THE UNION OF THE EMPLOYERS' ASSOCIATIONS OF THE CZECH REPUBLIC

PESSIS 2

PROMOTING EMPLOYERS' SOCIAL SERVICES ORGANIZATIONS IN SOCIAL DIALOGUE

COUNTRY-CASE STUDY: CZECH REPUBLIC

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UNIE ZAMĚSTNAVATELSKÝCH SVAZŮ ČESKÉ REPUBLIKY

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1 SOCIAL SERVICES IN THE CZECH REPUBLIC

Social services are to be defined in different ways. The term "social services" is defined more narrowly in the Czech Republic than is the case in discussions at the European Community level. Whereas in most European countries, social services are understood as public services provided mainly by the state, municipalities or nonprofit sector covering areas like health care, social care, social inclusion and social protection, in the Czech Republic a closer demarcation is used. In the Czech Republic, social services are understood largely as social care, social prevention and advisory services.

Social services are meant to support persons avoiding the social exclusion and contribute to social integration. Social services contribute to self-independency and for keeping and sustaining human dignity. Social services play an important part also in prevention, i.e. prevention of social exclusion but also prevention of health-social or pathological phenomena. The social services capacity, availability and standards are usually a touchstone of every modern society.

Social services overlap with another wider scale of public services. Public services are provided for the whole society's sake. On the contrary to the commercial services, public services are financed from the public budgets and are more defined in the legislation due to the dependency on political decisions of the state and local authorities[1]

Social services should ideally help people to live their life in an ordinary way - enable them to work, do the shopping, visit schools and churches, participate in leisure time activities, take care of the household and other common things that are usual until the time when some status or incident eliminates that. For this reason, there exists a strong preference for services that are based in their own natural community, work, study and take part in common life.[2]

The social services system is in the Czech Rep. is regulated by the legal act number č. 108/2006 Sb., about the social services (further only "social services Act"), and by the implementing notice number 505/2006 Sb., that describes some provision in the social services Act. This law is relatively new entering into force on 1. January 2007.

The social services Act defines in § 3 article a) social services as: activity or a set of activities according to this Act ensuring help and support in order to social include or prevent social exclusion.

Social services are provided to approx. 700 000 users which is approx. 7 % of the Czech Republic's Population. The social service network is in the Czech Republic is not uniform. Services are easily available in city agglomerations. The system of ensuring social services is based on planning that comes from the needs of citizens, the capacity possibilities of the providers and the public sector goals.[3]

1 MATOUŠEK, O. Sociální služby. 1.vyd. Praha: Portál, 2007. s. 184.

2 NÁRODNÍ VZDĚLÁVACÍ FOND, o. p. s. Centrum pro kvalitu a standardy v sociálních službách: Bílá kniha [online]. 2003 [cit. 2012-12-10]. Dostupné z WWW: http://www.cekas.cz/oldweb/php/pdf/Bila_kniha_unor_2003.pdf.

3 MPSV ČR. Vybrané statistické údaje o financování sociálních služeb a příspěvku na péči. Praha: MPSV ČR, 2010 s. 11-12.

Social services cover a range of assistance to people in unfavourable social conditions ranging from urgent crisis advice, temporary care in shelter homes and dormitories to services for people who need medium term – intensive assistance in day care centres and protected workshops up to long term help provided through care services, personal assistance and protected living and homes – currently often labelled as institutions. Social services are therefore provided not only to citizens who are handicapped by age, physically handicapped, sensory or mentally disabled but also to all those who cannot or are unable to resolve problems related to social relationships on their own. These are homeless people, people with drug problems or other addictions, prostitutes as well as families with children having partnership problems, battered wives and abused children.[4]

1.1 SOCIAL SERVICES TYPOLOGY[5]

Social services represent the aggregate of the specialized activities helping a person to overcome his or her adverse social situation. Because such situations have various causes, there is a whole spectrum of social services on offer.

Social services are classified into three basic areas:

- **Social counselling**, usually specialised for a certain target group or situation, with basic counselling being an integral component of all social services.
- **Social care services** include services, the main objective of which is to arrange for people's basic needs, which cannot be provided without another person's care and assistance.
- **Social prevention services** namely serve to prevent the social exclusion of persons who are endangered by socially adverse phenomena.

Social services are also classified according to the place of their provision:

- **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 community care service, personal assistance or field-based programmes for endangered youth.
- To receive **out-patient services**, a persons must visit specialised facilities such as counselling facilities, day care centres for disabled people or contact centres for people at risk of becoming dependent on addictive substances.
- **In-residence services** are provided in facilities where a person, at a certain stage of his/her life, lives all year round. These are mainly senior citizens' homes or homes for the disabled, as well as so-called sheltered housing for people with medical disabilities or asylum homes for mothers with children or homeless people.

4 http://www.mpsv.cz/files/clanky/1998/2646.pdf

5 Social services and allowance, MPSV ČR, Prague 2011, Nr. 20-21 in this study.

An important principle is the possibility to combine various types of services and also to be able to combine services with the assistance and support of the family or other close persons. The Social Services Act defines activities which are combined in various ways in the case of individual types of services so as to comply with the objective, mission and character of the service.

The basic activities provided as part of social services are as follows:

- assistance with the handling of common acts of personal care,
- assistance with personal hygiene or the provision of conditions for personal hygiene,
- provision of food or assistance with arranging for food,
- provision of accommodation or overnight lodging, as the case may be,
- assistance with running a household,
- pedagogical, educational and activation activities,
- social counselling,
- mediating contacts with the social environment,
- social therapeutic activities,
- assistance in the exercising of the rights, justified interests and while taking care of personal affairs,
- telephone crisis assistance,
- practicing the skills required for handling personal care duties, self-sufficiency and other activities leading to social integration,
- support for creating and improving basic work skills and habits.

Together with the provision of social services, other optional activities may be arranged on an optional basis.
Social services in social prevention are mainly provided by the NGO sector whereas in care homes services the public sector is dominant (care homes are mainly founded by regions and municipalities).Exact numbers are to be found in Annex No 3.

1.2 LICENSE TO PROVIDE SOCIAL SERVICES

Social services may only be provided on the basis of the registration of the provider of the social services. Registration is understood to mean the issue of licenses to provide concrete types of services. These licenses are issued by regional authorities in administrative proceedings based on an assessment of whether the provider is capable of meeting all the conditions prescribed by the Act. The meeting of all the conditions prescribed by the Act, including the quality standards of social services, is controlled in the form of an inspection made of the social services. If the provider does not meet these conditions, the license to provide these social services may be withdrawn.
The fundamental measure of the quality of social services is the compliance with human rights when providing social services.
Social services may be provided by any legal entity or natural persons meeting the statutory conditions.
In the Czech Republic, almost 5,518 social services are provided by 2,538 service providers. The social services providers are listed in the social services register, a publicly accessible database enabling a service to be searched for by a number of criteria.

1.3 FINANCING OF SOCIAL SERVICES

The financial system of social services in the Czech Rep. was changed in a crucial way in 2007. This change was not about financing the institutions and organizations but also users through a new social help allowance – care allowance. This was the biggest change in which the aim was to enable the user to make his/her own choice of how and through whom the care should be provided.[6]
By the new system of financing social services, it was declared that it´s based on the following principles[7]:

- The principle of equal access (same possibilities and access to financial resources for social services provision regardless of the type of the provider or other facts).
- The principle of free users choice (the user of social services having the care allowance at his/her disposal make his/her decision and choice as to the particular social services provider).

Primary financial resources[8]:

a. Social services users payments,
b. Payments for provided care according to § 11 of the Social services Act[9],
c. State subventions according to § 101 of the Social services Act,
d. Income from the public health insurance funds (only in residential care).

The particular resources are determined through the user's structure, i.e. their needs and further on the quality level of the service.

Secondary financial resources:

a. Secondary economic activities,
b. Contributions of the founder,
c. Donations
d. Incomes for so called facultative services[10],
e. Contributions of municipalities, regions and foundations
f. Other not specified resources.

Some social care providers are offering some minor other economic activities such as renting premises, food production, laundry, selling products, etc. .
Practically of the care homes and organizations founded by regions and municipalities receive contributions from the founder that are divided into two groups: operating contribution and depreciation contribution.
Donations are used mainly by the NGO providers. The incomes

6 HORECKÝ, J. Scénáře vývoje sociálních služeb. FÓRUM sociální politiky. 2009, č. 5. s. 21-22.

7 MPSV ČR. Důvodová zpráva k zákonu o sociálních službách, MPSV ČR 2006.

8 HORECKÝ, J. Základy managementu sociálních služeb, Marketing sociálních služeb. T.I.G.E.R, 2008, s. 24.

9 Care allowance in residential care

10 According the Social services Act the facultative services are other services that should be as supplement of the primary social services, these are to be paid separately.

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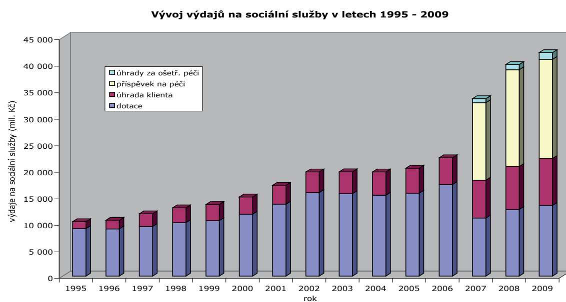
from the so called facultative services represent a small amount of all incomes. According the Social services Act the facultative services are other services that should be as supplement of the primary social services, these are to be paid separately. Some regions, towns and municipalities realize grant programmes to ensure the social services provision for their inhabitants. These programmes are based upon a voluntary decision of the regions´ and cities´ councils and parliaments.
As it is obvious from Graph No. 1 the costs for social services provisions in the Czech Republic have been raising since 1995. We can notice a noticeable raise in 2007 due to the new financial system. This huge jump is however not in correlation with the social services network development.



Graph No 1 The development of the social services costs in 1995–2009

Source: PRŮŠA, L. a kol. Model efektivního financování sociálních služeb. Praha: VÚPSV, 2011.

Legend: light blue: health care payments, yellow: care allowance, violet: users ‘payments, blue: state subvention.

1.4 CAPACITY AND STRUCTURE OF SOCIAL SERVICES IN THE CZECH REP.

The structure of the social services is determined by the typology of the social services given by § 34 of the Social services Act. The structure and capacity of social services is detectable in the National register as social services providers (see tab No. 1. The total amount is approx.. 2.500 organizations providing social services and approx.. 5.550 registered social services).
The current capacity and accessibility of social services is not sufficient and optimal. There are particular regions (with lower population density) where the accessibility is low and not sufficient. On the other hand there are also some regions where we could find more competing providers of the same social service.

