THE REGULATORY TRAJECTORY AND CURRENT ORGANISATIONAL FRAMEWORK OF SOCIAL SERVICES AND SOCIAL CARE IN THE CZECH REPUBLIC

Jana Havlíková, Research Institute for Labour and Social Affairs

Kateřina Kubalčíková, Masaryk University

Introduction

The development in the area of social services in the Czech Republic differs in many respects from that in Western Europe. While in the first half of the 20th century the development of social policy and social protection was in line with mainstream European principles, the year 1948 when the communist regime was established meant a disruption in the Western tradition which lasted until the Velvet revolution in 1989. In the 1990s, a new welfare system was set up with the aim to realign the policies with the European ideology. However, it has not been easy to overcome the forty-year gap. As a result, some of the developments and reforms instituted in Western countries in the 1980s and 1990s occurred later in the Czech Republic; for example, the process of deinstitutionalization of care for people with disabilities has only begun since 2012.

In this working paper we focus especially on outlining the regulatory and organizational context of the provision of social services in the Czech Republic. We decided to choose only one of the domains suggested by the COST Action IS1102 WG1 coordinator, namely the domain of Social and care services, because of two reasons: first, due to the discontinuity in social development in the Czech Republic it is necessary to explain the changes more in depth, which would require an enormously long paper; second, our case study for the WG2 concerns social care services for the elderly, and therefore it is important to explain the context of the services provision. The other domains, i.e. Education and Healthcare, are therefore just briefly described in the section 1.3 below.

Finally, we would like to point out that the notion of the domain of Social services as understood in the Czech environment is narrower than the concept of Social services of general interest (SSGI) accepted by the United Nations and the European Union. The areas included in SSGI, i.e. health, housing, education, employment, social security, and social protection, are governed by national social policy in the Czech Republic, and perhaps the closest "umbrella" term to describe them would be the welfare system (systém sociální ochrany).

1. Classification, terminology and definition of social services in the Czech Republic

This section is divided into two parts. The first part is devoted to a more in-depth conceptualization of the Social and care services in the Czech Republic, as well as to clarification of the terminology and definitions used in the area of Czech social and care services. The second part contains an overview of public services provided in the domains of Education and Healthcare.

1.1. Classification, terminology and definition of the Social and care services

The system of social services is regulated by Act No. 108/2006 Coll., on Social Services, and by the Decree of the Ministry of Labour and Social Affairs No. 505/2006 Coll., implementing some provisions of the Social Services Act.

The term "social services" is defined more narrowly in the Czech Republic than is the case in discussions at the European Community level. Social services are defined *as provision of support and assistance to persons in adverse social situation* in a manner that preserves their human dignity and respects individual human needs, while bolstering the possibility of social inclusion of every individual in his or her natural social environment at the same time. As a result, social services represent the aggregate of the specialised activities helping a person to overcome his/her adverse social situation. As such situations have various causes, there is a whole spectrum of social services on offer (see Table 1.1).

In line with this legal definition, social services are classified into three basic areas by the Social Services Act: *Social counselling*, usually specialised for specific target groups or situations, with basic counselling being an integral component of all social services; *Social care services*, the main objective of which is to arrange for people's basic needs which cannot be met without care and assistance by another person; *Social prevention services* serve to prevent the social exclusion of persons who are endangered by adverse social phenomena.

Social services are also classified according to the place where they are provided: *Field-based services* are provided at a person's place of residence, i.e. in his/her household, at the place where he/she works, studies, or spends his/her spare time. Examples of these types of services include domiciliary service, personal assistance and field-based programmes for endangered youth. In order to receive *non-residential services*, clients must visit specialised facilities such as counselling facilities, day care centres for disabled people or drop-in centres for people at risk of substance abuse. *Residential services* are provided in facilities where a person lives year-round at a certain stage of his/her life. These mainly include homes for the elderly and homes for disabled persons, as well as so-called sheltered housing for people with disabilities and shelter for mothers with children or for homeless people (*for more information about the organizational framework of social services provision see* section 3 below).

The following Table 1.1 contains a list of social services as they are defined by the Social Services Act. Individual kinds of social services are grouped according to the classification mentioned above (i.e. into three basic groups: social counselling, social care services, and social prevention services). The Czech term for the service and its English translation are then given. The last column of the table provides a shortened legal definition of the service.

As the Czech social services are defined according to the adverse social situations which establish a person's entitlement to special support and assistance, it is not possible to group the social services according to the target group of users. As a rule, a single, legally defined, kind of social service (see Table 1.1) can be provided to a relatively broad group of users. As an example, we chose three target groups most relevant to the COST Action I1102 and, with the help of the national Register of social services providers (http://iregistr.mpsv.cz), created a list of all the kinds of social services targeted at these respective groups of users in the South Moravian Region:

- *Children and youth at risk in the age of 6-26 years*: Social counselling, Services in drop-in centres for drug users, Low-threshold services for children and minors, Telephone crisis support, Shelter services, Outreach programmes, Social rehabilitation, Social activation services for families with children, Follow-up services, Halfway houses.

- *Immigrants*: Social counselling, Services in drop-in centres for drug users, Low-threshold services for children and minors, Telephone crisis support, Shelter services, Outreach programmes, Social rehabilitation, Crisis assistance.
- *Older people*: Social counselling, Domiciliary care service, Homes for the elderly, Special care homes, Day care centres, Day services centres, Respite care, Guiding and reading services, Emergency assistance, Personal assistance, Interpreting services, Social activation services for senior citizens and people with disabilities, Social and therapeutic workshops, Telephone crisis support, Crisis assistance, Outreach programmes, Social rehabilitation, Services in drop-in centres for drug users.

To complete the description of social and care services we need to point out that the Social Services Act stipulates not only the in-kind services (see Table 1.1.) but also a cash social security benefit – *the care allowance* provided to people dependent on assistance by another person due to their age or health status. The recipient may use the allowance to pay his/her relative/neighbour/'social care assistant' for care, he/she may hire a social care services provider or combine both of these possibilities. The care allowance statistics (MoLSA, 2011) indicate that informal care plays a crucial role in social care provision in the Czech Republic (72 % of care allowance recipients spent the allowance solely on informal care in 2010, and 9.5 % combined care delivered by informal and formal caregivers).

Table 1.1. Czech national terminology and definition of social services included in the Social and care services.

Social and care services – basic area	Services in local language	English terminology used	National (legal) definition
Social Counselling			
	Odborné sociální poradenství	Social counselling	Social counselling includes general social counselling and specialised social counselling. General social counselling provides beneficiaries with essential information helping them to cope with the adverse social situation they find themselves in. Social counselling is a basic activity implemented within all types of social services; social services providers shall always be obliged to arrange for this service. Specialised social counselling is provided, according to the needs of individual social groups, in civic counselling facilities, marriage and family counselling facilities, counselling facilities for senior citizens, disabled persons, and victims of crime and domestic violence; it also includes social work with persons whose lifestyle may conflict with that of the wider society. These services are provided free of charge.
Social Care Services			
	Osobní asistence	Personal assistance	Personal assistance is a field-based service provided to persons whose self-sufficiency is reduced due to age, disability or chronic illness, where their situation requires that they be assisted by another person. The service is provided without time limitation, in the beneficiary's natural social environment, and covers tasks demanded by the beneficiary (e.g. in the areas of personal care, access to public places, household care, and contact with the family and broader society. The user contributes towards the costs of the service.

