



# **Social services in the Czech republic**

*June 2016, in Prague*



# History of social services in the Czech republic

- 1948 – 1989: paternalistic social welfare; social services managed centrally and controlled by the state; the client is „cared for“, yet deprived of human rights
- 1989 – 2006: reform of the social system; social services based on two pillars– quality and availability
  - 1. NGOs, charities and regional/local governments as providers – establishment of new types of services, public participation in the planning of service networks
  - 2. Client-oriented approach, focus on individual needs, ultimate goal = social inclusion



# **The Act No. 108/2006 Coll. on Social services**

- Care allowance
- Basic Types and Forms of Social Services
- Registration of providers of social services
- Quality Standards of Social services, obligations for providers
- Inspection of social services
- Qualification requirements for the social workers and workers in social services
- Contract between users and providers



## Definition

- Social service = Assistance and support for people in difficult social situations
  - The main goal = social inclusion



# Fundamental principles of social services

- Social inclusion and integration
- Human dignity
- Human rights and fundamental freedoms of persons
- Individually determined needs of each person
- Support of independence of persons
- Free basic social counselling
- Focus on quality



# Participants of the system of social services

- Providers of social services
- Users
- Regions, regional authorities
- Municipalities
- State = Ministry of Labour and Social Affairs



# Providers of social services

- Number of Social services – 5.433
- Number of Providers – 2.015
- Types of providers
  - Run by MOLSA – 5 providers
  - NGOs > 2/3 of all
  - Regions and municipalities > 1/3 of all
  - Rest – bussiness companies, schools



# Providers of social services

- Authorization = registration
  - Type of social services provided,
  - Description of realization of social services provided,
  - Time-schedule for social services provision,
  - Capacity of social services provided,
  - Qualified personnel
  - Material and technical conditions





# Providers of social services

- Obligations
  - Present information about social services
  - Provide the services in accordance with human rights
  - Process internal rules for filing and processing complains
  - Comply with social services quality standards



# Providers of social services

- Personnel
  - Social worker
  - Workers in social services
  - Other specialists
  - Volunteers



# Clients

- Person in difficult social situation, which he/she cannot solve
- Search for services
  - In public registry
  - Social workers at municipalities
- Contractual principle



# Regions

- Identify needs/problems of the citizens in the area
- Plan the supply of social services
- Develop the network of social services
  - Obligation to ensure the accessibility
- Regional offices in charge of providing permission (licence) for social services and control providers



# Municipalities

- Basic counselling
- Information about social and other services, social benefits
- In charge of arranging for the assistance to a person in need



# Ministry of Labour and Social Affairs

- Founder of 5 providers of social services
- In charge of Social Services Act
- Carries out quality control – inspection of social services
  - Based on complaints/ regular controls
  - Can impose measures and fines
- Prepares national strategies and plans



# Social services

## **33 types of social services in total**

- Social counselling
- Social care services
- Social prevention services

## **Forms of Providing Social Services**

- Residential/stay-in services
- Ambulatory/outpatient services
- Field/ outreach services.



# Social counselling

- Basic social counselling
- Specialized social counselling

Provided by:

- Citizen counselling facilities,
- Marriage and family counselling facilities
- Counselling facilities for the elderly, disabled persons
- Facilities for victims of criminal activity and domestic violence;





# Social care services

- Assist persons to arrange for their physical and mental self-sufficiency
- Main goal:
  - To enable users integration in the common social life to the maximum possible extent or
  - To arrange for users the dignified environment and treatment



# Social prevention services

- Help to avoid social exclusion of persons
- Main goal:
  - To assist persons with overcoming their difficult social situation and
  - To protect the society against undesirable social phenomena.



