018.

Source: MRD (2018: 32), own computations.

2.1.3 Supporting non-housing solutions (e.g. emergency/temporary responses)

The accent on non-housing solutions, including temporary and crisis forms of housing, is increasing due to the inadequate support for social housing in the Czech Republic in recent years. We can document growing expenditure on social services, yet we cannot say what proportion is connected to housing support. An important factor for expenditure growth is the population-ageing phenomenon, as the need for care services for the elderly is growing. In specific figures, support for financing social services increased from CZK 7.7 billion to CZK 15.7 billion (from €310 million to €610 million) between 2014 and 2019 (MLSA, 2019b). The capacity of temporary/crisis accommodation for the homeless increased as well; however, the underfinancing of these services is apparent from data on rejected applications for temporary/crisis accommodation (see section 3 in this report).

The Ministry of the Interior exercises its supervisory role by monitoring the rules for the allocation of municipal dwellings. These are monitored in relation to possible discrimination and the restriction of access to apartments. One of the most serious misdemeanours identified is that a municipal flat cannot be allocated to any applicant who is in debt to the municipality, even if the debt is being paid back properly or if the subject has taken legal action to challenge the debt claims (MLSA, 2019b: 171).

EU funding plays a fundamental role in enhancing HHE responses; this role has been growing over time, as the key measures suggested in the Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020 have been implemented only to a limited extent. This implementation gap is being partly closed through the use of European funds that are effectively applied in areas where the gap is huge. The most important is support for social housing, support for Housing First pilot projects and support for innovations in prevention of homelessness and social services.

The Ministry of Regional Development announced several calls for the promotion/support of social housing in 2016 and 2017, financed mainly from the European Regional Development Fund (ERDF). It is expected that over €275 million (nearly CZK 7.5 billion) will be allocated for this purpose by 2020. After the experience with the first calls, the

minimum period of sustainability of social housing was increased from 5 to 20 years, while the condition of public support was dropped. The interim results in 2018 seem to be satisfactory: the target number of social flats – set at 500 – was achieved in 2018. The target of 5,000 flats over the whole programming period is expected to be met, as the growing number of applications submitted in the five calls announced in 2018 indicate.¹⁰

There are several specific crisis-housing and homelessness-prevention projects being financed from EU funds. For example, in Brno (the second-largest city in the country), the innovative Rapid Re-Housing project was financed during 2016-2018, enabling rapid access to housing for 50 households with children and at risk of homelessness. The project involved rigorous impact evaluation. Similar Housing First projects are being piloted in another six municipalities in the country. Considering the success of this project, another call was opened in 2018, allowing the continuation of Housing First projects on a grander scale. The model of Rapid Re-Housing/Housing First¹¹ seems to be influential in other Czech cities, and is expected to spread with the new call. The MLSA prepared a pilot project supported from the OP Employment that will test the Concept of Social Housing in 10 cities with various populations and different starting positions.¹²

The European Social Fund (ESF) supports a number of projects in the area of social work with the homeless, social services and the prevention of homelessness, bringing innovative solutions and models – and, partly, also closing the gap in existing policies.

An important role is played by support from the Fund for European Aid to the Most Deprived (FEAD) (under the specific target 'food and material aid to persons in severe material need'), channelled through food banks and service providers such as NGOs – "Caritas" ("Charita"), "Hope" ("Naděje") and "Salvation Army". This assistance is highly appreciated by experts, as it effectively helps to bridge crisis situations, while avoiding stigmatisation of the recipients (MLSA, 2017).

Implementing and monitoring the strategy

An inter-ministerial task group was established for the purpose of monitoring and evaluating the actions specified in the national strategy to prevent and tackle homelessness. The group consists of all relevant stakeholders, in particular those responsible for implementation of the actions and measures, and members of the expert group that drafted the strategy addressing HHE. The Ministry of Labour and Social Affairs was charged with leading this group. The ministry was also obliged to prepare a report on the fulfilment of the measures suggested in the strategy, and to present this evaluation to the government every year. Since 2014, there have been four monitoring/evaluation reports submitted to and negotiated by the government.

The reports have documented some advancement in the way HHE is prevented and tackled in the country. Several actors have made a concerted effort to push through measures needed to achieve a turning point in policies addressing HHE (e.g. standardisation of the state support for social housing and implementation of tools enabling transition from homelessness to standard housing, accompanied by reinforcement of the coordinating and planning role of municipalities). However, the key corresponding legislative and systemic measures have not so far been adopted, and implementation of the strategy thus has not so far brought a significant policy shift. On the other hand, several projects have been initiated thanks to EU funding, and these enable both piloting and partial implementation of the measures proposed in the strategy.

The principal aim in implementing the strategy was to adopt a Social Housing Act and corresponding financing instruments, and to improve access to housing for the homeless.

¹⁰ MLSA (2018b) and Consultations at the Ministry of Regional Development.