Pečovatelská služba	Domiciliary care service	Domiciliary care service is a field-based or non-residential service provided to persons whose self-sufficiency is reduced due to age, chronic illness or disability, and to families with children, where their situation requires that they be assisted by another person. It includes assistance with personal care, meal preparation or meal delivery and assistance in running a household. The service is provided at a specified time (with the time specification being the main factor differentiating this service from the personal assistance service) in the beneficiary's household or in non-residential care facilities. The clients are provided with the service for a fee.
Tísňová péče	Emergency assistance	Emergency assistance is a field-based service offering non-stop remote-voice and electronic communication to persons who find themselves at a permanent life-threatening or health-threatening risk should their health or abilities suddenly deteriorate. The aim of this service is to enable the users to remain in their homes, while substantially reducing the associated health risks. The clients are provided with the service for a fee.
Průvodcovské a předčitatelské služby	Guiding and reading services	Guiding and reading services are field-based or non-residential services in the area of orientation and communication provided to persons whose self-sufficiency is reduced due to age or disability, with the aim to help the users to manage their own affairs by themselves. The purpose of this service is assistance with asserting the users' rights and justified interests and looking after personal matters. The clients are provided with the service for a fee.
Podpora samostatného bydlení	Supported housing	Supported housing is a field service provided to persons whose self-sufficiency is reduced due to disability or chronic ailment, including mental disorder, and whose situation requires assistance by another person. This service includes the following basic activities: a) assistance with running a household, b) pedagogical, educational and activation activities, c) mediating contact with the social environment, d) social and therapeutic activities, e) assistance with asserting the users' rights and justified interests and looking after personal matters. The user participates in the funding of the service.
Odlehčovací služby	Respite care	Respite care is field-based, non-residential or residential service provided to persons whose self-sufficiency is reduced due to age, chronic illness or disability, who are normally cared for in their natural social environment; the aim of the service is to enable the regular caregiver to get the necessary rest. The provider supplies services to the user at times when the family members are at work, on holiday, do common errands outside the home, etc. Care is delivered in the household or in specialized institutions (in the form of day care or short-term stays of up to three months). The user participates in the funding of the service.
Centra denních služeb	Day service centres	In the day service centres, non-residential services are provided to persons whose self-sufficiency is reduced due to age or chronic disability, where their condition requires that they be regularly assisted by another person. Although it is legally possible to offer this kind of social service to both older people and people with disabilities, in reality, the users are predominantly older people. Day service centres offer a combination of services, the purpose of which concerns physical and psychological support of the users' self-sufficiency and improvement in their overall quality of life. The clients are provided with the service for

		a fee.
Denní stacionáře	Day care centres	Day care centres are quite similar to the above-mentioned day service centres; however, day care centres provide assistance above all to people with disabilities, especially to people with mental disability. This kind of social service is provided on an non-residential basis. The service consists in therapeutic and educational activities provided with the objective of promoting the self-sufficiency of users in managing personal care and stabilizing and improving their quality of life. The emphasis is placed on the users' initiative and their possibility of engaging in everyday life. The clients are provided with the service for a fee.
Týdenní stacionáře	Week care centres	Week care centres are intended for people whose capabilities are limited, particularly in the areas of personal care and household care, and who cannot live their everyday lives at home without someone else's assistance. Providing temporary housing may be part of the service. The user participates in the funding of the service.
Domovy pro osoby se zdravotním postižením	Homes for people with disabilities	Homes for people with disabilities are intended for people whose capabilities are limited, particularly in the areas of personal care and household care, and who cannot live on their own. The provision of housing tailored to the users' needs and substitute homes for the users are part of the service. The service is not restricted by time. The user participates in the funding of the service.
Domovy pro seniory	Homes for the elderly	Homes for the elderly are residential services provided to persons whose self-sufficiency is reduced due to age, where their condition requires that they be regularly assisted by another person. This service includes the following basic activities: a) provision of accommodation, b) provision of meals, c) assistance with essential personal care, d) assistance with personal hygiene or arranging the conditions for personal hygiene, e) mediating contact with the social environment, f) social and therapeutic activities, g) activation activities, h) assistance with asserting the users' rights and justified interests and looking after personal matters. The clients are provided with the service for a fee.
Domovy se zvláštním režimem	Special care homes	In special care homes, residential services are provided to persons whose self-sufficiency is reduced due to chronic mental illness or substance abuse, or due to old-age senile dementia/ Alzheimer's disease and other types of dementia, where the clients' condition requires that they be regularly assisted by another person. The regime in these facilities is adapted to meet these persons' specific needs. The clients are provided with the service for a fee.
Chráněné bydlení	Sheltered housing	Sheltered housing is a residential service provided to persons whose self-sufficiency is reduced due to disability or chronic illness, including mental illness, where their situation requires that they be assisted by another person. Sheltered housing takes the form of either group or individual accommodation in standard apartments and houses that represent a home for the users and are managed by the provider. The clients are provided with the service for a fee.

Social prevention services			
	Raná péče	Early intervention services	Early intervention services are oriented towards the needs of entire families with small children whose development is at risk because of disability or illness. The service includes the use of educational, social and healthcare measures. The objective is to restore or sustain the parents' competence to raise the child and create suitable conditions for the child's development. The services are provided in the household and specialised day care establishments, usually free of charge.
	Telefonická krizová pomoc	Telephone crisis support	Telephone crisis support is a field-based service provided for a temporary period to persons in a life-threatening, health-threatening or another serious situation which they are temporarily unable to resolve on their own. Professional staff are contacted by telephone and thus there is no direct contact between the client and the professional counsellor. This service is provided free of charge.
	Tlumočnické služby	Interpreting services	Interpreting services are field-based or non-residential services provided to persons with communication disorders, namely caused by sensory difficulties, preventing them from engaging in normal communication with their surroundings without assistance of another person. This service is provided free of charge.
	Azylové domy	Shelter services	Shelter services are intended for homeless people who are interested in acquiring housing of their own. The focus of the service is to provide temporary accommodation together with counselling and guidance concerning access to regular housing and improvement of the beneficiaries' living conditions. This support and assistance are provided in specialised asylum institutions. The users usually participate in the funding of the service.
	Domy na půl cesty	Halfway houses	Halfway houses offer temporary housing to persons up to 26 years of age who, upon coming of age, leave children's homes and secure children's homes for young offenders or sometimes other types of institutional facilities for children and youth care. The services provided include the following: accommodation, mediation of contact with social environment, therapeutic activities and assistance in advocacy of rights and interests. Halfway houses are a paid service.
	Kontaktní centra	Drop-in centres	The service is intended for substance abusers who live in degrading conditions or live a risky lifestyle and, as a result, fail to or refuse to cope with their unfavourable social situation. The purpose of the service is to create the conditions for establishing contact and, if requested, provide information and advice on how to handle the users' problems. The service is provided free of charge.
	Krizová pomoc	Crisis assistance	Crisis assistance is a field-based, non-residential or residential service available for a temporary period to persons in a life-threatening or health-threatening situation who are temporarily unable to manage their adverse social situation on their own. This service is provided free of charge.
	Intervenční centra	Intervention centres	The services of intervention centres are targeted at victims of domestic violence in the case when the aggressor was evicted from the joint place of residence. A person at risk of violent attack