## Activities in social services

- Services provided through basic activities
- Basic activities for every type of social services set in law
- Examples:
  - Assistance with running a household
  - Social therapeutic activities
  - Mediation of contacts within the social environment



## Example: Homes for the Elderly

Target group: elderly with reduced self-sufficiency, who require regular assistance of another person

### Activities:

- Provision of accommodation and food
- Assistance with handling common self care activities
- Activation activities
- Mediating contacts with the social environment - family



## Example: Outreach Programs

Target group: persons leading dangerous life or threatened by such manner of life

- Drug addicts
- Homeless persons
- Persons living in socially excluded communities

The goal: minimize risks following from their way of life

Activities:

- Mediating contacts with the social environment,
- Assistance with defending rights, dealing with institutions/authorities



## Example: Social Rehabilitation

Activities focused on achieving self-reliance, independency and self-sufficiency through training and development of specific skills

- Residential/outpatient/outreach form
- Different target groups – homeless, disabled...

### Activities:

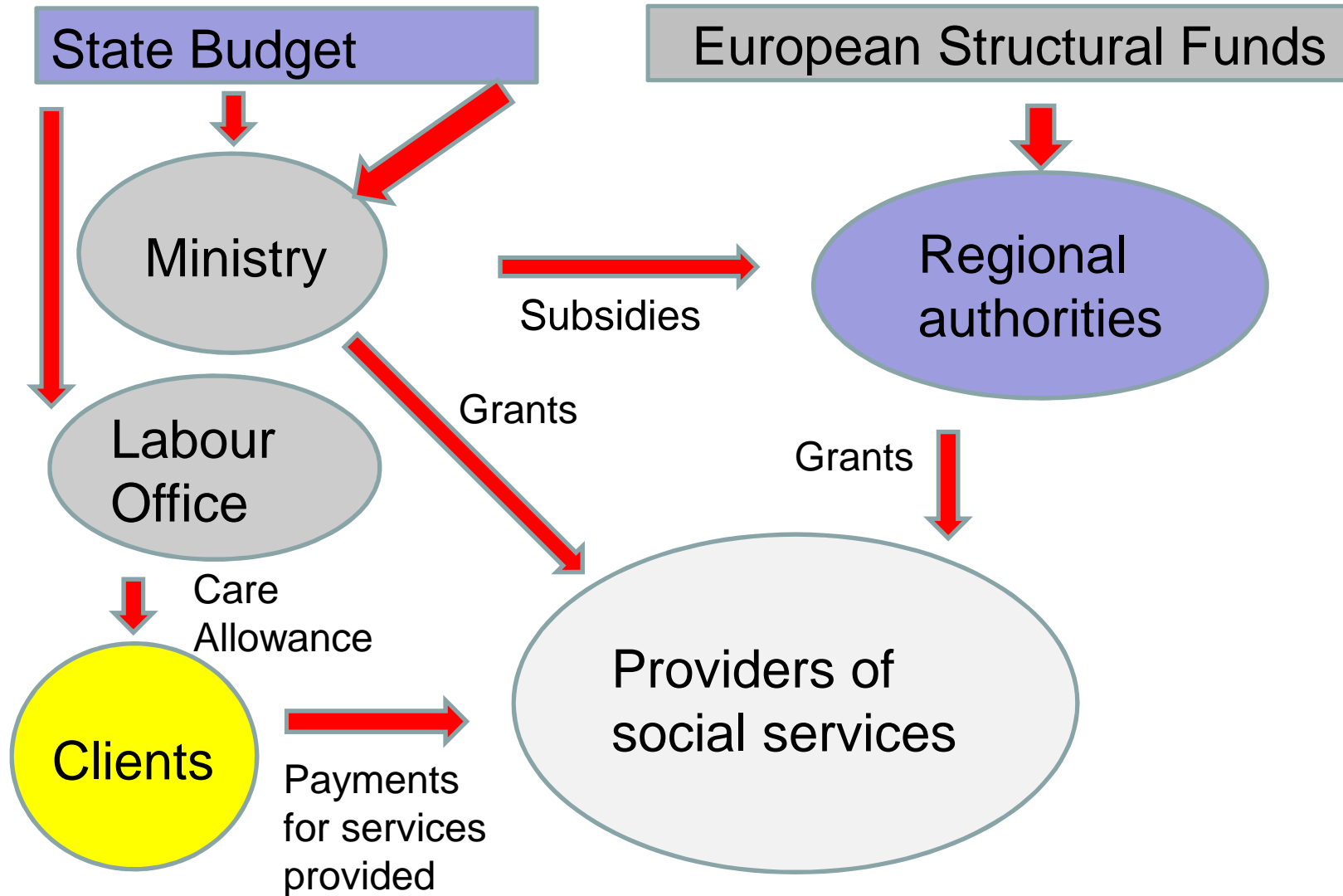
- Training skills for self-care
- Educational and activation activities
- Mediating contacts with the social environment