¹¹ <http://www.iqrs.cz/cs/projekty/pilotni-testovani-rychleho-zabydleni-rodin-s-detmi-rapid-re-housing>

¹² <https://www.esfcr.cz/vyzva-128-opz>

A second general aim was to improve the prevention of homelessness, social work with the homeless and social services for the homeless.

The preparation of the Social Housing Act started with adoption of the strategy in 2014. The act proved to be an increasingly controversial issue. Although it was finally passed to parliament by the government on 21 March 2017, the negotiations were discontinued at the end of the legislative period. The elected government is currently considering other alternatives for how to support access to rental housing.

Social housing construction is, however, supported from European structural and investment funds (ESIFs) (see above). This is accompanied by ESIF support for measures in social work and social services, through a pilot project Social Housing – Methodological and Information Support for Social Agendas (January 2016 to December 2020) conducted in 16 municipalities. The key activity is 'social work in social housing', which aims to test the housing-led approach in the provision of social housing. By the end of 2020, the transition to standard housing is to be arranged for a total of 450 households; 349 households had already been transferred to standard housing before the end of 2018 (MLSA, 2019b).

In October 2017, a Contact Centre on Social Housing was established, which provides information, counselling and support or help to the public, NGOs and municipalities.¹³ Also an electronic information platform Reporter on Social Housing was established.¹⁴ A related project is a pilot project Systemic Support for Social Work in Municipalities, which seeks to improve the key competences of social workers. The project increased the personnel capacity of social workers in 15 municipalities (MLSA, 2018b).

Methodological support represents a key activity in the prevention of HHE. In 2015, a methodological guide *Tackling Over-Indebtedness of the Poorest Citizens* was developed under the project Support to Social Inclusion on Local and Regional Level.¹⁵ In addition, a methodological guide for social workers – *Methods of Preventing the Loss of a Home* – was elaborated by the Research Institute of Labour and Social Affairs (RILSA) (Šimíková et al., 2015).¹⁶ In 2017, further methodological guides for social workers were prepared by the MLSA: 'Social Work in Social Housing'¹⁷ and 'Debt Counselling – What and How in Several Steps'.¹⁸ Another methodological guide was elaborated in 2017 by the Czech Technical University in Prague – *Social Housing: Preparation of Projects*,¹⁹ and the Government Office published the Czech translation of the *Housing First Europe Guide*.

Under a broader project Coordinated Approach Towards Socially Excluded Localities, implemented from January 2015 until 2020, the Agency for Social Inclusion supports the preparation of strategies for social housing in these localities, piloting and testing housing programmes and expanding programmes to prevent housing loss in the localities.

Two innovative pilot projects funded from ESIFs directly facilitate the access of homeless people to housing. The first is the project Pilot Testing of Rapid Re-Housing of Families with Children (2016-2018), implemented by the Brno municipality, in cooperation with the NGO IQ Roma Servis and Ostrava University. It was named as the best project addressing the problem of housing deprivation by the European Federation of National Organisations Working with the Homeless (FEANTSA) in 2017 (see next section for details). The other is the project Streetwise: Changing by Sharing (*Škola ulice: sdílení přináší změnu*), which involved homeless women as peer workers in a programme of prevention of women's homelessness. This project is inspired by the English model

¹³ <http://socialnibydleni.mpsv.cz/cs/o-projektu/kontaktni-centrum>

¹⁴ <http://socialnibydleni.mpsv.cz/cs/dokumenty/zpravodaje-socialniho-bydleni-cz>

¹⁵ https://www.mpsv.cz/files/clanky/23620/5_metodika_Predluzenost.pdf

¹⁶ https://www.mpsv.cz/files/clanky/23608/Metodika_prevence_zraty_bydleni_def.pdf

¹⁷ <http://www.chomutov-mesto.cz/?download=/m-om-sv-dokumenty/metodika-socialni-prace.pdf>

¹⁸ https://www.mpsv.cz/files/clanky/33920/Dluhove_poradenstvi_pro_obce_-_co_a_jak_v_nekolika_krocich.pdf

¹⁹ https://www.mpsv.cz/files/clanky/33031/Metodika_-_Socialni_bydleni_-_priprava_projektu.pdf

Recovery College, and is implemented by the NGO R-Mosty, in cooperation with the Platform for Social Housing and the Institute of Sociology.

The project *Development of Services for Homeless People with a Roof over their Heads (Rozvoj služeb pro osoby bez domova pod střechou)*,²⁰ implemented by the Association of Asylum Houses, brought an analysis of the health status of the inhabitants of 'asylum houses', including identification of gaps in health service provision to the homeless. The project supports the regular provision of healthcare for the homeless: a general practitioner is available to see homeless people close to the main railway station in Prague. Nevertheless, it is still necessary to search for and legislate system solutions (MLSA, 2018b).