		is offered assistance within 48 hours, at the latest, from the eviction of the aggressor. Intervention services may also be initiated in response to an application made by the person who is threatened with violence by someone sharing the same residence, or even in the absence of such an instigation, that is immediately after the moment of the intervention centre learning of a person being threatened with violence. This service also includes arranging for cooperation and sharing of information among the intervention centres, providers of other social services, authorities responsible for the social and legal protection of children, municipalities, units of the Police of the Czech Republic and municipal police, and other public administration bodies. Social services of the intervention centre are provided on an non-residential, field-based or residential basis. This service is provided free of charge.
Nízkoprahová denní centra	Low-threshold day centres	Low-threshold day centres provide non-residential or field-based services to homeless people. It includes following services: provision of meals, access to regular bathing, assistance with asserting the users' rights and justified interests and looking after personal matters. This service is provided free of charge.
Nízkoprahová zařízení pro děti a mládež	Low-threshold services for children and adolescents	The service is intended for children and minors facing the risk of social exclusion, "street kids" in particular. Most often this is street work. The social worker's support includes offering meaningful leisure activities, addressing inadequate family care or assisting with personal problems. The low-threshold character of the service is understood to mean the possibility to avoid the necessity to present an identity document, comply with a regular schedule or be obliged to participate in the activities on offer. The service is provided free of charge.
Noclehárny	Hostels	Hostels are intended for homeless people who are only interested in overnight stays. The number of nights per user is unlimited. No active effort towards obtaining one's own housing is required. The service primarily involves a shelter for the night and possibly food, but also the provision of information on available follow-up social services to address the users' problems. The users usually participate in the funding of the service.
Služby následné péče	Follow-up services	Follow-up services are non-residential or residential social services provided to persons with chronic psychiatric disorders and to substance abusers who either have completed or undergo inpatient therapy in a healthcare facility or outpatient therapy, or to recovering addicts. The aims of this kind of social services are: to sustain and develop the positive outcomes of previous interventions and/or prevent relapse into addiction; to inform the clients about publicly available services; to improve the clients' social skills and ability to manage common and complex life situations; to help the clients search for job opportunities in the labour market and to keep their jobs; to develop the clients' ability to engage in social interactions and build new social ties. This service is provided free of charge, save for the costs of arranging housing.
Sociálně aktivizační služby pro rodiny s dětmi	Social activation services for families with children	Social activation services for families with children are field-based or non-residential services provided to families with children whose development is at risk due to the effects of a long-term critical social situation which the parents are unable to handle on their own without assistance. This service is provided free of

		charge.
Sociálně aktivizační služby pro seniory a osoby se zdravotním postižením	Social activation services for senior citizens and people with disabilities	Social activation services are non-residential or field-based services provided to persons of retirement age or disabled persons at risk of social exclusion. The services include the following activities: a) mediating contact with the social environment, b) social and therapeutic activities, c) assistance with asserting the users' rights and justified interests and looking after personal matters. This service is provided free of charge.
Sociálně terapeutické dílny	Social and therapeutic workshops	Social and therapeutic workshops are outpatient services provided to persons whose self-sufficiency is reduced due to disability and who thus have no opportunities in the open and protected labour markets. The purpose of these workshops is to provide long-term and regular support and development of work habits and skills by way of social work therapy. This service is usually provided free of charge.
Terapeutické komunity	Therapeutic communities	The service is intended for substance abusers who went through a detoxification programme and are interested in changing their lifestyle and returning to normal life. The service is provided in a residential institution with a strict regime. The maximum stay in the therapeutic community is normally one year. The user participates in the funding of the service. This kind of service belongs to the domain of social services, like the other kinds of services listed in this table.
Terénní programy	Outreach programmes	These are programmes for people at risk of social exclusion. They are intended for substance abusers, people who find themselves in degrading or risky situations and those who live in environments affected by socially pathological phenomena and are directly at threat. The objective is to increase the users' orientation in the social environment and create the conditions for managing their problems. The service is provided free of charge.
Sociální rehabilitace	Social rehabilitation	Social rehabilitation is a set of specific activities focused on attaining self-reliance, independence and self-sufficiency by developing the users' specific abilities and skills, strengthening their habits and practising everyday activities necessary for leading an independent life, using the clients' preserved abilities, potential and competencies. Social rehabilitation is provided in the form of field-based and non-residential services, as well as in the form of residential services of social rehabilitation centres. This service is usually provided free of charge.

Sources: MoLSA (2009), http://www.mpsv.cz/en/1613, Act No. 108/2006 Coll. on Social Services, CSO (2012).

1.2. Terminology and definition of the public services included in the domains of Education and Health Services

The provision of education is governed by the basic principles contained in the Charter of Fundamental Rights and Freedoms, which is part of the Czech Constitution. The Charter says that "it is the parents' right to care for and bring up their children. Children have the right to parental upbringing and care " (Article 32, paragraph 4).

Article 33 says: "Everyone has the right to education. School attendance shall be obligatory for the period specified by law. Citizens have the right to free primary and secondary school education, and, depending on particular citizens' ability and the capability of society, also to

university-level education. Private schools may be established and instruction provided there only under conditions set by law; education may be provided at such schools for tuition. "

The Act No. 561/2004 Coll., on Pre-school, Elementary, Secondary, Tertiary Professional and Other Education – the Education Act, for short, concerns all spheres of education with the exception of university-level education which is subject to the Higher Education Act. Public higher education is currently free of charge for Czech citizens, with a few exceptions (administrative fees related to admission procedures; fees for exceeding the standard length of studies and fees for the study of an additional degree programme).

Healthcare in the Czech Republic is provided primarily on the basis of statutory health insurance. Healthcare services are covered by the health insurance funds. The following services are fully or partially covered by health insurance:[1]

1. outpatient and institutional (inpatient) care,

2. emergency and ambulance services,

3. preventive care,

4. dispensary care,

5. supply of medicaments, medical supplies (e.g. hearing aids, bandages),

6. balneological care, care in specialised children's hospitals and sanatoria,

7. industrial healthcare,

8. transport of the sick, reimbursement of travel expenses,

9. examination of the deceased and autopsy.

There are many procedures that are co-financed by the insured persons. These are procedures and medical devices that are above the standard of care as it is defined by law. Dental procedures, some balneological care and some medicaments are cases in point. Some medicaments are fully covered by the insurance companies, whereas others are co-financed by the patients. In every category of medicaments there must be at least one medicament that is fully covered by public insurance. The costs of medicaments and medical devices provided during a stay in hospital are fully covered by the insurer, with the insured person not having to directly pay for treatment (Kinkorová, Topolčan, 2012).

