
THE DEVELOPMENT OF CARE SERVICES IN THE CZECH REPUBLIC IN DATES

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Abstract

Care service that originates on the basis of neighbourhood and civic mutual assistance has undergone many years of demanding process, which resulted in the modern social service working in many places with cutting-edge technologies. Current caretakers differ from the then kind of neighbour, who dropped in to warm lunch and brought the shopping, in their expert knowledge and skills. Care service comprises many forms, although its quality is standardized. There are towns and villages, where the day care is so desirable that the provider is unable to meet the demand. Conversely, there are places where clients seek alternative services because the quality of care is not satisfactory. But what is the nursing service in the development numeric ranges, will be outlined in the text that analyzes the development of nursing services in the Czech Republic in recent years from 1990 to 2011. The contribution, among other things, provides information about the course of this type of monitored social services. For the implementation of the research was chosen the technique of secondary data analysis. The analyzed documents were materials of the Ministry of Labour and Social Affairs (MPSV), of the ČSÚ (Czech Statistical Office – translator's note), and the studies of the Research Institute for Labour and Social Affairs. If the author of the contribution is to evaluate the development of care services during the monitored period, on the basis of the analysis there is an evident increase in care services users by 41%. The author, among other things, points to the need for progressive and targeted development of care services, particularly at local and regional levels, which would ensure care in clients' natural family, as according to the studied literature, this situation in the Czech Republic is not yet fully secured.

Key words: *demography; day care; social service planning; senior; field care*

INTRODUCTION

Expected development of the demographic situation in the Czech Republic has been described many times. Population aging is a phenomenon that requires many measures as on the basis of the projections of the population in 2065, which was prepared by the CSO in 2009, it can be concluded that the total population in

the Czech Republic will fall by 1.8 million people. The number of people who are the most frequent recipients of social services – people older than 65 years – will increase by more than 50%, while those aged over 85 will increase by more than 75%. Every tenth of the Czech population will be older than 85 years (ČSÚ 2009). As in other developed countries, also in the Czech Republic are taken series of measures to

prepare the solution of the population aging problem. These include the optimal system configuration to provide social services for the elderly (Vítová 2008). Jarošová (2006) describes in her book that when designing care for this age cohort, it is needed to accept the heterogeneity of this population. For this reason, individual approach to the needs of seniors is necessary. Forms of care would be based on principles which were declared at the Vienna Symposium on Ageing already in 1982. Explicitly it is demedicalization, deinstitutionalisation, desectorisation, and deprofessionalisation (Kalvach 1995). The professional community is therefore clearly in favour of the provision of services to seniors in their natural environment with the help of shared care. The tendency that self-insufficient people remained as long as possible in their home and family environment corresponds to their wishes. This strategy is called “aging in place” and was formulated in the framework of the Organization for Economic Cooperation and Development (OECD) followed in 90th 20th century (OECD 2005). Válková et al. (2010) reported in a study that informal care in the Czech Republic is still the majority of care provided to people with reduced self-sufficiency, even though the method of caring, the structure of the caring personnel and their profile is somewhat different. Likewise, very different ways to support family caregivers are employed, whether it is financial support or services, etc. Kozlová (2005) in this context further states that the services provided in the home have the greatest potential to offer complete assistance, which is also structured according to the current situation of the client. Such care can be called not only more natural, more fulfilling the individual needs of the elderly, but from the perspective of public budgets also less costly compared to the institutionalized form of care. The essential role in helping is mainly played by the social care services that help seniors eliminate the impacts resulting from physical and mental self-insufficiency. However, as pointed out by Novotný with Francová (2010), the trend of deinstitutionalization is only possible if professional home care and care in the community are adequately provided.