Some of the measures implemented have improved the prevention of HHE. In 2016, the Ministry of Justice prepared an amendment to the Insolvency Act that tackles the problem of excessive indebtedness leading to a debt trap. This is achieved by improving the accessibility of debt-reduction plans to debtors, provided they participate in transparent economic activity. The proposal was adopted by parliament in 2019 (Act No. 31/2019 Coll.) and takes effect from June 2019. On the other hand, as is the case with social housing legislation, no progress has been achieved regarding the legislative regulation of evictions.

Attention is also paid to the monitoring of homelessness and services. The development of an information system for monitoring selected social phenomena at the national level was contracted under a systemic project Support to Processes in Social Services. The system will also pay attention to information on HHE and related policies. Finalisation of the software is expected by the end of 2019 (MLSA, 2018b).

The EU indicators on housing – such as housing cost overburden, overcrowding, severe housing deprivation and arrears on mortgage or rent payments – are not used to monitor HHE in the framework of the strategy for preventing and tackling homelessness. Attention is paid rather to estimates of the number of homeless people and people at risk of homelessness (e.g. MLSA, 2018b). Nevertheless, the MLSA uses the system of indicators suggested by Sirovátka et al. (2015) to evaluate the implementation of the Strategy of Social Inclusion 2014-2020 (MLSA, 2014b). This system includes several EU indicators, such as housing cost overburden, overcrowding and arrears on mortgage or rent payments, as well as some other (specifically national) indicators, such as estimates of the number of people without a roof over their heads, the share of social assistance recipients living in temporary commercial housing in the population and the indebtedness rate, accompanied by appropriate breakdowns by population groups and regions.

3 Analysis of the current patterns of service provision and challenges in implementing the Czech Republic's responses to homelessness and housing exclusion

3.1 Service provision for homeless people

In the Czech Republic, the services for homeless people are provided under the regulations of the Act on Social Services (Act No. 108/2006 Coll.). The act is designed to ensure that a basic level of service is available, even if a person is not eligible for social services, but when failure to provide assistance would endanger health or life. Benefits for people in material need (allowance for living, contribution towards housing costs) are provided under the Act on a Living Minimum and the Act on Material Need.

²⁰ <https://sad-cr.cz/projekt-rozvoj-sluzeb-pro-osoby-bez-domova-pod-strechou-zahajen/>

Prevention services

Mainly housing advice services are provided to people at risk of losing their home, such as debt counselling and mediation and (family) conflict mediation. These services are provided by municipalities (social workers), churches, NGOs and also employment offices that manage minimum income schemes. Financial literacy courses for recipients of social assistance and unemployed people are also organised by employment offices. There is no direct financial assistance for households at immediate risk of homelessness, as the Social Assistance Act does not include such support. The intensity of prevention services is very much dependent on the personnel capacity, which may be assessed as inadequate. The MLSA (2014b: 76), for example, estimated that the number of social workers working at municipalities would have to increase by 50% in order for the demands on social work to be appropriately met. Data on the total number of social workers are not available. However, data from the MLSA (2009, 2018a) indicate that the number of full-time equivalent social workers at regional offices, statutory cities, municipalities with extended powers and bodies subordinated to the MLSA increased by about one third, from 1,499 in 2008 to 2,051 in 2017. In 2014, the figure was 1,740; thus, between 2014 and 2017, the increase was about 17% – far short of 50%. So, the deficit in personnel capacity for social work is still apparent.

Emergency/temporary accommodation

Emergency and temporary accommodation is the main type of service that is systematically provided to the homeless in the Czech Republic. It may take several forms.

Emergency shelters offer washing facilities, meals and overnight accommodation, often in shared rooms. The clients are charged for the service (CZK 45/less than €2). There were 76 emergency shelters in the country in 2017 (54 emergency shelters in 2008), with 1,258 workers. Between 2008 and 2017, the number of service users during the year increased from 5,555 to 50,638. This development outpaces all other kinds of services for the homeless. However, in 2017, 829 applicants/potential clients were turned away because of lack of capacity.

'Asylum houses' (hostels for the homeless) offer temporary accommodation for a period of up to one year. Individuals and families typically have their own rooms, but only rarely do they have self-contained apartments. Clients are charged about CZK 130/€5 per person per day. The clients cooperate with a social worker, using an individual plan aimed at resolving their situation. There were 214 'asylum houses' in the country in 2017 (185 in 2008), with 3,461 personnel. The number of service users during the year increased from 7,357 in 2008 to 11,741 in 2017, while 6,061 potential clients were rejected in 2017 due to lack of capacity.

Halfway houses provide temporary accommodation and related services to youth leaving institutions or alternative family care (at age 18-26) in combination with support encouraging social inclusion: counselling and support in contacting the family, information services, protecting and enforcing the client's rights, help with gaining permanent housing, social and therapeutic activities, support for personal development, and improvement of work habits and skills. Clients are charged about CZK 50/€2 per person per day. There were 36 halfway houses in the country in 2017 (35 in 2008), with 330 workers. The number of clients is increasing: 295 clients were admitted to a halfway house in 2008 and 535 in 2017, while 85 clients were rejected due to lack of capacity in 2017.