The system and the provision of healthcare are regulated by the following laws:

- Resolution of the Presidium of the Czech National Council 2/1993 promulgating the Charter of Fundamental Rights and Freedoms as part of the Czech constitutional order

- Act No. 48/1997 Coll., on Public Health Insurance, amending certain related Acts

- Act No. 20/1966 Coll., on Public Healthcare, amending certain related Acts

- Act No. 592/1992 Coll., on Premiums for Universal Healthcare, amending certain related Acts

- Act no. 258/2000 Coll., on Public Health Protection and Amending Certain Related Acts, as amended

[1] Source: http://www.mzcr.cz/prevence/uk/uk.html

The following Table 1.2. contains a list of the services within the domains of Education and Healthcare. The Czech term for the service and its English translation are given. The last column of the table provides a shortened definition of the service.

Table 1.2. Czech national terminology and definition of social services included in the domains of Education and Healthcare

Domains	Services in local language	English terminology used	National (legal) definition
Education			
Pre-primary education	Mateřská škola	Nursery school	A nursery school offers pre-school education of children from 3 to 6 years of age. It is not compulsory, yet enrolment is very high. A place at a nursery school must be made available for any interested child in their last pre-school year. The nursery school does not provide a defined level of education (ISCED level 0), but it creates preconditions for sustainable education and helps to compensate for developmental disparities among children before their enrolment in primary education. It offers special education and care to children with special educational needs.
Primary education	Základní škola	Primary school	Primary school combines primary and lower secondary levels of education (ISCED 1+2) within a single organisational unit and provides compulsory education. It lasts for nine years, which corresponds to the length of compulsory schooling. Children attend it from the age of 6 to 15. It is divided into a five-year first level and a four-year second level. Upon completion of the first level, pupils who show interest and succeed in the admission procedure may transfer to a multi-year secondary general school – they may continue at an eight-year grammar school after the fifth year of primary school, or at a six-year grammar school after the seventh year, or at a dance conservatoire after the fifth year and complete their compulsory schooling there. Having completed primary school (or equivalent) the pupils attain a primary education level (ISCED 2A).
	Základní škola speciální	Special primary school	Pupils with serious mental disability, pupils with multiple disabilities and autistic pupils are entitled to be educated at special schools, from the pre-primary to upper secondary level. The curriculum and qualifications are as close as possible to those at mainstream schools and the methods are adjusted to the specific educational needs. At the compulsory level, there are special primary schools for pupils with medium and severe mental disabilities and multiple mental disabilities, and basic practical schools for pupils with mild mental disabilities. Pupils who complete the special primary school attain the ISCED 2C level.
Secondary education	Střední učiliště/ praktická škola	Secondary vocational school or practical school	Upper secondary general and vocational education is acquired through completion of an educational programme lasting 1-2 years (ISCED 2C/3C). The age of students is 15-16/17. This kind of school is intended above all for children with learning disabilities.
	Střední odborné učiliště	Secondary vocational school	Upon completion of this secondary education programme, the students receive an apprenticeship certificate (ISCED 3C). The programme lasts for 2-3 years. The age of students is 15-17/18. The school provides very practically oriented upper secondary

			vocational education.
	Střední odborná škola	Secondary technical school	This is secondary education programme completed by school-leaving examination (ISCED 3A). The duration of education is 4 years. The age of students is 15-19.
	Lyceum	Lyceum	Lyceum offers upper secondary education with the choice of several specializations: pedagogical, business, technical, etc.; completed by school-leaving examination (ISCED 3A). The duration of education is 4 years. The age of students is 15-19.
	Gymnázium	Grammar school	Grammar schools provide secondary education aiming to develop the pupils' key competencies and a broad knowledge base, preparing them above all for higher education and various types of tertiary education and professional specialisation. The study is completed by school-leaving examination (ISCED 3A). The duration of education is 4 years. The age of students is 15-19.
	Konzervatoř	Conservatoire	The conservatoire is a special type of school providing artistic education through studies of dance, music, singing or a combination of music and drama. The programme can last for 4, 6 or 8 years – depending on whether the new pupils come upon completion of compulsory schooling or only 5 years of primary school. The admission procedure requires candidates to demonstrate their talent in the form of an aptitude test. Depending on the length of the education programme, the school is completed either with school-leaving examination (ISCED 3A) or with "absolutory examination". The passing of the latter exam awards the "qualified specialist" certification (DiS.) to those leaving "tertiary professional education in conservatoire" (ISCED 5B).
Tertiary education - the school-leaving examination certificate is the minimum entrance requirement for all tertiary education programmes	Vyšší odborná škola	Tertiary professional school	Tertiary professional schools provide students with practically oriented qualifications at the ISCED 5B level. They were established with the aim to fill the gap in qualification needs between secondary and tertiary school degrees. The study is completed by "absolutory examination" awarding the "qualified specialist" certification (DiS.). The duration of education is 3 years. These schools can charge fees where the maximum level is regulated.
	Vysoká škola/ univerzita – bakalářský program	Higher education institution – university and non-university type (Bachelor's studies)	It is completed by state examination and defence of a thesis, and gaining the Bc./BcA (Bachelor/Bachelor of Art) qualification. The duration of education is 3-4 years (ISCED 5A).
	Vysoká škola/ univerzita – magisterský program	Higher education institution – university and non-university type (Master's studies)	It is completed by state examination and defence of a thesis, and gaining the Mgr./MgA (Master/Master of Art) or Ing./Ing.arch. (for technical studies and economics / architecture) qualification. The duration of education is 1-3 years (ISCED 5A).
	Vysoká škola/ univerzita – doktorský program	Higher education institution – university type (Doctoral studies)	It is completed by state doctoral examination and defence of a thesis, and gaining the Ph.D./Th.D. (theology) degree. The duration of education is 3-4 years (ISCED 6).
Healthcare	Ambulatní péče	Outpatient care	Outpatient care is provided by **primary care physicians** or specialists. If a person is taken ill, they usually contact a primary care physician working near their home. Primary care physicians include **general practitioners for adults, general practitioners for children and young people, dentists and gynaecologists**.

		The patient can only register with a physician who has a contract with the insurance company where the patient is insured. Health insurance is obligatory in the Czech Republic. If healthcare is to be reimbursed from public health insurance, the insured person must first register with a primary care physician (the general local healthcare provider). A physician may only refuse to register an insured person if doing so would increase his or her workload to a point detrimental to the quality of care provided to this and other patients of the physician. A patient can make an appointment with a **specialist physician** in the Czech Republic without a referral from the primary care physician.
Nemocniční péče	Institutional (inpatient) care	If the patient's condition requires inpatient hospital treatment, a primary care physician or outpatient specialist can make necessary referrals or directly arrange for hospital admission. Inpatient care is provided in **hospitals** and **specialised institutions such as psychiatric hospitals and rehabilitation centres, hospices, sanatoria, and long-term care hospitals**.
Pohotovost a zdravotnická záchranná služba	Ambulance service and emergency medical services	**Ambulance services** serve people with acute illness or injury who cannot come to their physician, yet need immediate treatment and possibly transport to a healthcare facility in order that further deterioration of their health or risk to life are avoided. **Emergency medical services** serve people who are at risk to life e.g. due to heart attack or car accident.
Lázeňská péče	Balneological care	**Balneological care** can be regarded as an essential part of the curative process. Entitlement to balneological care is recommended, and claimed on a pre-printed form, by the registering general physician, or attending physician in the case of hospitalisation. In both cases it must be confirmed by a reviewing physician.
Dlouhodobá péče	Long-term care	Long-term care for older or disabled people **is provided in two overlapping settings with different systems of organisation and funding:** residential long-term care facilities and other social services financed from the central, regional or municipal budgets, and healthcare facilities for long-term inpatient care financed primarily through the social health insurance.
Psychiatrická péče	Mental healthcare	Mental healthcare is provided both in **outpatient settings** and in inpatient facilities which include **hospital psychiatric departments, psychiatric hospitals** and **psychiatric institutes**.
Výdej léčiv a zdravotnických prostředků	Dispensing medicaments and medical devices	In the Czech Republic, there is an extensive network of **pharmacies** dispensing medicaments and medical devices, both on prescription and over the counter.
Preventivní péče	Preventive care	**Preventive examinations** and **vaccination** against infectious diseases are performed by primary care physicians.