The basic function of social services, which is also one of the longest continuously implemented field social services in the Czech

Republic reflecting the above principles towards the senior population, is undoubtedly the day care. The need for the development of this service in the future can be found just observing the demographic prognosis in the Czech Republic (Novotný and Francová 2010). Its history is linked with the Czechoslovak Red Cross, whose members provided assistance to senior citizens already around the year 1920 (Vítová 2008). In the period after the Communist takeover, it means the 50s of the twentieth century, care service exclusively focused on the lonely elderly, and this trend continued in the 60s as the preferred form was the residential care. In this period there was relatively little care service available (Splitková 1979). In the 70s and 80s of the last century this service was rated as socially significant and important. The tendency of the state directed the care for seniors to their home environment (Maříková and Plasová 2012). Care service was established in most communities, whose founders were district offices. This guaranteed that the service was provided within the whole districts (Soukupová 2010). However, as Maříková and Plasová noted (2012), day care at the time did not have very high capacity compared with the 90s of the last century (Maříková and Plasová 2012). After the Velvet Revolution in 1989, care services were delimited to municipalities, which became independent founders. Nevertheless, this caused that the services were sometimes narrowed only to clients living permanently in specific municipalities (Soukupová 2010). Newly also some non-profit organizations began to provide care services and also church providers renewed their activities (Formánková 2013). At that time, day care was the most widely used type of field social services in the country. After 2000, care services showed development and improvement, including extension of the temporal and local availability, but also other changes of the founders. In 2001 big districts were established and until the 31/12/2002 small district offices perished. Nursing services moved to the municipalities, some were passed to the big districts. Differences often emerged in the funding of this service. Providers then anxiously followed the emergence of a law changing current provision and financing of social services. The most important turning point was approval of Act No. 108/2006 Coll.,

about social services, which opened a whole new era of social service provision, including care services (Vítová 2010a). For providers of care services the early 2007 brought many changes which they had to come to terms with in a very short period of time. They had to meet the new obligations imposed by law, such as meeting the quality standards of social services, social services, registration, insurance contract against liability for damage caused during the delivery of social services, ensuring the availability of information on the provided services and the contracting method of providing care services. In the law were newly treated the conditions for the exercise of the profession of a social worker or a worker performing direct care, e.g. workers in social services and their further education, etc.

The effect of the new law on social services, among others, caused significant changes in the financing of social services. In addition to the introduction of the care allowance, which is a state benefit provided directly to potential users of care services, other changes occurred. Providers of care services newly apply for a grant to ensure the provision of social services. Subsidies from the state budget are provided through regional budgets (Vítová 2010b).

The purpose of this research was to analyze the development of care services in

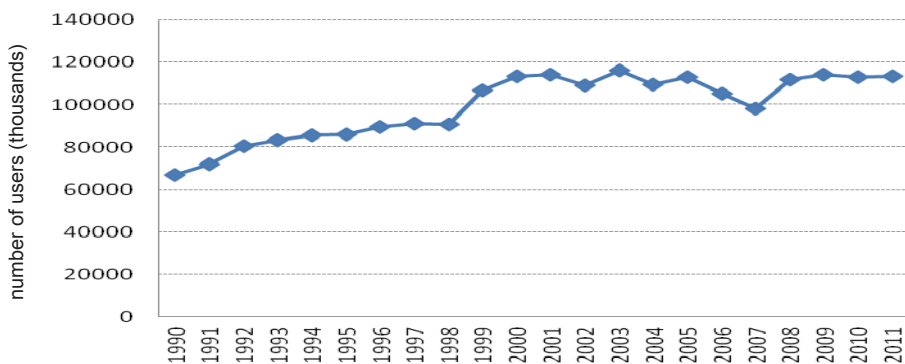
the Czech Republic in recent years 1990–2011 to determine which direction this type of monitored social service came along and is moving.

MATERIAL AND METHODS

To obtain data, we chose the method of analysis of documents, secondary data analysis technique. The available data were obtained from the materials of the Ministry of Labour and Social Affairs (MPSV), primarily were analyzed the Statistical Yearbook of MPSV of the years 1995–2011, Basic indicators of labour and social security in the developmental ranks and graphs of MPSV 1990–2011, data from the ČSÚ and research of the Research Institute for Labour and social Affairs. The data was then processed into Tables and Graphs.