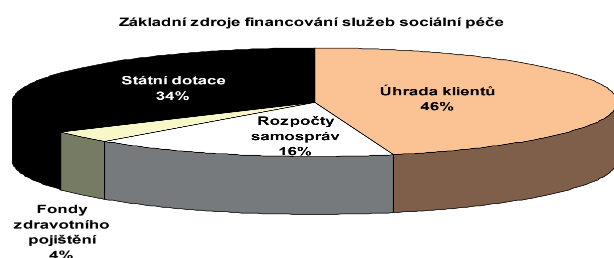
2 ANALYSIS OF PRIMARY RESOURCES

As main and crucial we could mark the following resources: state subvention and care allowance. In 2010, those two resources made in total 74,08 % of all the resources in social service financing.

Tab No 1 Social services financing resources in the Czech Rep. in 2010

Financing resources	Total amount in CZK	Total in %	Social care	Social prevention	Social advisory
State subvention	6 657 714 000	29,27 %	27,50 %	43,49 %	56,03 %
Labour offices contributions	78 026 989	0,34 %	0,25 %	1,26 %	1,11 %
Municipalities contributions	589 966 448	2,59 %	1,90 %	9,37 %	8,86 %
Founders contribution – municipalities	1 647 673 022	7,24 %	7,77 %	1,70 %	3,95 %
Founders contribution – regions	1 019 892 383	4,48 %	4,71 %	1,47 %	5,51 %
Users´ payments (including care allowance)	10 192 162 329	44,81 %	49,13 %	4,27 %	0,67 %
Health insurance funds	1 023 975 222	4,50 %	4,95 %	0,26 %	0,14 %
State organizations	156 635 999	0,69 %	0,06 %	7,35 %	4,41 %
Regions´subventions	407 849 291	1,79 %	0,93 %	10,53 %	8,31 %
EU structural funds	112 772 843	0,50 %	0,09 %	4,73 %	2,82 %
Other resources	860 652 008	3,78 %	2,71 %	15,57 %	8,18 %
Total	22 747 320 534	100 %	100 %	100 %	100 %

Source: MPSV ČR (interní analýzy a výstupy z elektronického programu MPSV ČR) r. 2010



Graph No 2 Basic resource of social services financing in 2010

Source: MPSV ČR (interní analýzy a výstupy z elektronického programu MPSV ČR) r. 2010.

Legend: Black: state subvention, orange: users´ payments, grey: Municipalities contributions, yellow: health insurance funds.

2.1 CARE ALLOWANCE

A care allowance is intended to strengthen the competencies of persons dependent on the assistance of another person and the circle of close persons, so that every individual can elect the most effective manner of having his needs provided for.

A care allowance is graduated according to the degree of dependence, with its amount primarily derived from the usual costs connected with care. This is a care allowance rather than a full reimbursement of the costs of care, either in the form of care provided by social services providers or care given by close persons.

A care allowance allows for the arrangement of care in a natural environment, i.e. it helps to cover the costs incurred by the people close to the recipient of the care. The optimal model is the sharing of the care duties between the informal circle of close persons (family members or other persons providing care) and registered social services providers.

A care allowance shall be provided to people who, mainly due to their adverse state of health, are dependent on the assistance of another person in the area of common acts of personal care and self-sufficiency. Acts of personal care are understood to mean mainly such daily acts which pertain to arranging for or receiving food, personal hygiene, dressing and movement. Self-sufficiency is understood to mean acts which allow a person to participate in social life, i.e. the ability to communicate, to dispose with money or personal effects, to arrange one's personal affairs, to cook a meal, to wash and to clean up.

A care allowance shall be provided to the person who is to be cared for, not the person providing the care. A care allowance may not be granted to a child who is less than one year of age. The ability to take care of oneself and to be self-sufficient various from person to person, which is the reason why the Act recognizes four degrees of dependence on the assistance of another person, ranging from slight dependence to total dependence.

An application for this allowance may be lodged with a municipal authority of a municipality with extended powers in whose catchment area the applicant has his/her permanent or reported residence.

The allowance provided to persons up to 18 years of age in a calendar month shall amount to

a. CZK 3,000, in the case of grade I (light dependence),
b. CZK 6,000, in the case of grade II (medium-heavy dependence),
c. CZK 9,000, in the case of grade III (heavy dependence),
d. CZK 12,000, in the case of grade IV (total dependence).

The allowance provided to persons over 18 years of age in a calendar month shall amount to

a. CZK 800, in the case of grade I (light dependence),
b. CZK 4,000, in the case of grade II (medium-heavy dependence),
c. CZK 8,000, in the case of grade III (heavy dependence),
d. CZK 12,000, in the case of grade IV (total dependence).

A person – applicant for an allowance – must abide by the prescribed duties, respectively to undergo certain procedures.

In the first instance, the applicant must submit an application for a care allowance and include all the compulsory information, i.e. in addition to personal data, also details on the manner in which the allowance is to be paid, and information on who will arrange for the necessary care.

This step is followed by the process of assessing the degree of dependence of the assistance of another person, which shall be instigated by a social worker. The social worker shall conduct a social investigation in the environment where the applicant lives. This social investigation should bring the knowledge of how independent the assessed person is and how much care and assistance he/se needs.

Upon the completion of the social investigation, the applicant for an allowance is assessed by the labour office's examining doctor, who shall assess the functional impacts of the applicant's state of health on his/her ability to take care of him or herself and to be self-sufficient, drawing on the results of the social investigation as the basis of his assessment.

If the applicant refuses to undergo any of the above-mentioned procedures (e.g. does not permit a social or medical examination to be conducted), he/she shall forfeit the chance to receive a care allowance.

A regional Labour office shall decide whether a contribution shall be granted or not. The decision on the care allowance shall be delivered to the applicant and, if it is favorable, the applicant (now known as the beneficiary of the allowance) shall be obliged to notify the municipal authority in writing the manner in which the care will be provided, if he/she had not already done so when submitting the application. If the beneficiary fails to do so, even after receiving a reminder to do, the payment of the allowance shall be discontinued.

The Act entitles a municipal authority of a municipality with extended powers to pay the allowance in cash (also in the form of a postal money order) or to an account specified by the beneficiary. The entitlement to an allowance arises upon the submission of an application for the granting of the allowance. The first allowance payment shall also include payment of the contribution pertaining to the period of the administrative proceedings.

The allowance may only be applied towards the costs of arranging for assistance and support for the person dependent on the assistance of another person. It can also be "used" as

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payment for care arranged by a social services provider, and naturally also can be used to pay for the costs incurred by the carer, i.e. the family member or another person who is not a social service provider. It can also be presumed that both of the manners of using the allowance stipulated above will be combined by the beneficiary as required.
The manner of a contribution's use is controlled by employees of municipal authorities of municipalities with extended powers. A municipal authority may appoint a special beneficiary who shall arrange for the correct use of the allowance, should it discover that an allowance is not being used correctly. If it is discovered that the allowance is being misused, the municipal authority shall cancel the entitlement to the allowance.
A care allowance is not treated as income for the purposes of other benefit systems or for tax purposes.

2.1.1 Use and structure of care allowance

During the preparation of the Social services Act (in 2005, 2006) the Czech Ministry for labor and social affairs presupposed that there will be around 175.00 recipients of the care allowance with a total national budget cost of 8 billion crowns. [11] The real number of recipients has been risen dramatically and is now around 300.000 recipients and with a total national budget cost of 19 billion crowns.12 The increasing amount lead to a state subvention reduction claiming that the care allowances should do. As a matter of fact only one third of the care allowance returns to the system of social services. The rest is used for informal (mostly family) care. The key question is how much of this care is depended on the care allowance. In other words if this care wouldn´t be carried out anyway. The payments from the care allowance has become an important part of social care providers ´incomes. A possible change of care allowance would have to be a political decision and 300.000 receipents and their families are a remarkable electorate.

Tab No 2 Care allowance structure in December 2010

Care allowance – grade	Type of care			Not registered provider	total	%
	Residential care	Ambulant care	Home care			
I.	11 734	6 056	12 372	85 764	115 926	26%
II.	15 397	4 067	7 437	64 404	91 305	29,4%
III.	13 820	2 252	3 709	40 020	59 801	33%
IV.	14 519	1 242	2 158	19 891	37 810	47,4%
Total	55 470	13 617	25 676	210 079	304 842	

Source: MPSV ČR. *Interní data*

11 MPSV ČR. Návrh zákona o sociálních službách. Praha: MPSV ČR, 2005.

12 PRŮŠA, L. aj. Model efektivního financování sociálních služeb. Praha: VÚPSV, 2011.

2.2 FOOD AND ACCOMMODATION SERVICES PAYMENTS

The payments for food and accommodation services belong to the important part of the social care provider's income (not only in residential care but also in ambulant and home care).

2.2.1 Payments policy and regulations

The Social Services Act divides the social services also according the the payment conditions as follows:

Social services are provided:

a. Without payment from the users;
b. for partial payment;
c. for full payment.

Every type of social service has its regulation contained in notice No 505/2006. For example, the maximum chargeable fee for home care is not more than 130 CZK/hour, 30CZK for lunch delivery, 70 CZK for one kilogram of laundry, etc. The maximum prices are not used very often. As a matter of fact, the social services providers are usually at 70-80% of the maximum limit of the particular service.
The prices for those services are in the contract (between the user and the provider) and are limited by a notice. The actual restriction in 2014 is not more than 210 CZK /day for accommodation services and 170 CZK/day for providing food. Above this regulation is another rule contained directly in the Social Services Act[13]. Every resident in residential care (care homes) has to be granted a 15% leftover (also called as pocket money) for his/her personal use. Only what is left from this amount can be used for food and accommodation payments. Thanks to this regulation, all citizens are granted residential care regardless of their income.

2.3 HOME CARE IN THE CZECH REP.

Home care in the Czech Rep. is strictly divided according to the financing source and is legally separated into social home care and health home care.

2.3.1 Social home care[14]

Social home care is considered to be a social service. The social home care service is a field-based or out-patient service provided to persons with reduced self-sufficiency due to their age, chronic illness or disability, and to families with children, where their situation requires that they be assisted by another person. This service is provided at a specified time (with the time specification being the main factor differentiating this service from the personal assistance service) in their households or in out-patient facilities. This service is provided to the user for a fee.

13 § 71.

14 Jiri Horecky, Peer review discussion paper, Stockholm 2013.

Their providers need to be registered as social care providers. The majority of social home care providers are founded and run by municipalities followed by the NNO sector.
According to the Act about social services, social home care contains the following activities:[15]

a. help with the activities of daily life,
b. help with daily hygiene,
c. providing food[16] or help with meal preparing,
d. household services,
e. enabling contact with social surroundings.