Sources: MoEYS (2011); European Commission, EACEA (2008); http://www.mzcr.cz/prevence/uk/uk.html; Kinkorová, Topolčan, 2012.

2. The regulatory trajectory of the welfare state in Social and care services

Since the development in the Czech Republic differs in many respects from that in Western Europe, given the country's former inclusion in the Soviet Union's zone, let us start with a brief overview of the most important social changes that took place in this country. Such a broader introduction will be helpful for a better understanding of the developments in the area of social services or, to be more precise, in the area of personal social and care services.

In this section, we begin with a brief outline of the main features of social policy during the communist regime (1948-1989), we follow with a general outline of the basic stages of 'construction' of the new welfare model, and finally, we focus in more detail on the development of social and care services.

2.1. Main features of social policy during the communist regime (1948-1989)

The basic features of social policy prior to 1989 were as follows (Matoušek et al., 2007):

- Absolute dominance of the state over social policy, paternalistic approach, almost absolute monopoly, and authoritative manner of decision-making about social issues;
- Personal responsibility for one's life conditions was undermined, and no civic initiatives were allowed;
- Provision of extensive, universal and flat social guarantees disregarding the principle of merit - e.g. the levelling of retirement pensions, incomes, etc.;
- Ineffective and non-transparent redistributive mechanisms, centralisation of financial resources and their redistribution through the state budget – a principle that produced the illusion of many social services being free of charge;
- It also needs to be said that social policy was exploited as an instrument of repression against certain individuals and groups (e.g. underground activists).

2.2. Early stages of 'construction' of the new welfare model

A system transformation of social policy represented an integral part of the overall transformation of Czech society after 1989, that is after the Velvet Revolution. A new social policy model was gradually formulated which differed fundamentally from the pre-1989 conception.

The reform of society initiated in the early 1990s reflected the dynamic changes of the transformation process:

- Ideological foundations and principles changed;
- Economic transformation took place at the same time;
- Society was confronted with social problems that either had not existed before or had been artificially suppressed - e.g. unemployment, poverty, increase in drug consumption, the issue of minorities, and unfavourable demographic trends.

Potůček (1999) outlines the basic stages of formation of the new Czech social policy as follows:

December 1989 – June 1990

At this stage, the basic principles of the envisaged reforms were discussed. Various groups of experts on individual reform branches took part in the preparations on a voluntary basis. In some cases, even analytical studies elaborated in the "grey zone" prior to 1989 were taken up.

July 1990 – June 1992

Basic principles of social policy were defined and many of them were laid down in legislation. Simultaneously, the state paternalism of earlier years was gradually replaced with more flexible and decentralised mechanisms. However, the state retained its competencies in some areas. The principal element of social policy – social security system – was endorsed. These changes gave rise to a welfare system that was, from an ideological perspective, a mixture of social liberal and social democratic approach.

July 1992 – June 1996

This period started with the split of Czechoslovakia into two successor states, which brought about a delay in the legislative process. In the new state – the Czech Republic, the predominant political philosophy consisted in a mixture of neoliberalism and conservatism. The proclaimed, and partially achieved, social policy goal was to reduce the role of the state. Simultaneously, the role of market mechanisms was emphasised. Nevertheless, in some areas of social policy, solutions corresponding rather to social democratic or social liberal principles were implemented.

July 1996 – June 1998

At this stage, social policy was affected by economic problems – the government proceeded with partial cuts in expenditures. As a result, there were efforts to diminish state interventions in social issues, and the neoliberal conservative approach prevailed.

It is apparent from this brief overview that the early stages of 'construction' of the new welfare model were not grounded on a consistent social and political philosophy. The social reform was shaped by many influences and while it corresponded with the neoliberal conservative view in some respects, in other respects, the social democratic motivation was apparent. As a result of these early processes the welfare regime established in the Czech Republic after 1989 could be defined as a welfare mix, with an increasing inclination towards the neo-liberal model at present (Pfeiferová et al., 2013).

The social policy domains of the current Czech welfare system can be outlined as follows (Krebs et al., 2010):

- *Healthcare policy* – the state has a partially regulatory function, it guarantees the quality and availability of care (as a constitutional right); healthcare is financed from compulsory insurance;
- *Family-related policy* – for example, tax relieves for families with children, a system of financial benefits;
- *Housing policy* – particularly rent regulation in public housing, special apartments for disabled citizens or the elderly etc.;
- *Employment policy* – encouraging job creation, re-qualification courses etc.;
- *Education policy* – guaranteeing the constitutional right to education available to everyone and free of charge etc.;

- S*ocial security system* which is described in more detail below.

The lastly-mentioned **social security system** is a set of institutions and measures designed to prevent, alleviate or eliminate the consequences of social events affecting citizens. The conception of social security in the Czech Republic is usually described as a system of 'three pillars':

- *Social insurance* – citizens or groups of citizens reduce their present consumption for the sake of uncertain future social events – health insurance, unemployment insurance, retirement pension insurance, etc.

- *State social support* – citizens are protected against specific social events defined by the state; state social support represents, in fact, a solidarity scheme organised by the state and based on the principle of redistribution of resources;

- *Social assistance* – unlike insurance and support, social assistance is applied individually; it involves protection of citizens against such situations that can neither be managed by means of insurance, nor is there entitlement to the state social support. In cases of material need – assistance can be both financial and material, however, there is no fixed entitlement to it and claims cannot be automatically set up; assistance is usually provided by municipalities; in cases of social need – the situation is usually managed by temporary or permanent provision of personal social services.

2.3. Development of social and care services after 1989

We start with the period of 1990s to show how difficult the transition was from paternalistic and state-provided social assistance and care to the modern social services.

1990 – 2006

Over this period, major changes occurred in the provision of social services. The changes were prompted and implemented from the bottom up, primarily thanks to individual providers both from the non-governmental and the governmental sectors. The fast development of social services occurred without being co-ordinated and regulated by law. The users of social services became more self-confident and wished to influence to a significant degree where, by whom and how the service will be provided. However, the users' involvement in decision making about the manner and form of social services provision was limited in that period and they took almost no part in the control processes. The providers introduced new methods of social work and were thus better able to respond to the requirements of individual users. However, further development of social services was hindered by out-dated legislation, division of competencies, methods of distribution of funds and professional abilities of social workers in the public sector. Institutional (e.g. closed) services continued to prevail over community (e.g. open) services, however, no process of de-institutionalisation was initiated. Social services were also often influenced by the medical approach. Additionally, the system lacked any consistent set of tools to implement social policies at the level of municipalities and regions.