RESULTS

In 1990, 67 043 people benefited from the care service; at the end of the reporting period, it means in 2011, the number of users climbed to 113 607. In the reporting period, there was an increase of 41% of users of the care services (Graph 1).



Source: MPSV data (1990–2011)

Graph 1. Development of the number of care services users in the years 1990–2011 (thousands)

Given that nursing services are used predominantly by senior population, attention was also directed to evaluate the proportion of people aged over 65 in the total population of the Czech Republic, which could fundamentally determine the number of users in the period of 21 years. Table 1

shows continuous increase in people older than 65 years of the total population of the Czech Republic, which shows 4.4% increase in the reporting period. In 1990, the number of people over 65 years in the Czech Republic was 1,305,000 (12.6%), in 2011 it was 1,702,000 (it means 16.2% of the total population).

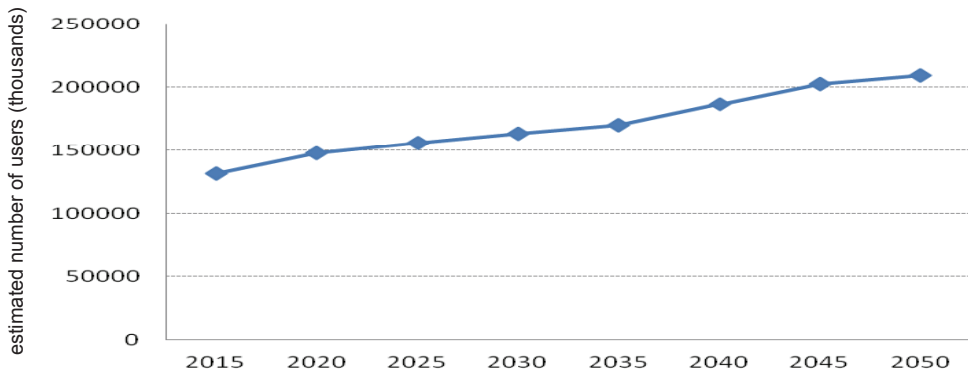
Table 1. The proportion of people over 65 years of total Czech population (%)

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Quotient of persons older than 65 years (%)	12.6	12.8	12.9	13.0	13.1	13.3	13.5	13.6	13.7	13.8	13.9
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
	13.9	13.9	13.9	14.0	14.2	14.4	14.6	14.9	15.2	15.5	16.2

Source: ČSÚ (2009)

Graph 2 shows a quantified estimate of the number of people older than 65 years who will be provided day care in the coming years. The author of the publication represents the

expected growth in users of care services in the age cohort of people over 65 years of 99.44% in 2050 compared to 2006.

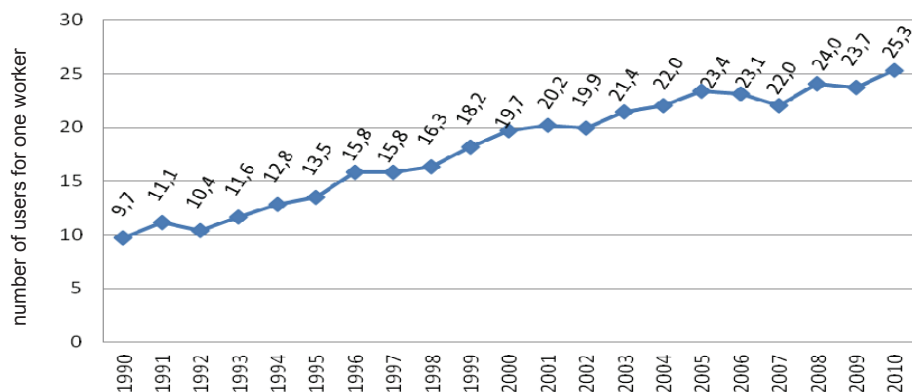


Source: Průša (2007)

Graph 2. The estimated increase in the number of people older than 65 years, who will be provided day care in 2050 in the Czech Republic (thousands)

Graph 3 shows the proportion of workers to the number of care services clients over the period of 20 years which was reduced by 44%.