15 Act No 108/2006 Sb. about the social services.

16 Meals on wheels

2.3.2 Health home care[17]

Home care works in the framework of primary care, in the normal social environment of clients, and it strives to provide maximum extent and quality of health and social care, with regard to the particular client's conditions and in line with the recent scientific research, so as to avoid the patient's hospitalization or admission to a social care institute unless it is absolutely necessary.[18]
Home care is provided by mainly NNO organizations and individuals. The basic prerequisite is the registration of a Health services provider (expertise No 925). Home care covers a wide range of services including activities mainly of medical nature. By the end of 2011 home health care in the Czech Republic was provided by 472 facilities with more than 3 thousands health professional workers. Home care services were provided to 147 patients, of whom app. four fifths (79 %) were 65 years and over and two thirds were women. The workers made over 5.9 million home visits, on average 40 visits per 1 client. In total 11.6 million procedures were performed, of which 94 % were reimbursed by public health insurance.[19]
Home care is fully covered by the health insurance system under two conditions. The recipient of home care is a „participant“ in health insurance and the home care is prescribed by the family doctor/general practitioner.[20] In other cases the patient must cover all the costs by himself.
The home care system may be represented by various forms of medical care:
Nursing care, defined by the responsibilities of a general nurse, pediatric nurse, mid-wife, nurse specialized in a particular specialty (for example care of stoma).
Rehabilitation care, defined by the responsibilities of a physiotherapist or ergotherapist (occupational therapeutics).
Care, therapy and conciliar advice provided in response to the client's momentary health and mental condition by relevant physicians of different medical specialties – GP for adults, GP for children and youths, outpatient specialists.

17 KOLEKTIV AUTORŮ. Financování a nákladovost sociálních služeb, Tábor, APSS ČR 2013.

18 www.domaci-pece.info

19 KOLEKTIV AUTORŮ. Domácí zdravotní péče v České republice v r. 2011, Praha: UZS 2011.

20 After leaving the hospital, home care can be prescribed by the hospital specialist doctor.

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3 MAIN STAKEHOLDERS IN SOCIAL SERVICES

There are a couple of key stakeholders in the sphere of social services that have a strong impact on the decisions and the decisions makers. The strongest among them are the social partners which will be described in a separate chapter. The stakeholders could be divided into four groups due to the people or groups they are representing as follows:

- providers/organizations and their associations
- local authorities and the state
- Trade Union and expert societies[21]
- the users and their Councils

3.1 SOCIAL SERVICES PROVIDERS

The particular interests of the providers differ depending on the type of the social service but also the type of the organization and region. There are some strong organizations gathering the providers of social services. Similar like in other European countries it's Caritas and Diakonie (of the evangelic church). They are together representing over 1.000 social services. Furthermore, there are some other associations that are gathering only a special part of social services like: Czech Association of social home care (approx.. 150 providers), the Association of advisory places (close to 40 providers), Czech Council of social services (close to 100 providers), Czech Association streetwork (approx. 50 providers), Union of asylum houses (approx.. 80 providers).
The strongest among them is definitely the Association of social services providers, Czech Rep.

3.1.1 Association of social services providers, Czech Rep.

Association of social services providers, Czech Rep. represents approx.. 950 organizations and 2.500 registered social services. This association gathers all existing social services and all types of organizations (local authorities´ organizations, NGO´s, church organizations, private organizations, etc.
The Association is divided into 14 regional organizations and expert sections through the whole republic (reception centres and dormitories, residential, home and daily care, addict services, day centers for children and young people, etc.).

Aims and Objectives

- to represent and defend the interests of its members
- to mediate and spread scientific and research knowledge into social care providers' activities and to pass on domestic and foreign experiences to its members
- to educate and inform its members to provides expert and educational activities

Activities

- to represent and defend the interests of its members to the state and other institutions;
- low-threshold consultant service;
- to pursue educational, documentary, training and expert activity;
- to organize congresses, professional conferences a educational programmes;
- financial support of formal, cultural and sport events for social service users of member organizations;
- to run and realize various projects on national and European level.

3.2 MINISTRY OF LABOR AND SOCIAL AFFAIRS

The state is in the field of social services represented by the Ministry for labor and social affairs. The ministry is not only responsible for social services, their regulation, inspection, state subvention but also for social dialogue. The secretary of the Council of social and economic agreement is at this Ministry and the minister for labor and social affairs is the chairman of the Council for social and economic agreement.

3.3 REGIONS – THE ASSOCIATION OF REGIONS

The Czech Republic regionally consists of 14 regions that has its own autonomous power. The regions are responsible for the development of their territory. They are responsible for the network of social services and they are founders mainly of care homes. The regions are also founders of hospitals, secondary schools, theatres, libraries and other organizations providing public and social services.

21 Besides Trady union also other organizations the gathers persons/employees such as Czech Associations of nurses etc.

Picture No 1 Regions of the Czech Republic
Source: http://www.zzskhk.cz/poloha-geografie.html

The association of the regions of the Czech Rep.[22]
The association represents the collective voice of the regions, represented by the presidents and the Lord Mayor of the City of Prague . The association's highest body is the Council, and its members are the regional presidents and the Lord Mayor of the City of Prague . Although the association has a short history, it is among the most respected organizations in the public sector and mainly due to its ability to carry out a debate on all issues that affect the functioning of the regions, it is a powerful body working intensively to the benefit of the regions.
The association offers regional administration services ranging from representing regional interests in parliament, the cabinet and European institutions, to drawing up various reports, standpoints and initiatives in a number of areas that the region must carry out by law (e.g. in the area of regional development programs). The association aims to make it easier for its members to exchange experiences in many areas of public administration, from educational systems to health, information technology, social security and reform, the environment and more. The association offers support to the regions in their international activities and support to members of the Czech national delegation in the Committee of the Regions.
Since its establishment, the association has markedly influenced political and social events, and supports the joint interests and rights of the regions brought together in the association in accord with the principles of the European Charter of Local Self-Government.

3.4 THE UNION OF TOWNS AND MUNICIPALITIES

The Union of Towns and Municipalities of the Czech Republic is a voluntary, apolitical and nongovernmental organization founded as a professional association of legal entities. Members of the Union are towns and municipalities. The Union of Towns and Municipalities is a partner for governmental and parliamentary political representation. It participates in the preparation and creation of draft legislative measures in areas pertaining to the competencies of municipalities. The Union's activity is primarily based on the activity of mayors, lord mayors and representatives who, beyond the framework of their duties, also devote time to general self-government issues.
The Union of Towns and Municipalities represents approximately 2,500 communities, municipalities, towns and cities. This relates to more than 70% of the total population of the Czech Republic. [23]
Representation of municipalities, towns and statutory cities
In SMO ČR, there are approximately 40 % of the total number of communities in the Czech Republic (5,718); approximately 70% of the total number of towns (506) and 95% of the total number of statutory cities (22).[24]
The towns and municipalities are the founders of care homes and social home care services and play a crucial role in providing social services.

Social services providers

Organisation type	NO of services	% from all services
Private	55	0,96
Church providers	1054	18,40
Individuals	40	0,67
Municipality	396	6,9
NGO - companies	558	9,7
Regions	1486	25,95
NGO - societies	1740	30,38

⇨ 2 538 providers
5 518 social services, 1.4.2013

Tab No 3 Social services providers
Source: MPSV ČR 2013

22 http://www.asociacekraju.cz/association-of-regions-of-the-czech-republic/

23 http://www.smocr.cz/en/about-us/introducing-smo-cr/default.aspx

24 http://www.smocr.cz/en/smo-cr/about-us/membership-base.aspx

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3.5 NGO´S

Non-governmental and nonprofit organizations play a very important part in the network of social services. As we can see from the graph above they represent approx. 58,5% of all provided services. Most of the time they are smaller organizations like home care, asylum houses, sheltered workplaces and living, advisory places etc. If we consider the extent from a financial point view it´s the regions 'and municipalities´ organizations that consumes most of the state budget determinate for social services.

3.6 NATIONAL COUNCIL OF HANDICAPPED PEOPLE

The National Council of handicapped people has a pretty strong position in the Czech republic. One of the main reasons is not only the group of people they are representing but a strong and significant person their chairman.
The Czech National Disability Council (CNDC) was established in 2000 in recognition of the fact that people with disabilities have many common needs and interests. From this recognition it was but a small leap to the realization that the collective needs and interests of disabled people would be substantially more effectively promoted and defended by one overarching, professional organization than by the individual agendas of separate disability associations.
The fundamental aim of the CNDC is therefore to advocate, promote and meet the rights, interests and needs of disabled people, regardless of the type or extent of their impairment. Our work is orientated towards collaboration with state administration and local government at all levels and with organizations and institutions working in this field at both the national and regional level.
CNDC is also part of the European and worldwide movements of people with disabilities. Its principal international partner is the European Disability Forum (EDF). EDF is the most important coordinative body of people with disabilities and their organizations in the EU Member States. EDF consists of the National Disability Councils of the EU Member States and the largest European disability organizations, which altogether represent over 50 million disabled EU citizens.[25]

3.7 THE COUNCIL OF SENIORS OF THE CZECH REP.

The National Council of seniors of the Czech Republic is the biggest seniors´ organization in the Czech Rep. They represent the regional clubs and seniors´ organizations. They meet regularly with politicians and strive constantly for higher pension, social living for seniors and other related topics.

3.8 SOCIAL PARTNERS

They are only two organizations of employers and employees in the sphere of social services in the Czech Rep. The Trade Union of health and social care workers and the Union of employers´ Associations. Both of them will be described in a separate chapter.

25 http://www.nrzp.cz/czech-national-disability-council.html

4 SOCIAL DIALOGUE IN THE CZECH REP.

Social dialogue is not legally defined. It is generally understood as a constant process that involves particular negotiating and consultations. The participants of the social dialogue are called social partners and consist of employees, employers and the state. The employees are represented by Trade Unions, the employers by employers´ Unions and Associations and the state by the government.[26]

4.1 THE COUNCIL OF SOCIAL AND ECONOMIC AGREEMENT

The Council of social and economic agreement (Tripartite) is a common, voluntary and consultative body of Trade Unions, Employers´ associations and the state. The main goal of the Tripartite is to achieve agreement about important and relevant economic and social issues. The Tripartite usually discuss all important legal acts and strategic documents of the government.
The Tripartite proceeds according to a valid statute. The top body of the Tripartite is the plenary meeting. Every social partner has 7 representatives and usually after every discussed point the Trade Unions and the employers association define their conclusions.
Especially since 1999 the Tripartite has played a more and more important role and nowadays belongs to a coordinate and information element of the social dialogue. A requirement of consultations is contained in a row of directives, recommendations and action plans of the EU. At an international level the secretary of the Tripartite cooperates with particular countries of the EU and with the EHSV (European economic and social committee), European commission and AICESIS. Social peace is clear evidence that the Tripartite in the Czech Rep. has a strong meaning for the stability and development of the national economy of the Czech Rep.[27]
The Council takes decisions about founding so called working teams, i.e. working groups in particular segments (health care, social affairs, culture, education, nonprofit organizations, economics, taxes and insurance, regional development, European union, etc.). Every tripartite side has the right to delegate 3 members into those teams. Every issue or document, that is discussed in the Tripartite plenum has to be discussed in the relevant team before.