It was clear that a fundamental transformation of the system was necessary. Probably the most important role in the field of social services was that played by the strong non-profit, non-governmental sector striving to provide modern social services. One factor that proved crucial was the direct involvement of stakeholders (users, providers, self-government and state administration) in the process of social services reform (MoLSA, not dated). In the mid-1990s, social services providers and social workers started to discuss the parameters of a new conception of social services provision (e.g. specification of the types of social services, rules of service delivery, staff qualification requirements, etc.). This initiative was recognized by the Czech

government and the overall reform of social services system was started. In 2000, the first proposal for quality standards was ready. It was formulated by this grassroots initiative and accepted by the appropriate ministry as a non-binding model that was to be tested in practice. Nevertheless, in the final stage, the formulation of new legislation and tools for quality management became part of the power games among major political parties at the governmental level and the influence of other subjects weakened. As a result, the reform became purely a government matter, alienated from those to whom it applied (Havlíková, Hubíková, 2011).

2007

The process of social services reform was concluded with the coming into effect of the new *Act No. 108/2006 Coll., on Social Services*. This Act profoundly changed the system of social services in the CR, as well as the conditions of social services provision, including social services targeted at the elderly and at people with disabilities (for further details see section 3). Since then, the social services system in the Czech Republic has been regulated by Act No. 108/2006 Coll., on Social Services, and by the Decree of the Ministry of Labour and Social Affairs No. 505/2006 Coll., implementing some provisions of the Social Services Act. These regulations are still valid and only minor alterations have been made since 2007.

The main legislative milestones in the development of the Czechoslovakian and, subsequently, Czech social services system are displayed in Table 2.3 below.

Table 2.3. Chronology of the building and restructuring of the welfare state in the domain of Social and care services

Year	State level concerned	Legislation/Act	Current status	Content (synopsis)
1948	national	Act No. 174/1948	cancelled	Transfer of the obligation to provide citizens in need of social help with assistance and support from the municipalities to the state
1956	national	Act No. 55/1956	cancelled	Introduction of the communist conception of social welfare. The Act stipulates that: the State helps persons who need its help, particularly persons with reduced ability to work, children and elderly or severely disabled people, to improve their material conditions and develop their culture through provision of services (counselling, work placement, residential care facilities) and benefits.
1964	national	Act No. 101/1964	cancelled	Broadening assistance provided to people with severe disability – they are allowed to take part in special public canteens (where diet food was served), and are entitled to domiciliary care services and some extra benefits.
1975	national	Act No. 121/1975	cancelled	'Care' for maladaptive persons in the form of forced employment.
1988	national	Act No. 100/1988	cancelled	As regards the field of social services, the Act defined the target groups entitled to state assistance; they were as follows: families with children, severely disabled people, older people, people in need of special assistance, and maladaptive citizens. Simultaneously, five kinds

				of social services were defined: counselling, residential social care, domiciliary care service, common meals, and cultural activities.
2007	national	Act No. 108/2006	valid	This Act has profoundly changed the system of social services in the Czech Republic. It defines the kinds of social services (see Table 1) and the basic principles of service provision, such as registration requirements that social services providers must meet, assessment of the users' life situation, the funding of social services with an element of direct payments, care allowance rules, qualification requirements imposed on employees of social services provider organisations, standards of quality in social services, local strategies of social services development utilising the community planning method, and basic framework for informal care provision.
2007	national	Decree No. 505/2006	valid	Implementing some provisions of the Act No. 108/2006.

Sources: Matoušek et al. (2007).

3. The current organizational framework in the provision of Social and care services in the Czech Republic

As mentioned earlier, since 2007, the social services system in the Czech Republic has been regulated by Act No. 108/2006 Coll., on Social Services, and by the Decree of the Ministry of Labour and Social Affairs No. 505/2006 Coll., implementing some provisions of the Social Services Act.

This Act has profoundly changed the system of social services in the Czech Republic. It defines the kinds of social services (see Table 1.1) and the basic principles of service provision, such as the duty to obtain a licence for social services provision, the funding of social services with an element of direct payment, care allowance rules, qualification requirements imposed on employees of social services provider agencies, standards of quality in social services (for more information see Hubíková, Havlíková, 2011), local strategies of social services development utilising the community planning method, and basic framework for informal care provision (for more information see Kubalčíková, 2009).

While the kinds of social services and the conditions of service provision are set at the national level under the Social Services Act, the planning and delivery of social services are mostly decentralised.

3.1 Main actors and their role

There are several types of actors in the domain of Social and care services in the Czech Republic. These are above all *the Ministry of Labour and Social Affairs, Regions and Municipalities, and Non-profit organizations*. Furthermore, there are several *pressure groups of users* (among the most influential ones is the Czech National Disability Council) and *volunteers*. However, the influence of these two groups of actors over the social services system is rather limited (cf. Lusková, Lusková, 2012). In the text below we therefore discuss the role of the first three mentioned actors:

The Ministry of Labour and Social Affairs (MoLSA) is responsible for the preparation of long-term systematic measures and relevant legal regulations, the setting of long-term social policy priorities, as well as for quality enhancement support in the area of social services provision. As regards funding, the Ministry distributes subsidies towards the operation and development of social services delivered by other providers, the NGOs including. The subsidies are granted on a yearly basis. The MoLSA itself is directly responsible for only five specialized social care institutions. Finally, the MoLSA has a duty – through the regional offices of the Public Employment Service – to inspect the quality of social services provision and responsibility to carry out inspections monitoring whether or not individual social service agencies fulfil the National Standards of Quality for Social Services Provision.

The role of *municipalities and regions* is very similar. They seek to establish suitable conditions for the development of social services, particularly by researching people's real needs and securing the resources necessary to satisfy these needs, besides setting up organisations to provide social services. At the level of municipalities and regions, two or three-year plans for the development of social services are also formulated; nevertheless, these plans should be in accord with the stated national social policy priorities. Municipalities and regions themselves provide social services and also take part in financing social services.

Despite these roles and duties common to both municipalities and regions, regions may carry out some additional tasks within the organizational framework of the provision of social and care services. They may take part in inspection into the quality of social services provision, but it is not a duty. Furthermore, regions are the licensing authority for social services providers; the provision of social services without a licence is prohibited under the national Social Services Act.

Non-governmental, non-profit organisations and individuals provide a wide spectrum of services and are an important party in social services provision. They often play the role of innovators and sometimes form associations or pressure groups to influence the policy of the MoLSA.

3.2. The division of labour within the state (national, regional, local)

In this section, we focus on the 'vertical' division of labour ('vertical subsidiarity') among the different state/government levels in the field of Social and care services in the Czech Republic (for summary see Table 3.2.).