According to the Act on Social Services, the so-called 'crisis intervention with accommodation' is provided to persons whose health or life is at risk. The service may include accommodation, meals, social and therapeutic services and help with enforcement of the person's rights. Several municipalities provide so-called crisis flats, in combination with intensive support from social workers. According to the MLSA (2018a), there were 683 clients using crisis intervention with accommodation in 2017.

Supported housing

Supported housing is provided under several aid schemes: it may be flats where both housing and social work are provided over the long term. Alternatively, social work may be only temporary, but the person can stay in the flat afterwards. Under the last type of scheme, both housing and social work are provided temporarily, depending on how long social work is needed. In 2017, there were 875 clients using the service (including three children) and 84 clients were rejected because of lack of capacity (MLSA, 2018a).

Housing First services

Housing First services are not included in legislation. They are, however, provided under the pilot projects of Social Housing and Rapid Re-Housing, which are financed from ESIFs (see above) but do not represent a permanent solution.

Non-housing support services

Low-threshold day centres provide (under the Act on Social Services) hygiene facilities, food and support in enforcing individual rights. In April 2019, there were 65 facilities in the country, mostly run by churches and NGOs.²¹ Homeless people represent the key target group of this service. The service is provided free of charge.

Outreach programmes and services (performed under the Act on Social Services) aim to search for and reach people who live a 'risky lifestyle' and to minimise the risks by reinforcing their social ties and helping them with claiming their individual rights and with managing their personal affairs. The homeless are one of the target groups. In April 2019, there were 78 facilities for this target group in the country, mainly run by churches and NGOs.

The social rehabilitation service provides (under the Act on Social Services) a set of activities aimed at building clients' independence and self-reliance. This is achieved by developing their specific abilities, skills and habits, practising activities necessary for independent living, making use of alternative methods and of the clients' existing competences and social ties, and by helping them claim their individual rights and manage their personal affairs. In addition, when combined with accommodation services, also food and hygiene-related assistance is provided. In April 2019, there were 22 such services providing help to the homeless.

Social activation services for families with children facilitate (under the Act on Social Services) the clients' social relationships, provide social and therapeutic activities and help clients claim their individual rights and manage their personal affairs. Services are typically provided to persons over pensionable age and/or disabled persons at risk of social exclusion. In April 2019, there were nine such services providing help to the homeless.

Material and food assistance is provided under the FEAD operational programme managed by the Ministry of Labour and Social Affairs (see above). The homeless are one of the key target groups for this assistance. There are also 15 food banks in the country, managed by the Czech Federation of Food Banks (an association of NGOs).²² There is, however, no legislative framework to regulate their operation. They collect, stock and redistribute food to charities and NGOs that provide food to the needy. The collection of food is based on volunteering and donorship, mainly by social services providers.

Healthcare services

The health status of the homeless is worse than that of the overall population. There is a higher incidence of chronic disease, a higher prevalence of infectious disease and more frequent mental health problems, as well as addictions (for more details, see Barták,

²¹ See online register of social services http://iregistr.mpsv.cz/socreq/hledani_sluzby.do?SUBSESSION_ID=1556044157851_1

²² See <http://potravinovebanky.cz/o-nas/>

2005). Mental illness, in combination with socio-economic problems, can be a triggering mechanism for homelessness; and (the flipside) homelessness can lead to mental illness, depression and addiction.

Formally, access to healthcare is legally assured for everyone, i.e. also for homeless people. However, the homeless often experience a situation where, for a variety of reasons, they cannot take advantage of this right. Šupková et al. (2007) draw attention to administrative, financial and other reasons. Homeless people are covered by the compulsory health insurance scheme, but they usually do not fulfil their duty to pay insurance premiums. Their debt increases and healthcare facilities may face difficulties with reimbursement for the costs of care provided. Providers might thus tend to refuse to provide care. An additional barrier to access to healthcare that needs to be mentioned is the stigmatisation of the homeless (Michlová, 2012). It is clear from the research on healthcare accessibility for homeless people performed by Šupková et al. (2007) 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.

NGOs and charities are the main service providers for homeless people in the Czech Republic (the Salvation Army and the charity Hope (*Naděje*) are the largest). Grants and subsidies from public budgets represent an essential source of funding for them. They are paid under a grant system, usually on a one-year basis, and can never be sure if their project will get funded the following year. Long-term planning, personnel policy, innovations and investment are all unlikely under this scheme, and of course, the position of clients is not secure.

The lack of financial resources has a negative impact on the availability of outpatient medical specialists (dentists, gynaecologists) and on the accessibility of medications. Currently, very limited capacities for street medicine, specialist outpatient care and 'asylum houses' (that provide nursing care) are available (mainly in large cities: Prague, Brno, Ostrava and Olomouc). Facilities providing necessary follow-up care are severely lacking, homeless patients often go back to the street immediately after release from acute hospital care (Koubová, 2015).