4.1.1 History of the Tripartite in the Czech Rep.

Parallel with the beginning of economic deregulation in the early 1990s the negotiations about the start of the Tripartite and collective agreement began. At that time the government took the decision to create a negotiating institution or body for the coordination of the Trade Unions and employer associations. A treatment about starting the Council of social and economic agreement was signed on the 3.10.1990. A month later this body was formed in both the republics (Czech and Slovak). The regional structures of the Tripartite were not formed till the 2000s.[28]
The functioning of the tripartite bodies is not defined by a legal act. However, it does have strong and undeniable traditions, principles and agreements.
On the 13th (Month) 1997 the statute and the Rules of procedures were accepted at the 1st plenary meeting of the Council of social and economic agreement. Both the employers and the employees insisted at the very beginning on discussing every crucial legal act and other documents. The initiative role of the Tripartite is unquestionable.
In this demanding period of economic transformation and the reform of public administrations the Tripartite contributed to the approximations of the Czech Rep. to the European community. During all the time of the Council of social and economic agreement with the social partners participated on forming a row of legal acts and contributed to the general strengthening of social dialogue in the Czech Rep.

4.2 SOCIAL PARTNERS

Social partners consist like in all European countries from the Trade Unions organizations and from Employers´ Unions or Associations. An indispensable partner is the state usually represented by the government.

4.2.1 Trade Unions

The Trade Unions were formed or reformed after the dissolution of the ROH (Revolutionary Trade Union movement) in 1989. In the early 1990's several separate Trade Union organizations were formed. The first decade was also marked by a permanent fall of Trade Unions members. The data of the current members are not public. In 2001 a survey was done and from the interviews with the heads of Trade Unions organizations the results showed a number of approx. 1.250.000 employees were members of Trade Unions organizations.
The biggest Trade Union headquarters was formed after the end of the Czech and Slovak confederation of Trade Unions in November 1993. ČMKOS consisted in 1995 of a total of 36 Trade Unions with 2.45 million members. In 2001 this number dropped to 900.000 members. The Trade Unions can and some have also regional organizations, i.e. branch offices. The biggest Trade Union organization if we consider the number of members is the OS KOVO that had in 1997 a membership of 517.000 almost 1.100 basic organizations. Later on in 2000 the OS KOVO had 311.500 members.[29]
I also have to mention the Association of independent Trade Unions (ASO) that was formed in 1995 and left the ČMKOS (at

26 KOLEKTIV AUTORŮ. Sociální dialog v České republice, Praha: ČMKOS 2008.
27 http://www.mpsv.cz/cs/6434
28 KROUPA A. AND TEAM. Rozvoj sociálního dialogu v ČR. Praha: VUPSV, 2002.
29 KROUPA A. AND TEAM. Rozvoj sociálního dialogu v ČR. Praha: VUPSV, 2002.

that time with 130.000 members). Later on in 2000 this number rose to 200.000 due to an extension by other Unions which enabled ASO to take part in the Tripartite.
Since December 1990 is ČMKOS also a Member of the International Confederation of free Trade Unions and since 1995 member of European Trade Union confederation (EOK).
Nowadays there are two social partners in the Council of social and economic agreement (RHSD) representing the employees:

- Česko-moravská konfederace odborových svazů (ČMKOS) having 6 seats.
- Asociace nezávislých odborů (ASO) having one seat.

4.2.2 Employers´ organizations

Employers´ organizations were formed on the basis of sector structure or according to professional point of view or type of ownership. The structure of those organizations did not change crucially. We can observe only some movements among the Unions. In 2000 the employers organizations represented employers association with approx. 1,5 mil. employee's. According to their proclamations nowadays it´s around 1,8 mil. employees[30].
Confederation of employers´ and business Unions (KZPS)
KZPS was originally formed as the Coordinate Council of business Unions to represent the interests of its members in the Council of social and economic agreement. In 1993 it was renamed the KZPS. In the coming years many organizational changes occurred. The Confederation of Industry of the Czech rep. left KZPS in 1995 and became a separate social partner. KZPS includes 7 Unions and associations, with approx. 23.000 organizations and 960.000 employees.
The Confederation of Industry of the Czech rep (SPD)
The Confederation of Industry of the Czech rep was established on the 5th of May 1990, the Confederation carried on the traditions and activities of the former Central Union of Czechoslovak Industrialists that existed in the years 1918-1938, 1945-1950 and 1968–69. After a failed attempt to do so in 1968-69, the Union of Industry of the Czech Republic was newly established in Ostrava on the initiative of 153 enterprises and organizations as a resumption of the tradition of the Central Union of Czechoslovak Industrialists.
The Confederation of Industry of the Czech Rep. consists of 29 other confederations and 116 individual members, altogether over 1600 companies with almost a million employees. It is a voluntary, non-political and non-governmental organization that brings together employers and enterprises in the Czech Republic.[31]
Nowadays there are two social partners on the Council of social and economic agreement (RHSD) representing the employees:

- The Confederation of Industry of the Czech rep (SPD) with 4 seats
- Confederation of employers 'and business Unions (KZPS) with 3 seats

4.3 SOCIAL PARTNERS IN SOCIAL SERVICES

Social services are in the social dialogue represented by two organizations. Odborový svaz zdravotnictví a sociální péče (Trae Union of health and social care) and Unie zaměstnavatelských svazů ČR (the Union of employers 'associations).

4.3.1 Trade Union of Health Service and Social Care of the Czech Republic (OSZSP ČR)

Trade Union of Health Service and Social Care of the Czech Republic (OSZSP ČR) includes approx. 45.000 members in 107 organizations (1/3 of them is in social services thus 15.000 members) and is the biggest Trade Union of health and social care in the Czech Rep. And the third biggest Union in the ČMKOS. The members consist of employees in health care and social care and other related organizations such as secondary nurse schools, medicine faculties, etc. The rank of represented professions is wide from carers, nurses, assistants to middle management, operating staff, drivers, etc.
OSZ has 107 Trade organizations from which 3 are NGO providers.
OSZ has its representatives in four tripartite working teams:

- Working team for social affairs
- Working team for health care
- Working team for public administration
- Working team for nonprofit organizations

4.3.2 Unie zaměstnavateslkých svazů ČR (UZS)

Unie zaměstnavatelských svazů ČR (The Union of the Employers´ Associations of the Czech Republic). is a member of Council for Economic and Social Dialogue Czech Republic, participates in legislative norm and sector development conceptions creation, produces statements and recommendations for public administration of all levels, furthers development of activities of members´ associations, cooperation between them and realization of social dialogue.
Thirty-six current member associations are divided according to the area of their specialization into eight sections: Section of Industry and Transport, Section of Building Industry, Section of Insurance Companies and Financial Services, Section of Public Health, Section of Education, Section of Culture, Section of Social Services and Section of Nongovernmental Nonprofit Organizations. Each section is led by a vice-president. Nowadays the Union represents over 9.000 organizations with close 800.000 employees.
The Union is the biggest and strongest employers´ organization representing the public services (health care, social services, nonprofit organizations, culture, schools and education, etc.)

30 There is no garantion that those numerb sare still actual/actualized.

31 www.spcr.cz

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In the section of social services the Union gathers 5 organizations:

- Association of social services providers (950 member organizations)
- Czech Council of social services (approx.. 100 member organizations)
- Confederation of social services providers (approx.. 200 member organizations)
- Caritas, Czech Rep. (approx.. 300 member organizations)
- Diakonie ČR (approx.. 40 member organizations)

4.3.2.1 Asociace poskytovatelu sociálních služeb (Association of social servicers providers)

Association of social services providers is is the largest professional organization that associates social care providers in the Czech Republic. It was founded in 1991 and gathers more than 950 social services providers in 2.500 social services. The Association is divided into 14 regional organizations and expert sections through the whole republic (reception centers and dormitories, residential, home and daily care, addictlogical services, day centers for children and young people etc.)
The association represents and defends the interests of its members, mediates and spreads scientific and research knowledge into social care providers' activities and to pass on domestic and foreign experiences to its members and educates and informs its members.

4.4 SOCIAL DIALOGUE IN SOCIAL SERVICES

We could divide social dialogue in social services into bipartite and tripartite. The particular partners are the Trade Union in health and social care, the Union of Employers´ Associations or the Association of social services providers[32] and the Ministry for Labour and social affairs.

4.4.1 The subjects of social dialogue

Every one of the three social partners in social services has different interests, issues and attitudes. To meet them and find consensual solutions is the main goal of social dialogue. The topics and subjects are divided into two groups depending on whether the social dialogue is lead on the macro, national level or in the particular organizations.

4.4.1.1 Social dialogue in social services at national level

Ministry for labour and social affairs

The interests and goals of the Ministry differ in accordance of the political representation and Programme declaration and Legislative plan of the current government. The main goals and subjects of this government[33] are in social services as follows:

- Transferring the financing of social services from the state level to regions
- Not reducing the amount of state subvention for 2014 for the coming years[34]
- Rise of pensions
- Fighting unemployment
- Support families with children
- Social living

The interests and goals of Trade Unions are stable in time and are subject to tripartite but also bipartite dialogue with both the social partners – state and the employers:

- The rise of salaries in social services. This group belongs to the second worse paid workers in the Czech rep. doing demanding, necessary and professional work. . Providing them with the right appropriate reward is also in investing for the demographical changes coming.
- Preserve and partly change the remuneration system in the Czech Rep., so that everybody should be remunerated according to the demands of the work and the number of years of active working life (that is for example cancellation of the so called band remuneration).
- Starting a new model of social services financing accompanying with adequate financial resources from public budgets
- Other topics (like work safety, collective bargaining, employers´ benefits, etc.