As is obvious from the table below, there is quite a clear distinction between the tasks and responsibilities of the state on the one hand, and those of the regions and municipalities on the other hand. While the state, or more precisely, the Ministry of Labour and Social Affairs, plays a crucial role in legal regulation, quality control, as well as the funding of social services, the regions and municipalities are responsible above all for planning for the development of social services, monitoring social services, and also for the provision of services in the field of social care. The fact that regions provide 40 % of social care services by themselves does not derive from legislation, but from specific historical circumstances: during the communist period, residential care was the most commonly provided type of social care service and it was provided by the state; after the Velvet Revolution (1989), these social care facilities were transferred from the state to the districts which continued the provision of these services; in 2002, the districts, as administrative units, were abolished and the social care facilities were transferred to the regional authorities; as a result, the regions are, up to now, the main provider of residential social care services (Matoušek et al., 2007).

Table 3.2. The division of labour within the state (which level does what) in Social and care services

Phases		Central	Regional	Municipal
Legislation/regulation		XXX† Stipulates the kinds of social services and the conditions for service provision	X Is only responsible for regulation needed to implement social services	X Is only responsible for regulation needed to implement social services
Funding (in 2010)	Social counselling*	61 %	14 %	13 %
	Social care services**	28 %	6 %	10 %
	Social prevention services***	52 %	12 %	11 %
Programming/planning		X Sets the long-term social policy priorities	XXX Plans and coordinates social services within the region Issues licences for social services provision	XXX Plans and coordinates social services within the municipality
Production/delivery (in 2012)	Social counselling*	0.2 %	7 %	5 %
	Social care services**	1 %	40 %	25 %
	Social prevention services***	0.2 %	3 %	8.5 %
Monitoring/evaluation		XX Inspects the quality of social services provision	XX May take part in inspection of the quality of social services provision Monitors whether the regional plan for social services development is being met	XX Monitors whether the municipal plan for social services development is being met

Sources: MoLSA (2011, 2013), Pfeiferová et al. (2013)

Notes: * *Social counselling* is one of three branches of social services in the Czech Republic (cf. Table 1.1.).

** *Social care services* are the second branch of social services in the Czech Republic, consisting of 13 kinds of social services (cf. Table 1.1.).

*** *Social prevention services* are the third branch of social services in the Czech Republic, consisting of 18 kinds of social services (cf. Table 1.1.).

† An X shows the relative intensity of engagement (e.g. XXX=high; X=low).

When reading Table 3.2., you may have noticed the figures for the distribution of financial resources which cover the costs of social services. As you can see, there is a clear disproportion between state funding towards *social care services* (28 %) on one hand, and *social counselling* (61 %)

and *social prevention services* (52 %) on the other hand. This results from an interplay of two circumstances. Firstly, as we mentioned above, the state is the major financing body in the field of social services in general. Secondly, the Social Services Act stipulates the kinds of social services with which the clients must be provided free of charge and those which can be provided for a fee (*cf.* Table 1.1.). As social counselling belongs among the social services which must be provided for free, it is clear that its main source of funding is the state budget. Similarly, some kinds of social prevention services must be provided for free as well, while others (e.g. hostels, shelter services) can be charged with a fee; nevertheless, the typical clients of these kinds of social services are very poor people and so they are not able to pay high prices for the service provision. On the other hand, the position of social care services with regard to funding is completely different: all these services are paid for (cf. Table 1.1.), with co-funding by the clients being estimated at 50 % of the costs (see section 3.3.). In addition to their own financial resources (pensions, savings), the clients may cover the service costs using the care allowance, provided, of course, they are entitled to it. As a result, it is not only well-off people who are able to purchase social care services in the Czech Republic.

The division of labour described in this section has remained more or less stable over time. However, the state is planning to transfer more of the funding responsibilities to regions in the near future.

3.3. The division of labour among actors (which actor does what)

In this section, we focus on the 'horizontal' division of labour among actors ('horizontal subsidiarity') within the different state levels in the field of Social and care services in the Czech Republic (for summary see Table 3.3).

First of all, it should be noted that there is a lack of statistical data on for-profit providers of social services, as in Czech official statistics providers are defined as follows: the state, region, municipality, church, others. As a result, for-profit providers and NGOs that are not run by church organisations are counted together. For-profit providers of social services were very rare until approximately the year 2010, and therefore it used to be possible to take the figures for 'other providers' as standing for NGOs. However, there is some evidence (not statistical evidence, unfortunately) that the number of for-profit providers has slowly risen since then, but it is not possible to assess by how much.

Bearing these limitations in mind, we may say that the state level (in this sense represented by the state, regions and municipalities) plays a strong role in all the selected phases. However, there are two exceptions: first, in the area of funding *social care services,* it is the users who are the main funding body as they cover about 50 % of the costs. Second, while in the field of social services provision the state (specifically, the regional and local authorities) is a major provider of social care services, *social counselling* and *social prevention services* are ensured predominately by non-profit parties (their share in the provision of social counselling and social prevention services could be estimated at 85 %). This situation is a result of the historical circumstances accompanying the shift from the communist paternalistic regime to a modern European welfare state (cf. section 2). In short, during the communist period, the typical target groups of social prevention services did not officially exist or were perceived as in need of medical care (e.g. people with disabilities, psychiatric disorders or addictions) or as deserving punishment (e.g. unemployed or homeless

people). Consequently, social prevention services did not exist then. After the Velvet Revolution in 1989, the above-mentioned groups of people started to be perceived as clients of the social services – which were being developed by NGOs in the first place. And NGOs have remained the major provider of these kinds of social services up to now (cf. Havlíková, Hubíková, 2011).

Table 3.3. The division of labour among actors (who does what) in Social and care services

Phases		State	Market		Non-profit		Family/users
			For-profit organisations	Hired help	Organisations/ associations	Volunteers	
Legislation/ regulation		XXX†	X Pressure Groups	-	X Pressure Groups	-	X Pressure Groups
Funding:		XXX – in Social Counselling and Social Prevention services XX – Social care services	X	-	X	-	No – in Social Counselling X- in Social prevention services XXX – in Social care services (50 %)
Programming/ planning		XXX	XX Can take part in the community planning of social services development (CPSSD)	X As participants in the CPSSD	XX Can take part in the CPSSD	X As participants in the CPSSD	XX Can take part in the CPSSD
Production /delivery (in 2012)	Social counselling*	12 %	88 %			n.a.	irrelevant
	Social care services**	66 %	34 %			n.a.	irrelevant
	Social prevention services***	12 %	88 %			n.a.	irrelevant
Monitoring/evaluation		XXX	X As participants in the CPSSD	X As participants in the CPSSD	X As participants in the CPSSD	X As participants in the CPSSD	X As participants in the CPSSD

Sources: MoLSA (2011, 2013), Pfeiferová et al. (2013)

Notes: * *Social counselling* is one of three branches of social services in the Czech Republic (cf. Table 1.1.).

** *Social care services* are the second branch of social services in the Czech Republic, consisting of 13 kinds of social services (cf. Table 1.1.).

*** *Social prevention services* are the third branch of social services in the Czech Republic, consisting of 18 kinds of social services (cf. Table 1.1.).

† An X shows the relative intensity of engagement (e.g. XXX=high; X=low).