Furthermore, we can observe that if the one worker in 1990 cared for about 10 users, in 2010 they already cared for 25.



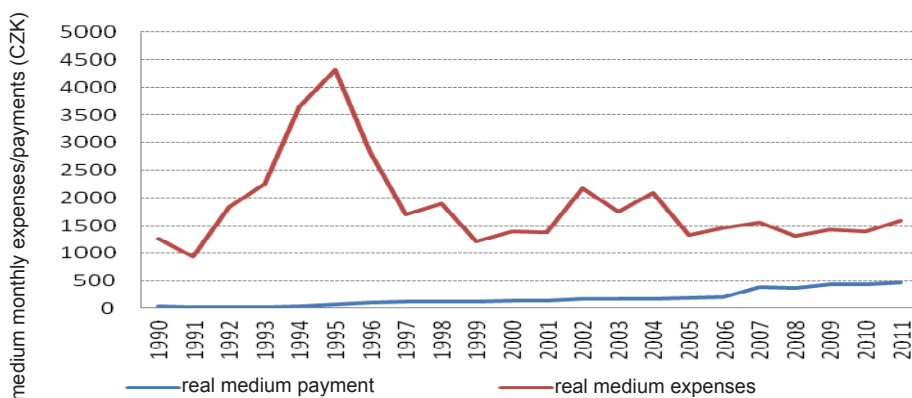
Source: MPSV data (1995–2011, 2009), own calculations

Note: Since 2008 the Statistical Yearbook of the MLSA has no indication of the total number of workers in care services, therefore used data were selected from the Statistical data on the financing of social services and the care allowance, MPSV (2009). The year 2011 cannot be calculated, since the documents already do not contain the numbers of workers.

Graph 3. Development of the number of users per one direct care worker in nursing service

The average user's real monthly payment for care services in 1990 amounted to 47.5 CZK/month, while the average real monthly cost per user of the service stood at 1,212.1 CZK/month. The increase in the proportion of the amount of payment to the client's investment expenditure started to occur since

2006 and in connection with the adoption of the new law on social services, this share increased significantly. In 2011, the average real monthly charge per service user was 474.2 CZK month, while the average expenditure amounted to 1,512.3 CZK/month (Graph 4).



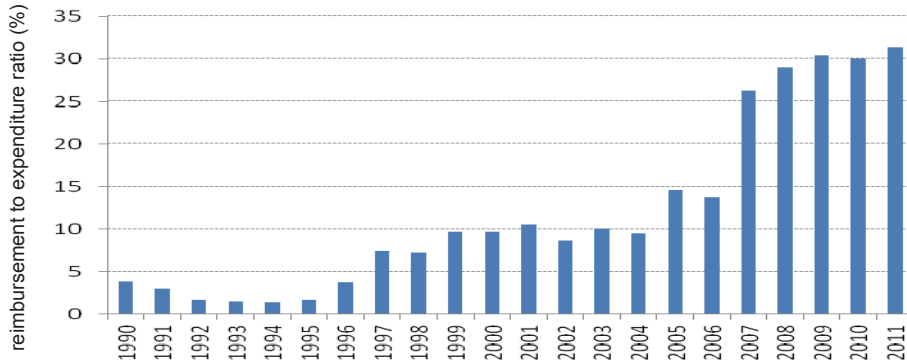
Source: MPSV data (1990–2011), own calculations

Note: The price development is adjusted for inflation. Nominal prices were deflated by the CPI and then transferred to the real price.

Graph 4. Comparison of the development of real average monthly expenditure/payments on 1 care service user in the years 1990 to 2011 (CZK)

If a care services user contributed to an average payment of costs at 3.9% in 1990, 21 years later, the share of their average reimbursement is of 31.4%. Thus, in the period there occurred an increase by 27.5

percentage points, while striking difference can be observed since 2007, which is related to the adoption of the new law on social services (Graph 5).