Union of Employers´ Associations

In most of the topics there is also a constant attitude in time. Sometimes in some areas different interests among the particular employers groups can arise. This fact is given primarily by the two main groups of employers: public institutions (owned by public authorities) and nonprofit or private organizations (companies). The main topics are as follows:

- Starting a new model for social services, financing accompanied with adequate financial resources from public budgets.
- Enforcing such legal acts that would make everyday life in the organizations easier (reducing bureaucracy, reducing useless rules and procedures, etc.)
- Change of quality and quality inspection systems.
- A gradual increase of working staff in social services (especially in care homes).

32 The president of both organisations (Union and Association) is the same person.

33 February 2014

34 7,4 billion CZK

4.4.1.2 Social dialogue in social services in organizations

Social dialogue at a „micro" level thus between Trade Union organizations and the employer is basically collective agreement bargaining.
Collective agreement bargaining is regulated by the Collective bargaining Act. Other regulations (about validity and commitment) are regulated in the Labour Act. Only the employer and local Trade Union organization are entitled to sign the collective agreement.
The collective agreement usually contains proper identification of parties to the contract, further to the subject of collective agreements, rights and obligations of the parties. The most important is the part of the employee´s rights coming out from the agreement and the part containing concrete employee's rights and claims such as working hours, holidays, obstacles to work, severance pay, as part of the law governing wage employees, employer´s benefits. The collective agreement usually also contains other related issues (no in direct connection of work performance), for instance collective catering, the creation of a social fund and its use for employees or the regulation of occupational safety and health at work.[35]
Both parties are required to enter into negotiations for a new collective agreement at least 60 days before the expiration of the old collective bargaining agreement.
If no agreement is reached, the parties may choose a mediator that is at the same time an arbitrator. If the negotiators for employees and for employers don´t come to an agreement with the mediator, he will be appointed by the Ministry of Labour and Social Affairs. Within 15 days the mediator submits a conciliation proposal to both sides. If both parties don´t accept the conciliation proposal within 15 days then the proceedings are considered unsuccessful.
According to the Czech-Moravian Chamber of Trade Unions 4314 enterprise collective agreements by 4.314 organizations related to 1 075 987 employee's were concluded in 2002(which is approx. 27%).
In social services there around 2.500 providers from which approx. 200 do have a collective agreement or are negotiating.

4.4.2 The ways of social dialogue

In particular organizations social dialogue takes place in communication between the employees (represented by the Trade Union organization) and the employer represented by a statutory representative. The subject of those discussions and communication is primarily the collective agreement but also other important organizational changes, work conditions, layoffs, etc. The Trade Union organizations can join some of the already existing Unions or be independent. There can be more Trade Union organizations with one (the same) employer.

4.4.2.1 Social dialogue at the national level

At the national level social dialogue has a different form compared to the local level, i.e. in the particular organizations. Every social partner is using its communication channels and ways, some of them are common some aren´t.

Trade Union in health and social care (OSZ)
The Trade Union in health and social care is a strong organization with skilled staff, strong positions and good experts. It´s without any doubt a professional organization that knows how to communicate with their members, state but also the media or the wider public.
The main platform for achieving their goals is undoubtedly the tripartite plenum and the particular working teams. OSZ is mainly through its chairman communicating in the Czech media (newspaper, television, radio and other means). OSZ meets also the members of parliament, politicians and other experts. Worthy of mention is also the communication with their members. OZS is regionally structured and the regions meet regularly with themselves but also the bureau of OSZ. Members are informed through the web and also through their printed magazine.
Last but not least is also the bipartite dialogue with the employers[36] which is working well. Besides the regular meeting at the tripartite terms and plenum both social partners visit their general assemblies and meet separately discussing their interests and choosing the right negotiating tactic mainly towards the state.

Union of the Employers´ Associations (UZS)
The Union of the Employers´ Associations has a different structure and therefore another mode of operation compared to the Trade Union in health and social care. UZS is not organized regionally. Although UZS represents around 9.000 organizations it´s not in a direct way. They gather associations and it´s the associations that communicates with the single organizations (like for instance the Associations of social services providers that has 14 regional organizations and communicates directly to their members).
The main communication stream is like with OSZ in the tripartite teams and plenum. Also the UZS discuss and meets member of government, deputy ministers, members of parliament and other stakeholders or opinion leaders.
UZS is a dynamic organization that has lately made a noticeable growth and development.

35 KOLEKTIV AUTORŮ. Sociální dialog v České republice. Praha: ČMKOS, 2008.

36 Union of Employers´ Associations and Association of social services providers.

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4.4.2.2 Project on social dialogue in social services

In the years 2011-2013 a big project was funded by the European social Fund called: Strengthening the bipartite dialogue in branches (Bidi I.) One of the platforms was social services. The contact and outputs of this project in social services was common conference employers and employees, case studies aimed at employees in social services, surveys and analyses. (for more information see Annex No 6)

In March 2014 a new project was submitted that is aimed at strengthening social dialogue in social services and culture. Among the project outputs belong series of regional meetings with the employers and the employees, national negotiating, abroad experience in social dialogue and others. (for more information see Annex No 6)

5 EMPLOYEES IN SOCIAL SERVICES

In the Czech Rep. there are the following positions (professions) with their particular qualifications requirements:

- **Nurses**
    - Qualification: secondary school finished with graduation, duty to take long term education and to gather a certain number of credits.
    - Since 2007 a compulsory university degree to be a nurse. Nurses from secondary schools have a position as a nurse assistant.
- **Social workers, ergotherapists**
    - Qualification: secondary upper school (7 years) or higher education in the field.
    - Any University degree combined with 200 hours expert course.
    - Duty of long term education in the extent of 24 hours a year.
- **Employee in social services**[37]
    - Qualification: basic education combined with 150 hours expert course.
    - Duty of long term education in the extent of 24 hours a year.
- **Other staff**[38]
    - Qualification requirements are given by special laws/acts.

The work and profession in social services has been traditionally a woman profession. The reason is not only low remuneration but also the not very high social prestige of those professions. Doing this work thus in social services is further considered to be physically and mentally very burdensome to engage in and requires therefore a high motivation and commitment. A disadvantage is also irregular working hours, such as night and weekend shifts, which is especially problematic for those workers who are single parents.[39]
Staffing within the social services is in relation to the length of working time. There are no personal limits defined by the legislation, there are no personal normative, regulations or even recommendations. Every social services provider has to define the structure, number of staff and their qualification before he starts providing the services. Any change of the staff in direct care must be announced by the appropriate region. The working mode (exchange, continuous operation) is no defined by any legal act either.

37 A worker who does the helping/basic social care lined by the Social services Act

38 Management, technical staff, etc.

39 WAGNEROVÁ I. *Postavení a odměňování pracovníků v sociálních službách. Praha: KZPS, 2012.*

5.1 REMUNERATION ON SOCIAL SERVICES SECTOR

All employees in social services are bound to the § 109 of Labour Act salary or wage.
The way of remuneration is to be found in the register of social services providers. There are two different types of remuneration:

- Remuneration according to salary (in public sector organizations, i.e. organizations founded, owned or run by the state, regions, towns and municipalities).
- Remuneration according to wage (in NGO, private and other types organizations.

Employees in public organizations are bound to a salary that is calculated on the basis of salary scales[40] and salary grades[41].
The average salaries in social services in particular professions are in Annex No 1. In this tab only employees in public sector organizations are to be found. The average salary in the Czech Rep. was 24 287 CZK according the Statistic office in 2012.
The salary of most of the professions in social services does not reach the average salary.

40 Depending on the type and seroiusness of the work.

41 Depending on the number of years at work.

5.2 SURVEY IN REMUNERATION IN SOCIAL SERVICES

In the frame of the national project Bidi I. (Strengthening the social dialogue in sectors) a survey was done by Irena Wagnerova in social services to show the basic facts in remuneration in social services.[42] Let me put here the basic outcomes and results from this survey.

- Most of the respondents said that there is no relation between work performance and remuneration (41,6% respondents). 28,1% respondents said that there is some relation and 28,1% respondents admitted a relation between remuneration and work performance.
- Most of the respondents did not experience discrimination. A minor part, 22% admitted discrimination, mostly due to sex, ethnic origins or age.
- According to most of the respondents (73,2%) there is an inequality in remuneration.
- Most of the respondents said that the workers in organizations with different organizational forms (founder) remunerated differently (71,3%). The most commonly occurring view is that there are less remunerated employees of NGOs on the contrary with workers in the public sector.
- 77,3% of all respondents feel barriers in remuneration (financial, legislative barriers, criticized system of financing and other limits).
- The difference between men and women remuneration is 25% the detriment of women.

Other findings of this survey include the facts that men in the same positions have higher salaries and have a higher education. One third of the men are in some management positions whereas women only in 13%. Men have in average 1.922 CZK higher salaries than women. The difference between salaries and wages remuneration in the Czech Rep. (in social services segment) was approx. 1.400 CZK.

42 WAGNEROVÁ I. Postavení a odměňování pracovníků v sociálních službách. Praha: KZPS, 2012.

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6 FUTURE PROSPECTIVE

Future prospective or the possible future scenarios are to be seen from two possible points of view. The first one is from the view of the particular stakeholders. The second one is according to the subject of possible future development (like the future possible scenarios of social services and its financing or the social dialogue). They are in logical sequence. The first is to be defined like aims or goals of the particular stakeholders and the second is the probability of it happening or the realization of the particular aims.

6.1 TRADE UNIONS

Recently, the Trade Unions (Union of health and social care) are mainly striving for a consistent salary/wages raise and for financial stability for social services. This reflects also in current activities. The Trade Unions are suggesting to raise the salaries in two levels. The first one would be to create a new salary tab for social workers and care givers. That would automatically lead to a salary raise. The second one would be a general salary raise at 5%. To realize these goals the Trade Unions are suggesting to raise the total amount of state subventions in social services for 2015 up to 10,5 billion CZK (in 2014 it´s 7,4 billion CZK). This is aimed not only at salaries of the public sector but also of the NGO´s providers. Furthermore, the Trade Union will strive for a better position of nurses in social services and strengthening the financial sources from the public health funds for the particular nurse category. Further pressure to create and implement personnel norms is to be expected despite the fact that this is always a risky step (from experience in the health system). Considering the actual political structure in the Czech Rep., the probability of achieving these goals or at least approaching them are much higher than with the previous governmental political representation.

6.2 EMPLOYERS´ ASSOCIATIONS

This year, the Employers' Associations (Union of Employers´ Associations) is mainly focusing on the transfer of the financial system in social services to regions. [43] This transfer was already twice postponed in the past mainly because of unpreparedness. The situation is very much similar this year. The employers will strive for a system that would be right and transparent for every provider and thus with transparent, exact rules that would enable a reverse feedback or checkup for every receiver of the state subventions (to recalculate the particular amount of the state subvention). In April 2014, the ministry has yet to introduce the new model and it´s very unlikely because they aren't ready for public discussion. Under these circumstances, the employers will demand from the state and region a commitment for transparency, open access to information and feedback commutation. The employers will support the Trade Union's demand for a salary raise with the condition of a parallel raise of state budget subvention in social services. The mid-term goals are to be mentioned in the new system of long term care in the Czech Rep. and other legal changes that are now in the process of preparation (reductions of the types of social services, reductions and simplifications of quality standards, inspections and more).