The 'horizontal' division of labour has remained more or less stable up to now. However, there are some indications that the number of for-profit providers in the field of social care services and providers who operate semi-legally in this field, beyond the regulations stipulated by the Social Services Act, has slowly been increasing.

Finally, it is obvious from Table 3.3. that involvement of volunteers is modest and can hardly be expressed in comparable figures in the field of social and care services in the Czech Republic. However, an inquiry into the volunteer sector was carried out in 2011 (Lusková, Lusková, 2012). According to its results based on representative administrative data, 34.7 % of agencies providing social services have some experience with voluntary workers and two thirds of these agencies cooperate with more than one volunteer. There were 21 198 volunteers working in the area of social and care services and the annual average amount of working hours per volunteer was 28. The contribution of volunteer work towards the various kinds of social services differed a great deal. Although the greatest number of volunteer hours worked (i.e. one fourth of the total hours worked) was reported by *homes for the elderly*, in economic terms, the volunteer work only 'saved' the providers of homes for the elderly 0.02 % of their annual expenditure (the authors' own computations based on Lusková, Lusková, 2012; and MoLSA, 2012). On the contrary, volunteers working in *social activation services for senior citizens and people with disabilities* 'saved' the providers costs amounting to 2 % of their annual budget, even though volunteer work in this sector of social services only accounted for 10 % of the total number of volunteer hours worked in 2011. In the EU context, the level of volunteering in the Czech Republic could be perceived as relatively low, as only 10 % - 19 % of adults engage in voluntary work, which is similar to the level of volunteering in Belgium, Cyprus, Ireland, Malta, Poland, Portugal, Slovakia, Romania, Slovenia and Spain (Volunteering, 2010).

4. The impact of the restructuring of social services in the Czech Republic

The concepts of the restructuring of social services and of the impact of the recent global financial crisis are only partially relevant to describing and analysing the processes in the area of social services that have occurred in the Czech Republic since the 1990s. There are two main reasons for this.

First, the need for 'restructuring' social services in the early 1990s did not arise from the end of the 'Golden Age' of welfare expansion as was the case in Western European Countries, but came from the demise of the communist regime in 1989 and, consequently, from the transition of Czech society to the market economy and democracy (cf. section 2). Second, the recent global economic crisis has so far influenced the Czech Republic in a much softer way than, for example, the Mediterranean and some other European countries, and has not as yet had an obvious impact on the area of social services.

Therefore, the changes of the organizational framework of the social services in the Czech Republic which took place during the 1990s and the first half of the 2000s should rather be understood as a radical transformation from one social services regime to another. While the denial of the 'old welfare regime' was rapid and radical, it took more than 15 years to establish the 'new welfare regime'. The process was not crowned with success until 2006 when the Social Services Act was accepted.

Given these historical circumstances, the main parameters of the 'new' conception of social services and social services organization – consisting in the rejection of the state as a dominant service provider and in stressing the role of NGOs in social services provision – have to be understood above all as a result of efforts to strengthen the 'newly born' civic society.

Nevertheless, after approximately 7 years of consolidation of the 'new' social services system (i.e. in 2013), the national government announced changes comprising the transfer of the financing of social services from the national to the regional level, as well as 'flexibilization' of social

services through a new and a much broader definition of the kinds of social services. We are convinced that these expected changes could be perceived as signs of the 'restructuring' processes; however, they have not come into effect yet.

Bibliographical references

CSO (2012) *Statistical Yearbook of the Czech Republic 2012,* Prague: Czech Statistical Office. Available online at: http://www.czso.cz/csu/2012edicniplan.nsf/engpubl/0001-12-eng_r_2012 (accessed in January 2014)

European Commission, EACEA (2008) *Organization of the education system in the Czech Republic*, European Commission, EACEA. Available at: www.msmt.cz/uploads/adult_education/CZ_EN.pdf (accessed in January 2014)

Havlíková, J., Hubíková, O. (2011) 'Implementation of Active User Principle: Learning from the Czech Social Services Reform', *Journal of Social Services Research,* Vol. 37, No. 2 (180-196)

Hubíková, O., Havlíková, J. (2011) 'Reforming Czech Social Services: Influence of the Implementation of National Quality Standards´ Active User Imperative on the Primary Process', *Slovak Sociological Review,* Vol. 43, No. 3 (219-241)

Kinkorová, J., Topolčan, O. (2012) 'Overview of healthcare system in the Czech Republic', *EPMA Journal,* Vol. 3, No. 4. Doi:10.1007/s13167-012-0139-9

Krebs, V. et al. (2010) *Sociální politika*, 5. aktualizované vydání. [Social policy, 5th updated edition], Prague: Wolters Kluwer

Kubalčíková, K. (2009) 'Deinstitutionalization of the social services for the elderly people in the Czech Republic', *Journal of gerontological social work*, No. 2 (65 -74)

Lusková, D., Lusková, Š. (2012) *Dobrovolnictví v sociálních službách* [Volunteering in Social Services], Prague: Ministry of Labour and Social Affairs

Matoušek et al. (2007) *Sociální služby: Legislativa, ekonomika, plánování, hodnocení* [Social services: Legislation, economy, planning, and evaluation], Prague: Portál

MoEYS (2011) *The Education System in the Czech Republic*, Prague: Ministry of Education, Youth and Sport of the Czech Republic

MoLSA (not dated). *The Structure of Social Services – current status in the Czech Republic.* Available online at: http://www.mpsv.cz/files/clanky/1998/2646.pdf (accessed January 2014)

MoLSA (2009). *Social services and care allowance in the Czech Republic,* Prague: Ministry of Labour and Social Affairs

MoLSA (2011). *Vybrané statistické údaje o financování sociálních služeb a příspěvku na péči* [Selected statistics related to funding of social services and to care allowance], Prague: Ministry of Labour and Social Affairs

MoLSA (2012). *Statistická ročenka práce a sociálních věcí 2011* [Statistical Yearbook for Labour and Social Affairs 2011], Prague: Ministry of Labour and Social Affairs

MoLSA (2013). *Statistická ročenka práce a sociálních věcí 2012* [Statistical Yearbook for Labour and Social Affairs 2012], Prague: Ministry of Labour and Social Affairs

Pfeiferová, Š., Lux, M., Dvořák, T., Havlíková, J., Mikeszová, M., Sunega, P. (eds.) (2013) *Housing and Social Care for the Elderly in Central Europe: WP 3 Main Findings Report,* Prague: Institute of Sociology, Academy of Science of the Czech Republic

Potůček, M.(1999) *Křižovatky české sociální reformy* [Crossroads of the Czech Social Reform], Prague: Sociologické nakladatelství

Volunteering in the European Union (2010). Executive summary commissioned by the Education, Audiovisual and Culture Executive Agency (EACEA) and managed by the Directorate General for Education and Culture (DG EAC) of the European Commission. Available online at: http://ec.europa.eu/citizenship/pdf/doc1018_en.pdf (accessed in January 2014)

Websites

Ministry of Labour and Social Affairs. English page on Social services. http://www.mpsv.cz/en/1613.

National Register of Social Services Providers.

http://iregistr.mpsv.cz.

Ministry of Health

http://www.mzcr.cz/prevence/uk/uk.html