The above-mentioned Concept of Preventing and Tackling Homelessness Issues in the Czech Republic until 2020 proposes a target structure of healthcare for homeless people, consisting of four basic components: street medicine, ambulatory healthcare, shelter-based and follow-up care, and prevention. Implementation of the concept faces many obstacles. The latest available annual report (MLSA, 2018b) indicates significant delays in achievement of the objectives and activities aimed at creating new types of facilities, enhancing capacities, and designing systemic solutions to existing organisational and financial issues. The report identified the following major obstacles:

- the absence of specialised services for homeless people (dentists, gynaecologists, psychiatrists);
- a lack of appropriate training for physicians and medical personnel;
- a lack of doctors for homeless people and overcrowded doctors' surgeries;
- an acute lack of mental and psychiatric care; and
- a lack of specialised shelter-based services (limited linkage between health and social services) such as 'asylum houses', 'wet houses', etc.

The concept explicitly declared a need 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 acute illness), taking into account the possibility of using multi-source financing. Unfortunately, there has been very limited progress on this matter so far.

It seems that the situation is slightly better with regard to awareness and training of health professionals. At least one nice example of good practice can be given: an association of medical students from Charles University has been running a programme

Street Medics (*Medikynaulici*)²³ for more than three years. About 30 members regularly provide street medical care for the homeless and conduct various activities in order to promote better awareness of the necessity to care for those who live on the edge of society.

The Salvation Army's concept of 'harbour homes' can serve as another example of good practice and innovation. Harbour homes are special-regime facilities for elderly homeless people that provide them with a safe place for a decent life. They bring a reduced risk of social decline and health deterioration, and the users are also provided with a reliable contact with institutions, authorities and physicians. Users also participate in social events at the home, according to their needs, and are assisted in retaining or renewing their self-management skills and renewing their contacts with their family and friends.

Provision of homelessness services is a multi-level and multi-sector governance issue. There are several responsible actors whose roles differ, depending on the policy sector and the governance level.

At the central level, the Ministry of Regional Development is responsible for the regulation and financing of housing policy, through government programmes that support housing, including the management of social housing support through ESIFs. The Ministry of Labour and Social Affairs is responsible for the regulation and financing of social services and social work, including the management of measures in this area that are supported through ESIFs. The MLSA is responsible for monitoring and supervising quality standards in all types of social services. The MLSA also delivers housing-support benefits such as housing allowance (*příspěvek na bydlení*), which is provided under the State Social Support Act, and supplement to housing costs (*doplatek na bydlení*), which is provided under the Act on Material Need (these benefits are delivered through employment offices – regional and local units). The Ministry of Health is responsible for the regulation of healthcare services, while health insurance companies have responsibility for financing healthcare.

At the regional level, regional offices have an important coordinating role. They are responsible for elaborating the medium-term plan of development of social services in the region, in cooperation with municipalities. They can also contribute to financing social services for the homeless and take part in establishing and delivering social services of different types.

At the local level, municipalities are legally responsible for ensuring conditions for the development of social services and for meeting the needs of citizens: in particular, the need for housing and health protection. Municipalities are the key local actors, both in housing provision and in homeless services provision. They can apply for and use government programmes of housing support for the expansion of their housing stock. They can also use their already existing housing stock to provide social housing/affordable rental housing to citizens, based on criteria that consider social need/need for housing. Municipalities are also responsible for the provision of accessible social services on their territory, including services for the homeless that are mentioned in the Act on Social Services. They can also co-finance and deliver social services. Municipalities with extended powers coordinate social services delivery and perform social work services aimed at addressing undesirable social situations and social inclusion.

At the local level, churches and NGOs represent the major service providers, both in the provision of emergency housing and in non-housing support and social services, prevention services and social work with the homeless (see Table 4).

²³ <https://www.streetwork.cz/archiv/clanky/detail/2968/rozhovor-s-medikynaulici>

Table 4: Service providers and capacity of the service by type – emergency housing

Type of services	Regional office	Municipality	Churches	NGOs
Number of providers				
Overnight shelters	1	17	29	29
'Asylum houses'	7	46	81	80
Halfway houses	1	4	7	24
At-one-time capacity of the service in persons				
'Asylum houses'	282	1,319	2,757	2,841
Halfway houses	3	22	75	296

Note: no data available on overnight shelters.

Source: MLSA (2018a), adapted.

The share of churches and NGOs involved in the provision of social services and social work, prevention included, seems to be even more significant than in the case of crisis housing.

3.2 Effectiveness of the services

Studies on the effectiveness of the existing services in preventing HHE are lacking. One exception is the pilot project of Rapid Re-Housing, where a rigorous, contrafactual impact evaluation was planned from the start of the project. There are, however, indications that the effectiveness of the prevention services is limited for several reasons.