6.3 STATE

The state is in the segment of social services is represented by the Ministry of Labor and Social Affairs. The activities and goals of this ministry are given by the Coalition treaty and the Governmental Progarmme Declaration. [44] From those documents and also from the priorities presented by the minister, we can estimate the following future steps. The financial system will be transferred to regions. Some difficulties can or will very probably occur because of the lack of time and the unpreparedness of this transfer. The state will keep its promise not to reduce the current 7,4 billion CZK for social services. The Ministry has submitted a demand for a raise up to 8 billion CZK.[45] The Financial ministry has replied with a suggestion of canceling the social care allowance in the first grade for recipients above 18 years. [46] The ministry will start the work through an expert group to make a new concept of Long term care in the Czech Rep.[47] The ministry will continue and partly start the work and process of a so called series of crucial legal changes in social services from the year 2016 or possibly 2017. Most of those midterm aims are dependent on the situation which means also the future political situation and stability in the Czech Rep.

43 The main aim was for the past years the final amount in the state budget for social services. For as to the next year 2015 the government has proclaimed that this sum will not drop under 7,4 billion CZK the main activities now lead the financial system.

44 Further also by the legislative governmental plan.

45 March 2014.

46 April 2014.

47 May 2014, together with Ministry of Health.

6.4 REGIONS AND MUNICIPALITIES

Although the regions agreed on postponing the system of financing in the past, at this time they insist on this transfer. A natural goal of the regions is to decide about the 7,4 billion CZK or possibly more with as few restrictions and regulations as possible. The regions also want to get the quality inspections back (from the Labor offices) to be able to decide about the network, structure, quality level and financing of social services.
The municipalities have a relatively fragmented spectrum of interests because there are a large number of towns and municipalities of different sizes (as opposed to the regions). Generally the towns are also afraid of the transfer of the financial system to regions without any fixed regulations in which there could be the possible threat of using the funds for preferred groups of providers.

6.5 POSSIBLE FUTURE SCENARIO

The possible future scenario will be an interaction of the aims and preferences of the stakeholder groups with other political, economic and social elements and relationships.
In reference to the main topics described in this study, we can concentrate on four main topics while trying to estimate the future scenario – the financial system, remunerations, the legal environment and social dialogue.
We can await the transfer of the financial system to regions without any fixed, exact or normative system. The only regulations will be generally described principals and declarations about transparency of the whole system. Because of the unpreparedness of the whole transfer, some delays are to be expected (in providing the state subventions). The next year 2015 will show how the regions were able, capable and responsible to accept this new role and on the base of this fact, other expert, but also political discussions will start.
As to the remuneration and the demand for a salary raise, we can expect strong pressure from the Finance ministry and not enough support from the Ministry of Labor and Social Affairs and the regions. This clash of interests and the financial demand will last the next moths and could result in rising the basic salary tab 2-3% for the year 2015 (with possible promises and declarations of continuing this process in the year 2016.
The process of change of the current legal acts that are regulating social services will go on. It ´s basically the new law about social workers and the Professional Chamber, the change of the social services types, the changes in social services quality standards and the system of inspections, creating a new long term care conception, creating the Alzheimer plan for the Czech Rep., creating the National plan of social services development and other possible changes in social services financing. The probability of passing those particular legislation acts or changes will very strongly depend on the guidance of the Ministry, the minister and the deputy ministers and her/his political power, the general political stability and the situation in the Czech Rep. Which is, from past experience, unpredictable.
The social dialogue with the state will be developed and will become more important than in the last years. Also the social dialogue with the Trade Unions and the Employers' Association in social services has been becoming more active and under the assumption of the future project that should strengthen and support the social dialogue in this segment we could presume a further development and concrete results.

7 LIST OF LITERATURE

AGNIESZAK S. The system of long term care in the Czech Rep.Brussels, ENEPRI 2010.

Czech Republic development forecast until 2050, PublMed.gov, 2010.

HORECKÝ, J. Peer review discussion paper for the Czech Rep., Murnau 2011.

HORECKÝ, J. Peer review discussion paper for the Czech Rep., Stockholm 2013.

HORECKÝ, J. Scénáře vývoje sociálních služeb. FÓRUM sociální politiky. 2009, č. 5.

HORECKÝ, J. Základy managementu sociálních služeb, Marketing sociálních služeb. T.I.G.E.R., 2008.

KOLEKTIV AUTORŮ. Domácí zdravotní péče v České republice v r. 2011. Praha: UZS 2011.

KOLEKTIV AUTORŮ. Financování a nákladovost sociálních služeb.Tábor: APSS ČR 2013.

KOLEKTIV AUTORŮ. Sociální dialog v České republice, Praha: ČMKOS, 2008.

KROUPA A. AND TEAM. Rozvoj sociálního dialogu v ČR. Praha: VUPSV, 2002.

MATOUŠEK, O. Sociální služby. 1.vyd. Praha: Portál, 2007.

MPSV ČR. Důvodová zpráva k zákonu o sociálních službách. Praha: MPSV ČR 2006.

MPSV ČR (interní analýzy a výstupy z elektronického programu MPSV ČR) r. 2010.

MPSV ČR. Interní data.

MPSV ČR. Návrh zákona o sociálních službách. Praha: MPSV ČR, 2005.

MPSV ČR. Přehled registrovaných sociálních služeb [online]. [cit. 2011-04-03]. Dostupný z WWW http://www.mpsv.cz.

MPSV ČR. Vybrané statistické údaje o financování sociálních služeb a příspěvku na péči. Praha: MPSV ČR, 2010.

Národní vzdělávací fond, o. p. s. Centrum pro kvalitu a standardy v sociálních službách: Bílá kniha [online]. 2003 [cit. 2012-12-10]. Dostupné z WWW: http://www.cekas.cz/oldweb/php/pdf/Bila_kniha_unor_2003.pdf.

PRŮŠA, L. aj. Model efektivního financování sociálních služeb. Praha: VÚPSV, 2011.

WAGNEROVÁ I. Postavení a odměňování pracovníků v sociálních službách, KZPS, Praha 2012.

8 INTERNET SOURCES

http://www.asociacekraju.cz/association-of-regions-of-the-czech-republic/

www.domaci-pece.info

http://www.mpsv.cz/files/clanky/1998/2646.pdf

http://www.mpsv.cz/cs/6434

http://www.nrzp.cz/czech-national-disability-council.html

http://www.smocr.cz/en/about-us/introducing-smo-cr/default.aspx

http://www.smocr.cz/en/smo-cr/about-us/membership-base.aspx

www.spcr.cz

http://www.zzskhk.cz/poloha-geografie.html

9 INTERVIEWS, MEETINGS AND WORKSHOPS

14. 2. 2014 interview with the deputy minister of Labor and Social Affairs for social services, Mgr. Zuzana Jenstchke Stöcklová

21. 2. 2014 interview with the minister of Labor and Social Affairs for social services, Mgr. Michaela Marksová

27. 2. 2014 interview with the chairmen of ČKMOS (Trade Unions) Mgr. Václav Pícl

12. 3. 2014 workshop with the Board of Association of social services providers

21. 3. 2014 interview with the chairman and vice chairman of the Trade Union of health and social Services, Bc. Dagmar Žitník-ová, Mgr. Ivana Břeňková

31.3. 2014 interview with the executive director of the Union of towns and municipalities of the Czech Rep., Mgr. Jana Vildu-metzová

1. 4. 2014 interview with the vice chairman of the Social committee of the regions, Bc. M. Čermák

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13 ANNEX NO 1

The average salaries in social services at the particular professions (in public organizations, 2012).

Salary Rates			Average Salary Grade Supplementary Total	monthly average on 1 employee in CZK						
				Pay for over-time work, inc. Supplements	Reward	Pay compensation	rewards for work readiness	PAY TOTAL		
Employees of social service facilities total			6,0	12 027,8	3 393,4	50,5	1 062,9	2 066,8	10,9	18 612,3
thereof	A. social services workers in social service		5,2	10 609,4	3 165,9	49,6	797,0	1 856,7	3,6	16 482,2
	thereof	direct service care	4,8	10 258,0	3 413,3	44,2	757,7	1 823,2	1,7	16 298,1
		basic educational non-teaching activities	6,6	11 348,2	2 992,4	25,0	865,2	2 070,7	7,9	17 309,4
		care activities	5,1	11 135,2	2 340,7	104,4	874,6	1 718,2	5,8	16 178,9
	Social workers		9,2	14 011,0	3 626,7	30,8	1 700,9	2 433,8	11,4	21 84,6
	employees professional social counseling		11,8	17 921,5	3 274,8	6,2	1 492,0	2 762,7	15,7	25 472,9
	B. educational services									
	educators		9,0	14 603,5	2 607,5	19,0	1 364,6	4 079,0	1,5	22 738,1
	teachers of vocational training		0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
	special educators		11,0	18 320,3	2 637,5	0,0	1 645,2	4 166,7	0,2	26 769,9
	C. health sevices									
	orderly		3,9	11 120,5	4 009,0	103,5	929,2	1 986,6	0,5	18 149,3
	masseurs		5,0	11 813,1	1 754,5	54,3	931,0	1 931,0	0,0	16 483,9
	caregivers		5,7	13 178,8	4 369,9	81,9	911,9	2 244,4	0,0	20 786,9
	medical assistants (practical nurse)		8,2	14 773,5	3 508,1	73,3	810,8	2 371,3	0,0	21 537,0
	general nurse		9,8	18 064,7	4 740,7	87,4	1 085,3	2 986,4	9,8	26 974,3
	nutritional therapists		9,0	16 426,1	2 680,7	6,7	1 549,6	2 413,5	3,0	23 079,6
	ergotherapists		8,9	14 415,5	1 773,3	5,0	1 169,2	2 082,1	0,0	19 445,1
	physiotherapists		9,5	16 818,1	1 939,2	6,7	1 031,3	2 771,5	0,5	22 567,3
	doctors		12,9	25 031,8	5 218,9	0,0	1 401,7	3 553,4	0,0	35 205,8
	C. other									
	economic and operational technical employees		9,1	15 313,9	6 247,9	38,4	2 834,8	2 893,4	11,4	27 339,8
	employees manual workers		3,5	9 846,5	2 198,1	45,0	826,4	1 517,4	27,5	14 460,9

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14 ANNEX NO 2

Average gross monthly earns in chosen groups and categories

Salaries							**Wages**				
occupation	code CZ-ISCO	average monthly grosspay (v CZK)					average monthly grosspay (v CZK)				
		1st half 2011	2011	1st half 2012	2012	1st half 2013	1st half 2011	2011	1st half 2012	2012	1st half 2013
management in senior care	1343										
management in social services	1344										
management in (senior care homes)	13442										
social work specialists	2635										
social workers (handicapped people)	26353										
social workers, senior care	26354										
specialists in social work	3412										
social worker, handicapped people	34123										
social workers; senior care	34124										
social work, youth and children	34125										
social workers, advisory	34127										
caregivers in healthcare	5321										
caregivers in healthcare	53211										
caregivers in social care, caregivers in home care	53212										
other operating stuff	91122										

15 ANNEX NO 3

The Social Services Act defines the following types of social services[48]

Social counselling

Social counselling includes basic social counselling and specialised social counselling.
Basic social counselling provides essential information to persons contributing to overcoming their adverse social situation. Social counselling is the basic activity provided within all types of social services; the social services providers shall always be obliged to arrange for this activity.
Specialised social counselling is provided according to the needs of individual social groups of persons in civil counselling facilities, marriage and family counselling facilities, counselling facilities for seniors, disabled persons, and the victims of criminal activities and domestic violence; it also includes social work with persons whose habits may lead to conflicts with society. These services are provided free of charge.