# Social services transformation and deinstitutionalization

- Transition from institutional to community-based care
- Strict regime in institutional care – fewer possibilities for decision-making in ordinary things
- Community based care offers new abilities and skills for people with disability, including decision making
- The role of MoLSA
  - Awareness raising
  - Support to providers

# Funding of social services







# Framework for financing social services

Act no. 108/2006 Coll., on Social Services and Decree No. 505/2006 Coll.

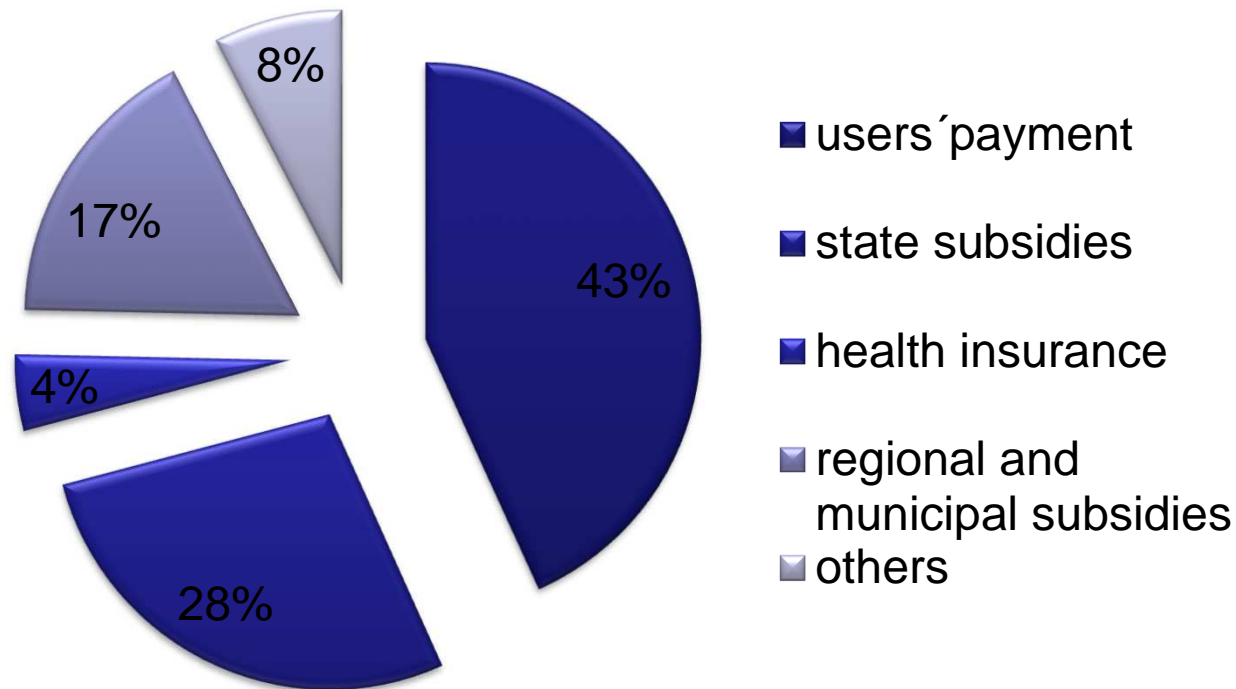
Basic principle – multi-resource financing

- ✓ Care allowance
- ✓ Users' payment
- ✓ State subsidies
- ✓ Regional and municipal subsidies
- ✓ Health insurance
- ✓ ESF grants
- ✓ Other (private endowment, donations etc.)