First, the preventive measures that aim to improve financial literacy and provide debt management support for those who are over-indebted can only marginally eliminate the risks of losing the home, considering the powerful mechanisms that lead to indebtedness. These mechanisms include rising housing costs, lack of affordable rental housing, weak consumer protection, legislation that poorly protects against evictions and provides few possibilities of debt relief. Second, the programmes such as Housing First and Rapid Re-Housing are only at the pilot stage, and their scope and coverage are actually marginal, considering the magnitude of the risk of homelessness.

On the other hand, evidence exists that the programmes of Housing First/Rapid Re-Housing can be effective if implemented and managed effectively. Contrafactual evaluations of the project Rapid Re-Housing (Ripka et al., 2018) show that 96% of families managed to sustain their new housing after 12 months from moving in. While the control group of families was homeless for 9.14 months on average, the intervention families were homeless for 0.16 months during this 12-month period. The subjective assessment of housing security was 91% (intervention group) against 43% (control group) after 12 months.

The existing solutions are least effective in providing access to permanent accommodation. This is probably the most striking policy deficit in the policies addressing HHE. First of all, the key instrument supporting affordability of rented housing takes the form of benefits (housing allowance, contribution to housing costs). This support is, however, more relevant for those who already have housing.

The other forms of support for access to affordable rented housing are only marginal. The state support for programmes of supported housing is negligible (see section 2). There is no systemic financial instrument for support of social housing, since the legislation on social housing was not adopted. The support for social housing from ESIFs, provided under the relevant operational programmes, is definitely important; yet it is inadequate, when comparing the scope of support (see section 2) against the risk of homelessness (see section 1). Housing First solutions exist only as pilot projects, with very limited scope. Lastly, municipalities have only a small portion of their housing stock available for

the purposes of providing permanent housing for the homeless or people at risk of homelessness.

Information is, unfortunately, not available about the size of municipal housing stocks and about how much of them are used to provide affordable housing to those in need of housing.²⁴ A study (Foldynová et al., 2016) based on a survey in 229 municipalities estimated that municipalities possessed about 6% of the housing stock on average, of which only one third was used as social housing (see Table 5).

Table 5: Municipal housing stock by municipality population size

Municipality population size	Less than 1,000	1,000-4,999	5,000-9,999	10,000-49,999	50,000 +	Total (average, weighted)
Share of municipal housing in total housing stock (%) average	2.5	5.1	8.2	5.9	7.9	6.0
Share of municipalities that have their own housing stock (%)	43.7	81.3	99.0	100	100	53.1
Share of social housing in municipal housing stock (%)	30.3	33.9	69.2	83.8	62.5	32.9

Source: Foldynová et al. (2016), adapted.

It should also be noted that municipalities include a variety of housing types in the category of social housing, including housing provided to the elderly and disabled people, covering also barrier-free housing (these are the prevailing forms of social housing).

There are no studies available that assess the effectiveness of the existing services in providing comprehensive and flexible support according to people's needs. Nevertheless, there are indications that the existing system of policy responses to HHE suffers from serious limitations in providing this kind of comprehensive and flexible support. Although there is often a clear awareness and understanding of people's needs, particularly at the local level – and especially in NGOs, churches and among municipal social workers – the lack of the key instruments that enable the needs of the homeless to be met (see above) renders it impossible to adopt appropriate, flexible and comprehensive solutions.

A survey conducted in 221 municipalities with extended powers (MLSA, 2016) may well illustrate the provision of comprehensive and flexible support at the local/municipal level. Representatives of the municipalities reported that the most frequently used instruments to address homelessness were: municipal social work services (94.6%), social and legislative protection of children (93.7%) and social counselling (84.2%). To a limited extent, the municipalities use 'asylum houses' (49.3%), overnight shelters (36.2%), halfway houses (26.7%), low-threshold day centres (39.8%) and food aid (33%). The least-used measures are construction of municipal housing (3.6%), renovation of municipal housing stock (10.4%) and low-cost housing (11.8%). The most pressing policy deficits that the municipalities identified were: construction of new municipal housing stock (75.6%), lack of low-cost housing (60.6%), lack of municipal crisis accommodation (59.3%) and lack of overnight shelters and halfway houses (46%).

The key limitations to the effectiveness of the solutions addressing HHE are several important systemic causes of homelessness and housing exclusion that are difficult to overcome with the existing instruments and current policy effort (see discussion in section 1). We may summarise them as follows:

- rising cost of housing;
- (over-)indebtedness and poor consumer protection;
- poor regulation of evictions;

²⁴ This lack of information may illustrate how the issue of affordable housing is neglected in policy-making.

- family instability/breakdown and domestic violence;
- long-term unemployment among certain groups, such as low-skilled workers, workers with disabilities, and (lone) parents; and
- several policy deficits (see above).