48 Social services and allowance, MPSV ČR, Prague 2011, Nr. 20-21 in this study.

Social care services

Social care services assist persons to arrange for their physical and mental self-sufficiency, with the aim being to enable them to integrate with normal social life to the maximum possible extent and, in the case that their state of health prevents such a possibility, to provide for a dignified environment and treatment.

Personal assistance

Personal assistance is a field-based service provided to persons with reduced self-sufficiency due to their age, disability or chronic illness, where their situation requires that they be assisted by another person. The service is provided without time limitation, in his or her natural social environment and covers the activities required by the person. This service is provided to the client for a fee.
Community care service
A community care service is a field-based or out-patient service provided to persons with reduced self-sufficiency due to their age, chronic illness or disability, and to families with children, where their situation requires that they be assisted by another person. This service is provided at a specified time (with the time specification being the main factor differentiating this service from the

personal assistance service) in persons' households or in out-patient facilities. This service is provided to the client for a fee.

Emergency care

Emergency care is a field-based service providing non-stop remote voice and electronic communication with persons permanently exposed to high risk of threat to their life or health in the case of the sudden deterioration of their state of health or abilities. This service is provided to the client for a fee.

Guiding and reading services

Guiding and reading services are field-based or out-patient services provided to persons with reduced self-sufficiency due to their age or disability in the area of orientation or communication, and assist them in being able to personally handle their own affairs. This service is provided to the client for a fee.

Relief services

Relief services are field-based, out-patient or in-residence services provided to persons with reduced self-sufficiency due to their 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 carer to get the necessary rest. This service is provided to the client for a fee.
Day service centres and day care centres
In day care centres and day service centres, out-patient services are provided to persons with reduced self-sufficiency due to their age or chronic disability, and persons with chronic mental illness, where their situation requires that they be regularly assisted by another person. This service is provided to the client for a fee.

Week care centres

In week care centres, in-residence services are provided to persons with reduced self-sufficiency due to their age or disability, and to persons with chronic mental illness, where their situation requires that they be regularly assisted by another person. This service is provided to the client for a fee.

Homes for disabled persons

In homes for disabled persons, in-residence services are provided to persons with reduced self-sufficiency due to their disability, where their situation requires that they be regularly assisted by another person. The services provided in homes for disabled persons are normally adapted to the age and character of the clients' needs ensuing from the type of disability. This service is provided to the client for a fee.

Senior citizens' homes

In senior citizens' homes, in-residence services are provided to persons with reduced self-sufficiency namely due to their age, where their situation requires that they be regularly assisted by another person. This service is provided to the client for a fee.

Special regime homes

In special regime homes, in-residence services are provided to persons with reduced self-sufficiency due to their chronic mental illness or dependence on addictive substances, and to persons with old-age/senile, Alzheimer's dementia and other types of dementia, with reduced self-sufficiency due to the above illnesses and where their situation requires that they be regularly assisted by another person. When providing these social services, the regime of these facilities is adapted to these persons' specific needs. This service is provided to the client for a fee.

Sheltered housing

Sheltered housing is an in-residence service provided to persons with reduced self-sufficiency due to their disability or chronic illness, including mental illness, where their situation requires that they be assisted by another person. Sheltered housing takes the form of a group or individual housing, as the case may be, having the character of normal housing in apartments and houses. This service is provided to the client for a fee.

Social prevention services

Social prevention services serve to prevent the social exclusion of persons thus endangered due to their critical social situation, habits and way of living leading to conflicts with society, socially disadvantaging environment and due to rights and justified interests threatened by another person's criminal activity. The aim of social prevention services is to assist persons to overcome their adverse social situation and to protect society from the occurrence and spreading of undesirable social phenomena.

Early intervention care

Early intervention is a field-based or out-patient service, as the case may be, provided to children and parents of a child up to 7 years of age who is disabled or whose development is threatened due to an adverse social situation. This service is aimed at supporting the family and a child's development in view of his/her specific needs. This service is provided free of charge.

Telephone crisis assistance

Telephone crisis assistance is a field-based service provided for a temporary period of time to persons in a situation endangering their life or health or in another difficult situation, which they are unable to temporarily 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.

Interpreting services

Interpreting services are field-based or out-patient services, as the case may be, provided to persons with communication disorders namely caused by sensory affliction preventing them from engaging in normal communication with their surroundings without the assistance of another person. This service is provided free of charge.
Asylum homes
Asylum homes provide in-residence services for a temporary period of time to persons in adverse social situations connected with a loss of housing. Services in asylum homes are adapted to the clients' needs, namely in view of the circumstances of the loss of housing, i.e. asylum homes are designed differently for parents with children, for men, women, victims of domestic violence, etc. This service is provided to the client for a fee.

Half-way houses

Half-way houses provide in-residence services to, as a rule, persons up to 26 years of age who leave educational institutions for institutional or protective care after reaching the age of majority or to persons coming from other children and youth facilities, as the case

may be, and to persons released from imprisonment or compulsory treatment. The manner of the provisions of social services at these facilities is adapted to the specific needs of these persons. This service is provided to the client for a fee.

Crisis assistance

Crisis assistance is a field-based, out-patient or in-residence service for a temporary period of time to persons in a situation endangering their life or health, who are temporarily unable to resolve their adverse social situation on their own. This service is provided free of charge.

Intervention centres

The services of intervention centres are intended for the victims of domestic violence in cases when the aggressor was evicted from the joint dwelling. A person threatened by violent conduct is offered assistance within 48 hours, at the latest, from the eviction of the aggressor. The assistance of an intervention centre may also be provided on the basis of an application made by a person threatened by the violent conduct of another person sharing the same joint dwelling with him/her, or even in the absence of such an instigation, immediately after the moment of the intervention centre learning of the person being threatened by violent conduct. This service also includes arranging for co-operation and provision of mutual information between the intervention centres, the providers of other social services, children‘s social and legal protection authorities, municipalities, divisions of the Czech Police Force and the municipal police, as well as other public administration bodies. Social services are provided in the intervention centre as out-patient, field-based or in-residence services. This service is provided free of charge.

Low-threshold day centres

Low-threshold day centres provide out-patient or field-based services, as the case may be, to homeless people. This service is provided free of charge.

Homeless shelters

Homeless shelters provide out-patient services to homeless people who are interested in using sanitary facilities and overnight lodging. This service is provided to the client for a fee.
Low-threshold facilities for children and the youth
Low-threshold facilities for children and the youth provide out-patient or field-based services, as the case may be, to children from 6 to 26 years of age threatened by undesirable social phenomena. The aim of the service is to improve the quality of their lives by preventing or lowering the social and health risks relating to their lifestyles, to enable them to better orientate themselves in their social environment and to put in place the conditions for resolving their adverse social situation. This service may be provided to persons on an anonymous basis. This service is provided free of charge.

Contact centres

Contact centres are low-threshold facilities providing out-patient or field-based services, as the case may be, to persons at risk of becoming dependent on addictive substances. The aim of this service is to reduce the social and health risks connected with the abuse of addictive substances. This service is provided free of charge.

Follow-up services

Follow-up services are out-patient or in-residence services provided to persons with chronic mental illness and persons dependent on addictive substances who have completed institutional treatment in a health care facility, out-patient care or are participating in such care, or to abstaining persons. This service is provided free of charge, save for the costs of arranging housing.

Therapeutic communities

Therapeutic communities provide in-residence services, even for a temporary period of time, to persons dependent on addictive substances or to persons with chronic mental illness, who are interested in integrating in normal life. This service is provided to the client for a fee.

Social activation services for families with children

Social activation services for families with children are field-based or out-patient service, as the case may be, provided to a family with a child whose development is threatened due to the effects of a long-term critical social situation, which the parents are unable to handle on their own without assistance, and where other risks to the child’s development exist. This service is provided free of charge.
Social activation services for seniors and disabled persons
Social activation services are out-patient or field-based services, as the case may be, provided to persons of retirement age or disabled persons in danger of social exclusion. This service is provided free of charge.

Social therapeutic workshops

Social therapeutic workshops are out-patient services provided to persons with reduced self-sufficiency due to their disability, who thus cannot be placed in the open or protected labour market. The purpose of these workshops is to provide long-term and regular support of improvements in work habits and skills by way of social work therapy. This service is usually provided free of charge.

Outreach programmes

Outreach programmes are field-based services provided to persons who lead risky lives or are jeopardised by such a lifestyle. This service is intended for problematic groups of people, users of addictive substances or narcotic psychotropic substances, homeless people, persons living in socially excluded communities and other socially endangered groups. The aim of this service is to locate such persons and to minimise the risks ensuing from their lifestyles. This service may be provided to persons on an anonymous basis. This service is provided free of charge.

Social rehabilitation

Social rehabilitation is a set of specific activities focused at attaining self-reliance, independence and self-sufficiency of persons by developing their specific abilities and skills, strengthening their habits and by training the performance of normal activities necessary for leading an independent life by an alternative manner using their preserved abilities, potential and competencies. Social rehabilitation shall be provided in the form of field-based and out-patient services, or in the form of in-residence services provided at social rehabilitation centres. This service is usually provided free of charge.

