

Quality and cost-effectiveness in long-term care and dependency prevention



## POLICY SUMMARY: Czech Republic

# Social Services Act 2006 – Implementation with a view to LTC

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Policy theme	Implementation of the Act and development of integrated and community services
Design and implementation level	National design, regionally and locally implemented
Policy objective	Accessible, available, good quality and efficient social and LTC services supporting social inclusion
Start date – End date	2006 (Social Service Act, came into force 2007) – continual process of amendments and reforms

## Aims

Support people in need of LTC, people with disabilities, carers and those at risk of social exclusion	Development of accessible, timely and coordinated system of services, and comprehensive support	Provision of care and support in community environment, counselling, rehabilitation, education, support of integration and protection of rights and freedoms.
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## Implementation

Quality standards and inspection	Devolution of competencies (registration, planning, financing, etc.) to regional and local levels
Provision of 'care allowance' - new benefit for people in need of LTC	Coordination of services and deinstitutionalization of social services.
Introduction of community and social services planning	

## Target group

Older people, people with disabilities, people in need of LTC, people at risk of social exclusion
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## Eligibility criteria

Care allowance is a cash, non-contributory benefit paid monthly. Benefit level depends on 'level of dependence' determined by assessment of health, ADL and IADL conducted by a doctor (Medical Assessment Service) and a social worker who assess self-care capacity in the home environment. Assessment criteria are specified in the Act and the Decree on Implementation of the Act.	activities a person is not capable to perform. Criteria are different for persons under 18 years of age.
Ten activities are assessed: mobility, orientation, communication, self-feeding, putting on clothes and footwear, washing oneself, toileting, looking after one's health, personal activities and household tasks. The 'level of dependence' depends on number of	The care allowance for persons aged 18 and over is currently (April 2017):
	CZK 880 for moderate dependency: inability to perform three or four basic activities
	CZK 4,400 for medium dependency: inability to perform five or six basic activities
	CZK 8,800 for severe dependency: inability to perform seven or eight basic activities
	CZK 13,200 for total dependency: inability to perform nine out of ten basic activities.

## Resources

Care allowance is funded from the central state budget and mandatory spending is required by legislation in the budget. Expenditure on the allowance is mandatory spending.

In 2016, the number of beneficiaries was nearly 350,000 and expenditure CZK23.0 billion. Between 2007 and 2016, expenditure increased 1.6 times.

Social services are funded from several sources:

- regional and local subsidies to granted to social services providers
- care allowance
- direct payments (other resources, pension, contribution of families etc.)
- public health insurance (health care provided in care homes is only partially covered by health insurance companies).

The Social Services Act introduced a process of decentralization (devolution of competencies) of social services funding, planning and provision to regional and local levels. Funding is transferred from state to regions, which then distribute subsidies to providers run by regional or local authorities, NGOs, churches / charities, etc.

Financing is based on one-year system of subsidies provided to services authorised by one of 14 regional authorities.

The network of providers and funding is based on the needs of users (demand) identified during community planning at local and regional levels. The result of community planning is a three-year development plan for social services adopted by regions and larger municipalities by law. The plans provide guidance and set priorities for financing of social services in the given period.

## Performance assessment and monitoring

Providers are monitored by quality inspections. Inspectors are responsible for evaluation of social services. Inspection is conducted by the state in providers run by

regional authorities and services commissioned or provided by local authorities. Inspection is focused on human rights of users and quality of service.

## Evidence of success

The social services system is evaluated in reports on strategic policy documents such as National Strategy of Development of Social Services (latest is available for the period 2016–2025).

The process of implementation of Social Services Act 2006 led to substantial changes in the system of LTC services, improvements in quality of care, increased education and qualification of staff in social services and

strengthening of protection of rights of users. Monitoring and evaluation of services improved during the implementation of the Act, including indicators and LTC data.

However, the process of integration and deinstitutionalization is relatively slow and the devolution of social services has not been completed. In consequence, gaps in efficiency and availability of services persist.

## Transferability/ uniqueness

The system of social services has its roots in Czech social legislation and social policy tradition. Preparation of the Act was inspired by systems in Western countries, especially by the British system of social services and social work. However, the culture and social system in Czech Republic has similarities with neighbouring countries, and shares similar history with Austria and Germany (pre-war social legislation and social insurance) and institution-oriented social services model with other post-communist

countries (delay in deinstitutionalization of services etc.). EU cooperation led to the process of mutual learning and facilitated innovation inspired by EU countries, 'eclectic learning', increased international and bilateral cooperation, including between Central European Countries (e.g. Visegrad cooperation). Transferability differs depending on specific aspects of LTC, such as the issues of integration between social and health services, funding, allowance, support of family carers, etc.

## Is this an emergent practice? (degree of innovation)

The introduction of the Social Service Act and care allowance has been the most significant change in the social services system since the 1990s. It led to increased orientation of services towards users and their empowerment. Several new principles were introduced, including care allowance, the system of provider authorization and of

quality standards and inspection.

The implementation of the Act was accompanied by substantial involvement and engagement of civic initiatives and NGOs in supporting different target groups and addressing issues in social and LTC services.

## Sustainability

Due to the shortage of public funding, efficiency is the main priority. New measures and innovations are evaluated from an economic perspective. The current model of financing is relatively unstable with high

uncertainty for providers. As mentioned above, barriers between social and health sectors lead to inefficiencies and 'double standards'.

## Academic literature on this action

CEQUA Country Report for Czech Republic.  
[need more detail]

## Documents

*National Strategy of Development of Social Services 2016-2025* (in Czech). Ministry of Labour and Social Affairs, 2015.  
[<http://bit.ly/2nbclpv>]

*Information on care allowance in the Czech Republic* (in Czech). Integrated portal of the Ministry of Labour and Social Affairs.  
[<https://portal.mpsv.cz/soc/ssl/prispevek>]

*Act no. 108/2006 Coll., on the Social Services Act, as amended* (in Czech). [[www.zakonyprolidi.cz/cs/2006-108](http://www.zakonyprolidi.cz/cs/2006-108)]

*Decree no. 505/2006 Coll. on the Implementation of the Act on Social Services, as amended* (in Czech only). [[www.zakonyprolidi.cz/cs/2006-505](http://www.zakonyprolidi.cz/cs/2006-505)]