These causes overlap and have a combined impact on people at risk of HHE (MLSA, 2014a, 2016).

Based on the above discussion, some of the main policy weaknesses and related priorities for improvement have been identified. These are summarised in Box 1.

Box 1: Main policy weaknesses and related priorities for improvement

Policy weakness/gap	Priority for improvement
Lack of legal regulation and suitable instruments supporting the social housing sector as the systemic solution to HHE	Adopting the Social Housing Act and establishing corresponding financial instruments
Insufficient role of municipalities in meeting citizens' need for housing and in enforcing the right to housing	Defining the role of municipalities in meeting citizens' need for housing and in enforcing the right to housing, while providing them with adequate support in terms of appropriate financial instruments
Lack of instruments enabling homeless people to return to standard housing (such as Housing First and Rapid Re-Housing)	Promptly implementing this new instrument (possibly under the Act on Social Services), based on the experience with the pilot Rapid Re-Housing projects
A high risk of evictions due to legal regulation that does not sufficiently protect rented housing tenants	Increasing legislative protection against evictions, while also strengthening social work with debtors, with the goal of debt repayment, and implementing debt-relief instruments on a greater scale
An absence of short-term low-threshold inpatient health services for people who have no other possibility of follow-up care	Developing a healthcare service system for the homeless that combines: street medicine, ambulatory healthcare, shelter-based and follow-up care, and prevention

Policy innovations

In the last five years, there have been several important innovations in the provision of homelessness services: there has been an increasing emphasis on social work with the homeless and on prevention, embracing also empowerment and participatory methods of working with the homeless, accompanied by specific targeted projects. The methods of social work with the homeless have advanced in several respects (this progress was recorded in several methodological guides, like *Methods of Preventing the Loss of a Home* or 'Social Work in Social Housing' and 'Debt Counselling – What and How in Several Steps') – as reported in the sections above. Second, support for the construction of social housing from ESIFs made it possible to combine these methods with direct access to housing, although only to a limited extent.

Probably the most significant innovation was the implementation of the Housing First (Rapid Re-Housing) concept: the project was piloted in Brno during 2016-2018. We have referred briefly to this project in the sections above; here we summarise the substance and expand on the main points.

Intervention was provided to 50 families that had previously lived in private hostels, shelters and other emergency forms of housing. Brno municipality provided the flats, and the NGO IQ Roma Servis implemented the project.²⁵ Two Czech universities, in the cities

²⁵ The project staff was trained by pioneers in Housing First in Europe, HVO Querido Discus.

of Brno and Ostrava, participated in conducting the evaluations. In addition to the provision of housing, families were provided with intensive case management and substantial housing subsidy. Standard social work methods were enriched with move-in celebrations, a calendar of energy consumption, peer work, mediation concerning neighbourhood relations, and practical move-in support (furnishing, refurbishment, etc.).

The intervention group was randomly selected from a list of 421 homeless families in Brno that had registered with the NGO IQ Roma Servis in April 2016. The control group of 100 families was selected from the same group of 421 registered families. Evaluation was carried out as a randomised control trial, based on mixed methods. The move-in of the intervention group was finalised by May 2017, and the evaluation was carried out within 12 months, focusing on the differences between the intervention and the control group. The findings are encouraging. In addition to a decreased time spent in homelessness and improved security of tenure within the intervention group, compared to the controls, other positive effects were also documented: improved mental health of the mothers, decreased use of emergency health services by the families, decreased sickness among the children, improved social integration of the parents, improved financial stability of the households, decreased feelings of social anomy (measured on the Srole scale) and improved subjective assessment of the overall quality of life (for more details, see Ripka et al., 2018).

A call was announced in January 2019 (closed in May) in the amount of CZK 150 million (€6 million), with a maximum of CZK 15 million per project (€0.6 million), that supports expansion of the Housing First pilot projects to other localities.²⁶

²⁶ <http://www.profaktum.cz/moznosti/opz-vyzva-c-108-podpora-programu-housing-first-bydleni-predevsim/>

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Annex

Table A1: ETHOS Light categories defined as homeless in the Czech Republic

Operational category		Living situation		Definition	Defined as homeless in the Czech Republic
1	People living rough	1	Public space/ external space	Living in the streets or public spaces without a shelter that could be defined as living quarters	Yes
2	People in emergency accommodation	2	Overnight shelters	People with no place of usual residence who frequently move between various types of accommodation	Yes
3	People living in accommodation for the homeless	3	Homeless hostels	Temporary accommodation with no long-term housing options	3.3: Yes
		4	Temporary accommodation		3.4: Yes - typically includes halfway houses and crisis intervention services with accommodation, persons in commercial dormitories
		5	Transitional supported accommodation		3.5: Yes
		6	Women's shelters or refuge accommodation		3.6: Yes
4	People living in institutions	7	Healthcare institutions	Stay longer than needed due to lack of housing No housing available prior to release	3.7: Yes
		8	Penal institutions		3.8: Yes (includes young people over 18 released from children's homes or foster care)
5	People living in non-conventional dwellings due to lack of housing	9	Mobile homes	This accommodation is used due to a lack of housing and is not the person's usual place of residence	3.9: Yes
		10	Non-conventional buildings		3.10: Yes
		11	Temporary structures		3.11: Yes
6	Homeless people living temporarily in conventional housing with family or friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	This accommodation is used due to a lack of housing and is not the person's usual place of residence	Yes