## Structure of resources in social services sector

Total expected expenses 2014: 1,36 billion EUR





# Users' payment

care (care allowance), stay, meals, extra services

## Care allowance

- financial allowance provided to people dependent on the assistance – people in long-term adverse health condition
- provided directly to a person who is to be cared for
- graduated according to a degree of dependence

Age/degree	I.	II.	III.	IV.
younger than 18 yrs.	120 EUR	200 EUR	360 EUR	480 EUR
18 yrs. and older	32 EUR	160 EUR	320 EUR	480 EUR



## Care allowance – carer

- **Natural person** (family member) – informal environment
- **Registered social service provider** – formal environment (in-residence services) + informal environment (field-based services)
- **Combination of both** above mentioned



## Subsidies

- State and self-government – **45 % of total resources**
- Forms: subsidies, grants, founder allowance, donations
- Problems: how to apply EU rules (state aid)?
  - public procurement law
  - de minimis support
  - compensatory payment to users
  - exact criteria for extent of subsidies, calculation of reasonable profit



## What are the other resources?

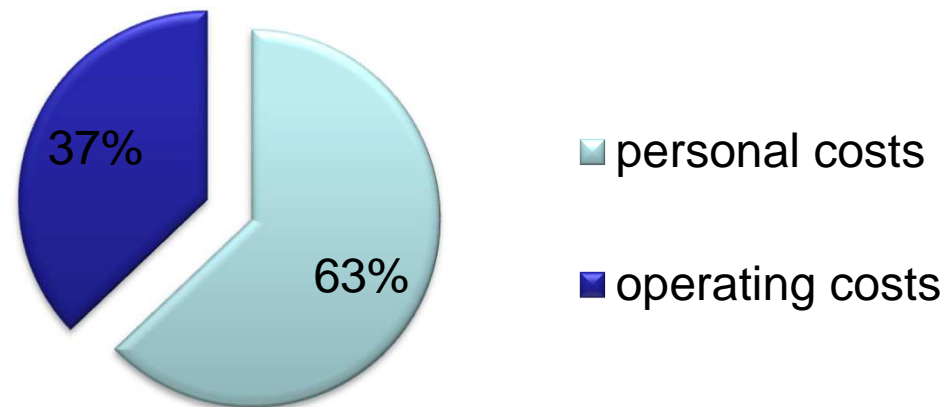
- Health insurance
  - Often problematic resource
  - Health care insurance companies – payment of all costs connected with indicated health care?
  - Solution: Act on Long-term Care (first draft in 2012)
- ESF grants
- Other (private endowment, donations etc.)



## Structure of costs in social services sector (non-investment)

Personal cost – major cost in social services sector

Total number of employees – 60 thousand (full-time workers)





## Struggle with the calculation

- Knowledge of social services costing is necessary
- Depends on the level of the care provided, on the target group of the service, ...
- Calculation based on time spent to care about the clients
- Problem: missing personal standard





## Future direction?

- **shared responsibility** of state, self-governments, users and their families
- **long term care** – no gaps between social and health care
- setting the **legal environment**
- setting **more accurate criteria for social services**  
cost calculation not omitting their specifics



**Questions or comments?**



# THANK YOU FOR YOUR ATTENTION

Eva Capicarová

(eva.capicarova@mpsv.cz)

Veronika Burešová

(veronika.buresova@mpsv.cz)

Social Services Department

Ministry of Labour and Social Affairs