Social services providers
2 538 providers
5 518 social services, 1.4.2013

Organisation type	NO of services	% from all services
Private	55	0,96
Church providers	1054	18,40
Individuals	40	0,67
Municipality	396	6,9
NGO - companies	558	9,7
Regions	1486	25,95
NGO - societies	1740	30,38

Overview of the registered social services in 2011

Name of the social service	Number
Asylum homes	241
Day service centres	95
Day care centres	264
Homes for disabled persons	221
Senior citizens' homes	472
Special regime homes	180
Half-way houses	44
Sheltered housing	136
Intervention centres	17
Contact centres	63
Crisis assistance	445
Low-threshold day centres	48
Low-threshold facilities for children and the youth	234
Homeless shelters	64
Relief services	250
Personal assistance	216
Community care service	758
Support for independent living	37
Guiding and reading services	33
Early intervention care	42
Follow-up services	38
Social activation services for families with children	187
Social activation services for senior and disabled persons	249
Socialni therapeutic workshops	112
Social counselling	700
Social rehabilitation	277
Telephone crisis assistance	42
Therapeutic communities	17
Outreach programmes	204
Emergency care	16
Interpreting services	35
Week care centres	75

Source: MPSV ČR. Přehled registrovaných sociálních služeb [online]. [cit. 2011-04-03]. Dostupný z WWW http://www.mpsv.cz.

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16 ANNEX NO 4

Basic terms in social services

The structure of social services, i.e. optimal dividing of the particular types of social services according to the demand (social care provision) or according to the actual need (social prevention provision).

Capacity of social services, i.e. capacity setting in the frame of given types of social services according to the demand (social care provision) or according to the actual need (social prevention provision).

Accessibility of social services, i.e. territorial settlements and setting due to the demand and needs.

Financing of social services, i.e. not only ensuring of expected sources but also the way of redistribution.

Quality of social services, i.e. Quality standard setting and stimulation of other quality measurements tools and models.

The type of the provider, i.e. local authorities and their organizations, nonprofit sector, state and its organizations, individuals and commercial companies.

User, the recipient of the social services, someone who is using and “consuming” the social services

17 ANNEX NO 5

Quality assurance and quality management in the Czech Rep.[49]

Quality standards

The new social services act having been in power since 2007 has brought a couple of new essential elements and changes to the system of social services such as respecting the rights, individual needs, dignity and will of the users, stimulating his self determination but also the application of quality and project management elements.

Czech Republic has got 15 quality standards that are representing the basic frame for social care providing. This obligation is the same for all types of social services.[50] The first 8 standards are so called "process standards" modifying the processes that may influence the quality level and users´ life either in a direct or indirect way.[51] Two standards are so called "personal standards" modifying the conditions for employees, their development, further education, etc.. The last 5 standards modify the operational activities such as information, local accessibility, crisis situations but also quality measurements and quality rising tools. Quality standards are seen as the minimum requirement being an object of inspection. A basic explanation of these inspections is to be found in the Discussion paper, part A, article Czech Rep.

Positive aspects of quality standards

As mentioned above the standards have brought a totally new and different attitude to the user.[52] The role of the user changed from being an object to being a subject of the social care and defining the shape and structure of the provided care. Also, there is now a very strong emphasis on users´ rights, dignity and privileges given also through users´ will and determination was a breakthrough in social services. These positive aspects are so crucial that they eliminate the negative aspects described below.

Negatives of quality standards

The definition of quality standards is general so that it could be applied to various sorts of social services. This general definition gives in some cases space for the possibility of subjective assessment by the inspection.

The quality standards are set from the submitter's point of view[53] which means not all of the criteria of the standards are reflecting the quality from the users' point of view.

Also included in the discussion papers is the description of double meanings which could be identified as a negative aspect. Do the standards or meeting those standards mean quality, basic conditions and presumption of providing the social service? Interesting issues

E-qalin

Referring to the Discussion paper, part A, a quality management system was developed by a consortium of partners from these countries and Italy. E-qalin is going to be brought to the Czech Republic. This is happening via the Association of Social Care Providers on the basis of a project supported by the ESF and with the coopration of E-qalin, GmbH.

In the first half of 2011, E-qalin will be taken into 15 senior homes and after finishing the project then offered to all the senior homes in the Czech Rep.

The intention of the Association is to hand in the application for the realization of E-qalin for institutions for handicapped people and ambulant care services by the end of 2013.[54]

Quality mark

Quality mark in senior homes[55] is a project of the Association of social care providers. Participators in this project are practically all stakeholders in the field of social services.[56]

The basis of this project is quality certification in the form of star awards, for example nursing homes for seniors with 1 – 5 stars.

The basic philosophy of this assessment is the quality from the users´ point of view only. The project and the assessment logic is the result of a year of work by several experts. The whole system consists of five basic areas[57] containing 166 criteria. All the criteria are assessed with 1000 points. The value of the particular criteria was created by an expert group and testified in a sociology survey with seniors.

The three main goals of this project/tool are:

To provide and enable better orientation and guidance to the future users and their relatives.

To motivate the management to raise the quality level.

To stimulate the quasi market of social services.

The evaluation is carried out by various means such as, onsite inspection, studying of the provider's materials, interviews with the users and employees and a questionnaire by the users.

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49 Jiri Horecky, Peer review discussion paper, Murnau 2011

50 From nursing homes, over to home care, advisory places to asylum houses and crisis intervention.

51 Such as mission setting, complaints, users' rights, the contract with the user, individual planning, documentation, dealing with potential users, etc.

52 Of course the change has not been immediate because it requires the change of employee's attitudes and their way of thinking.

53 Institutions that issue regulations and assure financing of the social services such as state representation by the Ministry of social affairs and regions.

54 In the frame of the structural funds, operating programme Human resources and employment.

55 Nursing homes for seniors.

56 Ministry of social affairs, Association of Regions, Association of municipalities and cities, Union of employers federations, Research institution for labor and social services, the Society for quality Czech Rep., Senate representative, nonprofit sector, etc.

57 Accommodation, Food, Leisure time and culture, partnership, care.

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ISO, EFQM, Balanced ScoreCard, CAF

The use of the well-known models in the Czech Rep. is rather sporadic. A small number of care homes have implemented ISO and EFQM[58]. Balanced ScoreCard has been used more as a tool in the process of the transformation of social service that is aimed mainly at homes for adults[59]

CAF (common assessment framework) is a system that is known form public administrations (municipalities) and public schools. The Association of the social care providers has handed in a project application[60] in which the goal is to implement this model mainly to the home care and daily care providers.

Future challenges and possible scenarios.

Although the importance of the LTC system is growing which is reflected in the vivid public discussion on the provision of services and the problems that the system faces, it is still disintegrated on the side of the health care system and social security.

The most important problem seems to be the lack of an integrated national strategy regarding LTC and, as a result of the statement above, no common definition of LTC. The structure of the institutional arrangement is not transparent, with some of the LTC institutions located in the health care system and some in social services. The pressure on home based care, which is often expressed in the documents of the Ministry of Labour and Social Affairs, will not be successful without appropriate labour market measures such as employment flexibility. This is especially true when most of the informal care givers are active members of the labor market who work full time.[61]

Financial sustainability

Financial sustainability is a topic being mentioned more often every year. In the last years there were two main reasons for this fact; cuts in public budgets and its consequences due to the slowly ending crisis and like in other EU countries, the demographic prognoses.

The present forecast of age structures contains irregularities originating during the past decades. The gradual shift to an older age usually triggers certain development fluctuations. Afterwards, fluctuations became the strongest during these irregularities coming across as an exposed age, e.g. female highest fertility or high mortality probability. The late 2000 age structure was chosen as the starting one, being the last balanced structure related to the 1991 census.

The Czech Republic realistically forecasted population development consequences and its decreases and permanently deteriorating age structure and will not only impact the country´s economy (reductions of potential workforce) but mainly in the wider social sphere (huge increase of retirees and of the elderly medical care claims) even after much needed economic activity increased the age limit. However, the Czech Republic's population ageing outcome will also affect a sphere not included within the forecast findings. That is of society's mentality and psyche, definitely affected by a very high percentage of elderly people.[62]

The total amount of state subsidies for the social home care is slightly raising but the total amount of the state subsidies has been decreasing since 2009.[63]

Nursing home care, which is fully covered by the health insurance system, is depending on its total development. The biggest state health insurance company is now showing deficit results. For that reason, no new capacities have been subcontracted since 2010. Thus, the capacity of nursing home care remains stable in spite of slightly increasing number of people in need.

New technological solutions, new ways and prospects how to handle the increasing demand are going to be one of the main topics and issues for the new government in the next four year period.

58 There are not more than 15 homes having implemented ISO and not more than 10 homes having implemented the EFQM model.

59 Homes for people with handicaps.

60 to the ESF operating programme.

61 AGNIESZAK S. The system of long term care in the Czech Rep.,Brussels. ENEPRI 2010.

62 Czech Republic development forecast until 2050, PublMed.gov, 2010.

63 With the excpection of 2012-2013 whe a slightly increase is noteworthy.

18 ANNEX NO 6

EU project on social dialogue in social services in the Czech Rep.

„Bipartite dialogue in branches is the name of a project that was realized from 2010-2013 by the Confederation of Employers´ and Business´ unions and Czech-Moravian Trade Union, Czech Rep. The project was supported by the operation programme :Human resources and employment".

The main activity of the project is elaboration of impact studies. The main aim of those studies sis to define problems (issues) that both the sides (employers and employees) want to solve and work on. Solutions should be brought to increase the competitiveness of the particular organizations and the whole social services branches and to be social sustainable at the same time.

The joint solutions and suggestion should be implemented into real life. A part of the project is couple of expert conferences, workshops and round tables to present the particular studies, problems and issues.

Among the main issues we can name following topics:
Work safety in social service
Working times in social services
Flexicurity in social services
Working stress
Remuneration in social services and the position of the workers
Specific relations between the employers and employees in social services

EU project on strengthening the social dialogue in social services in the Czech Rep.

This project should be realized from June 2014 till June 2015 by the Confederation of Employers´ and Business´ unions and Czech-Moravian Trade Union, Czech Rep.

The aim of the project is to increase the competitiveness of the employers and competences and satisfaction of the employees in the social services and culture branches with the help of the development and support of the social dialogue. The target group in social services are social care providers.

The project is divided into three parts:
The use of the social dialogue in the area of work – legal relations (normative definitions, educations plans, work offering and contracting, etc.)
The use of social dialogue to improve the working environment
The support of collective agreements (the competences development and other experience and knowledge that are necessary for a successful social dialogue.

A part of the project a abroad study trips for getting an idea, information and experience of god practices use.

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