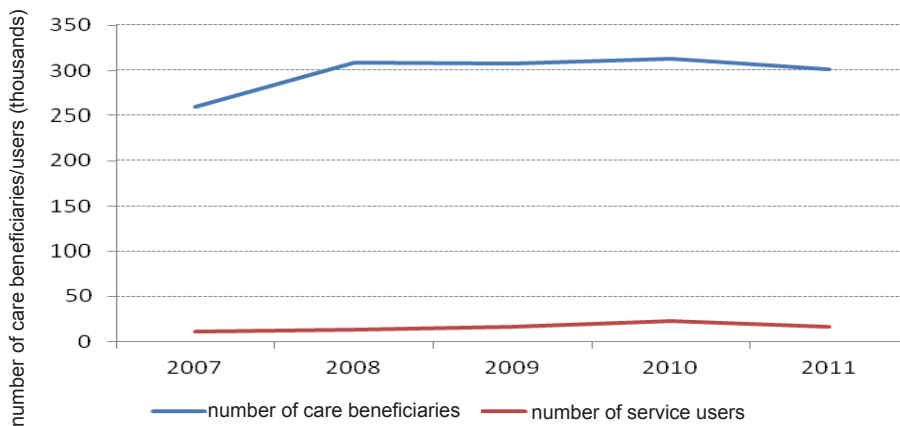
Source: MPSV data (1990–2011), own calculations

Note: The price development is adjusted for inflation. Nominal prices were deflated by the CPI so and then transferred to the real price.

Graph 5. The proportion of the average real level of reimbursement for average real expenditure on care services in the years 1990–2011 (%)

The number of people receiving care allowance since 2007 is growing. In 2007, a total of 260 thousand people were receiving the allowance for care. Five years later, in 2011, it was 302 thousand people. In 2007, there

were 11,300 users of care services who were given the care allowance, while the highest number of users was recorded in 2010, when their number amounted to 23,800 persons (Graph 6).

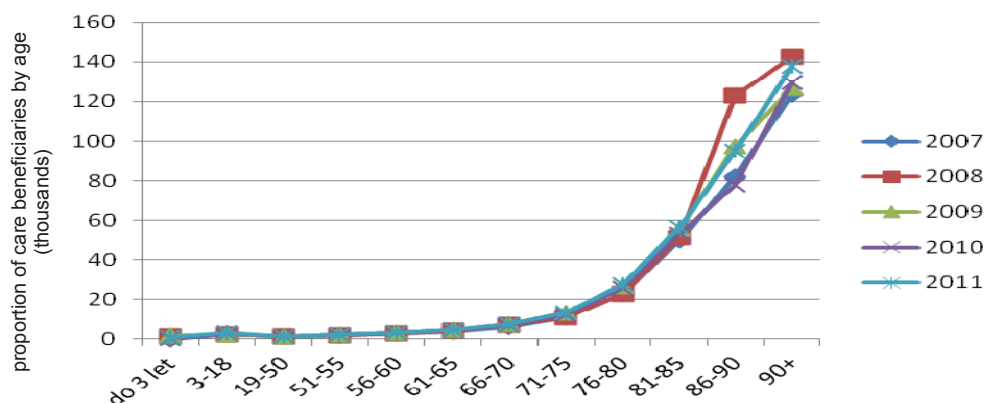


Source: MPSV data (1995–2011)

Graph 6. Comparison of trends in the number of the beneficiaries for care services and use of care services in the years 2007–11 (thousands)

Graph 7 shows the age structure of the recipients of the care allowance in the period when it is quite obvious that the care allowance

is in fact a senior dose. Most frequently are represented ages ranging from 76 to 90 + years of age of the recipient.