Table A2: Latest available data on the number of homeless in the Czech Republic

Operational category		Living situation		Most recent number	Period covered	Source
1	People living rough	1	Public space/ external space	(0.05-0.30% of inhabitants of big cities)	2015 (data come from various surveys of the homeless in cities in 2009-2014)	Kuchařová and Janurová (Psychlová) (2016)
2	People in emergency accommodation	2	Overnight shelters	50,638 users	2017 during the year	MLSA (2018a)
3	People living in accommodation for the homeless	3	Homeless hostels (users)	5,451 11,741	End of 2017 During 2017	MLSA (2018a) (data not available on persons in commercial dormitories)
		4	Temporary accommodation (users)	264 halfway houses 535 halfway houses 683 crisis services with accommodation	End of 2017 During 2017 During 2017	
		5	Transitional supported accommodation	No data available		
		6	Women's shelters or refuge accommodation	Included in 3.3		
4	People living in institutions	7	Healthcare institutions	No data available		MLSA (2018a)
		8	Penal institutions (number of released residents)	8,650 penal inst. 685 children's home	During 2017 During 2017	
5	People living in non-conventional dwellings due to lack of housing	9	Mobile homes (people)	925	March 2011	CZSO (2011), summarised in Kuchařová and Janurová (Psychlová) (2016), see above
		10	Non-conventional buildings (people)	16,834		
		11	Temporary structures (people)	32,408 (emergency housing outside flats)		
6	Homeless people living temporarily in conventional housing with family or friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	No data available		

Note: An estimate based on the survey of 221 representatives of municipalities carried out by MLSA (2016) is the following: 68,500 persons for categories 1-4, and 119,000 persons for categories 5-6.

Table A3: Overview of social housing subsidised by the Ministry of Regional Development and the State Housing and Development Fund**2.2.1 Social dwellings subsidized by MRD**

Program		year of subsidy obtaining	Type / number of dwelling unit		
317500	dwellings in house with day care	1998	BJ 1 547		
		1999	BJ 1 548		
		2000	BJ 54		
		2001	BJ 1 461		
		2002	BJ 289		
		1998–2002	total	4 899	
317400 + 217313	"income define" rented dwellings	2003–2007	BJ 2 432		
		2003–2007	total	2 432	
3174006	supported dwellings	2003	CHB 447		
			BPC 36		
			VB 4		
2003	total	487			
217314	supported dwellings	2004	CHB 787		
			VB 26		
		2005	CHB 523		
			BPC 8		
			VB 9		
		2006	CHB 764		
			BPC 25		
			VB 3		
		2007	CHB 91		
			BPC 13		
			VB 3		
		2004–2007	total	2 252	
		117514	supported dwellings	2008	PČB 84
					VB 131
				2009	PČB 86
VB 130					
2010	PČB 149				
	VB 134				
2011	PČB 124				
	VB 104				
2012	PČB 280				
	VB 179				
2013	PČB 215				
	VB 132				
2014	PČB 223				
	VB 207				
2015	PČB 192				
	VB 190				
	KDS 322				
2016	PČB 149				
	VB 79				
	KDS 334				
2017*	PČB 213				
	VB 28				
	KDS 129				
2008–2017	total	3 814			
Ministry of Regional Development (1998–2017) TOTAL			13 884		

Source: MRD (2018: 22).

2.2.2 Social dwellings subsidized by SHDF

Title		year of subsidy obtaining	Type / number of dwelling unit
NV 146/2003 Coll.	rental dwellings for persons with low income	2003	BJ 1 241
		2004	BJ 2 264
		2005	BJ 1 517
		2006	BJ 1 905
		2007	BJ 1 295
		2003–2007	total
NV 333/2009 Coll.	rental dwellings for persons with low income (social dwellings)	2009–2010	BJ 203
		2009–2010	total
NV 284/2011 Col.	rental dwellings for persons from target group (social dwellings)	2011–2017	BJ 198
		2011–2017	total
State Housing Development Fund (2003–2017) TOTAL			8 623

Source: SHDF.

Legend:

BJ dwelling unit
 CHB protected housing
 BPC dwelling on half-way
 VB entrance dwelling
 PČB dwelling with care
 KDS Community senior house

* For the year 2017, the data are preliminary, because at the PCB and the VB have paid out all subsidies and KDS has not issued any decision.

