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Social Services in the Czech Republic

Social services have long and rich tradition in the Czech Republic. Unfortunately, this tradition was radically interrupted in the era of real socialism, a system that also devastated other fields of public life. In the late 1980's, the then Czechoslovakian social welfare system was centralised and characterized by a privileged position of the state as lawmaker, operator, inspector and financial source of the welfare system. The space for independent operation of all non-governmental entities was significantly limited and/or eliminated, and social problems were concealed.

The role of citizens and families was suppressed and charitable and church-based activities were excluded completely. Citizens were forced into the position of passive receivers of social benefits, allowances and services without being allowed to co-decide on the scope and quality of the same.

In the early 1990's, the following initial principles were defined to be implemented and gradually adhered to in the entire system, including the social services:

- de-monopolisation of social assistance and pluralisation of sources,
- de-centralisation and democratisation of the state social administration,
- pluralisation of assistance sources adequate for the social need,
- changed target and humanisation of social assistance devices,
- personification and professionalization of social assistance

In spite of these principles defined at the beginning of the 1990's, social services failed to become a major focus of reforming efforts. The priorities at the time were to ensure the political feasibility of economic transformation, to compensate any negative social consequences of individual transformation stages, and to avoid exceeding the social load threshold. For this reason, the so-called "social safety network" became the most urgent priority. The concept of such a network was based on three-stage protection: 1. an active employment policy, 2. adaption of wages and social allowances to the development of living costs with a view to ensure that the decrease in actual levels of income is economically and socially bearable, 3. provision of tools to ensure that no person accidentally falls into poverty. This stage of protection comprises the field of minimal guarantees – minimum wage, minimum social security benefits, subsistence minimum, and it also declared the protection of housing and residential care.

The state monopoly was removed as early as 1990, giving rise to new non-governmental entities. Citizens' social activities were liberalised, along with those pursued by voluntary associations and organisations.

No other regulatory amendments were made with the exception of the partial legislative changes concerning the system being opened to other than state-operated providers of social

This article was published in issue 2/2008



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services. This state of affairs was quite unsatisfactory. Although there was an effort to reform the system of social assistance, which also included social services, all changes predominantly dealt with the system of benefits. In addition, actual implementation of these changes was constantly postponed despite several drafts of the social assistance act. Negotiations on special legislative regulation which would govern the social services commenced as late as 1998. Although the situation before the special regulation was predominantly negative, there had nevertheless been some positive developments: the network of social services being under construction, the existing system of benefits and allowances, growing self-confidence among social services users, and development of professional social work, both at university and college (higher education) level. The most important factor was the sector of non-governmental non-profit organisations, which emerged quite rapidly in the early 1990's and strove to provide social services at state-of-the-art level.

In 2002, the system of public authorities was reformed, district authority offices were disbanded along with state administration bodies, and new regional selfgovernment authorities were established. Social services were transferred to the competence of the self-governing cities, communities and regions. These changes had far-reaching consequences which manifested themselves in an overall concept of the social legislation.

In the year 2006, the Social Services Act was introduced, coming into force on 1 January 2007. The strengths of this act are generally seen in its consistency and in the separate legislative provisions governing social services, including their wider spectrum, in the effort made to change values (stress on social inclusion and individual needs, choice and wishes of the users), in the abandonment of the formerly predominating medical approach to social services and in the act's commitment to provide for an adequate quality of services.

However, the act and its implementation bring forth some new pressing problems. A completely new element is the social care allowance, which was planned to be a tool for allocating public resources to where social care/service is really needed. Nevertheless, this original intention failed, as the majority of the allowance receivers do not use the social services at all. Criteria for assigning the allowance are problematic. The process of assignment runs at four levels, based on the degree of dependence on the assistance of another physical entity. The assessment takes into account a summary of activities which the particular receiver is unable to undertake, but not the current social situation of the user. Criteria are uniform for all the types of disabilities; in practice, however, no objectification of demands is performed. The amount of allowance is not sufficient to cover the cost of social services and/or to ensure adequate care provided by the relatives or family members.

Accessibility of social services for those in need should be ensured through an arrangement of local and regional service networks. However, community planning is still at a very early stage. Moreover, financing and community planning systems have not been interconnected yet.

The mode of financing itself poses a complicated problem. The system of unclaimed subsidies has been preserved though it means existence uncertainty for providers and is a root of unequal access to financial resources.

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Implementation of social services quality standards is another difficult task ahead. Many times a social service worker does not understand the content of the standards, and/or has a different view of what the quality of a service should be like. Practical fulfilment of these standards is extremely difficult for many providers due to inadequate material and technical conditions or a lack of qualified personnel or financial resources. This situation is also related to the fact that the inspection system is still in its early days: there is a lack of qualified inspectors, and methodology is not applied uniformly. Therefore, inspection is still seen as an act of terror rather than as a tool for quality improvement.

Although social work has been resurrected as an academic subject, the number of qualified personnel is still insufficient. An accreditation system has been established to evaluate various educators and individual programmes in the field of further education, but there is still no system for lifelong education and training in social services.

The most topical task is to put the new system into operation, to reflect the entire philosophy of the changes not only in legislation but – above all – in everyday practice.

The years to come should see increased responsibility of towns/ communities in providing the social services, a strengthened role of social services recipients, and the establishment of a stable financial environment which would allow for further development of the sector, modification of the social services network structure and continuing deinstitutionalisation and individualisation of care.

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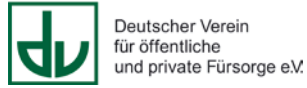
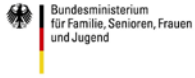
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This Article was published in: Newsletter of the Observatory for the Development of Social Services in Europe, issue 2/2008. The Newsletter can be downloaded from the Observatory's website: www.soziale-dienste-in-europa.de.

This article was published in issue 2/2008



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