Source: MPSV data (1995–2011), own calculations

Graph 7. The proportion of the number of care beneficiaries by age in years 2007–11 (thousands)

DISCUSSION

With the analysis, the author of the article stated that the cost of care provided by nursing homes in the Czech Republic in 2011 reached the level of CZK 2,101 million, while clients themselves covered the costs involved in the given year only by 32%. Day care spent per user of services in average 18 148 CZK/year, while the average real payment of users reached CZK 5,690/year (Graph 4). Despite a significant proportion of the growing payment for care services by users, which can be seen in Graph 5, it can be concluded that the financing of care services is still unstable and inefficient. The results correlate with the view of Krebs and Průša (2011), who in their paper describe the long-term increasing costs of the operation of social services in the country. The authors also point to a significant increase in costs especially since 2007, related to the introduction of the care allowance. In this context it should be noted that a large proportion of the funds for the payment of the allowance for care does not

return back into the system, but despite this, it is necessary to include such expenses in the total cost of social services (Průša 2009a). The above arguments correspond to the results in Graph 6, which show that, on average, during the reporting period, only about 6% of people receiving care allowance made use of care services. The data in the work of Horecký (2012) and other expert studies show that since the introduction of the care allowance, it means since 2007, only 30% of recipients use this benefit. According to Vítová (2008), the problem of improper use of the contribution to the care recipient is particularly in the field. These are mostly allowances of the degrees I and II of dependence that the recipients do not use for the purchase of social services, but they understand them as an addition to their pension. Considerable resources end up outside the system and providers have problems with financing and maintaining their services. The author of the text, on the other hand, draws attention to the Act on Social Services that introduced the choice of care utilization and financing for a person

receiving care allowance (from the ranks of either formal or informal providers). For this reason, the unilateral determination of the allowance for care as a source of funding for social services is inadequate legal reality at the moment. This matter would need some relevant legislation changes. The financing of social services according to Horecký and Průša (2012) also point to the overwhelmingly dominant role of the state in terms of protection of clients of particular services, which is reflected in the determination of the maximum amount of reimbursement for particular operations. According to the authors, due to this system all providers depend on subsidies from the state budget, for which recognition they do not have the legal right, a fact that often threatens the existence of the service. Sources of funding for these services are in principle arbitrary, voluntary, non-transparent, non-systematic and discretionary, making inefficient the whole system of service funding. Proposals to amend the payment of care allowance were suggested e.g. by Horecký (2012).

Care service, which is a popular means of providing care in the home environment, is gaining more and more users on one hand (for the period of 21 years there has been a significant increase in the number of users of care services in the Czech Republic by 41%), as can be seen in Graph 1, but due to constant decline of its disposable workforce, which mainly concerns the radical decline in voluntary carers, on the other hand the ratio of the number of clients per care services employee is dramatically reduced (Graph 3) (Maříková and Plasová 2012). Maříková and Plasová (2012) in their work mentioned that this trend could mean deterioration in the quality and range of provided care services. In this context, we can also point to the fact that the very development of the number of persons benefiting from day care, says nothing about the intensity of its delivery (we do not know how many people were provided with nursing care services e.g. daily, 3 times a day or a week or a once a year). Due to the lack of official statistical background of the MPSV, the intensity of the provision cannot be characterized. Víšek and Průša (2012) pointed to another negative state of social services in the Czech environment, reflected in relatively high requirements on workers

in the social field, including day care. On one hand, they allow to ensure quality delivery of social services, on the other hand, the existing remuneration system does not adequately reward educated workers, which in turn leads to high turnover of these workers, the need to ensure their education and thus to further growth in personnel expenses.

At present, in the Czech Republic the proportion of people aged over 65 years who require care is about 10.5% (Průša and Horecký 2012). The largest volume of care is provided to elderly people in their own natural environment with the help of informal care providers using care services (Maříková and Plasová 2012), which is used by more than 8% of people over 65 years in the Czech Republic (Průša and Horecký 2012). According to the projections of the population by the year 2065 processed by the ČSÚ (2009) the proportion of people over 65 years during the entire period will show significant increase (in 2011 from 16.2% to 33% in 2065) (Průša and Horecký 2012). Therefore it can be assumed that the increasing proportion of people over 65 years of age in the coming years will certainly determine the use of care services in the country. Such a projection is processed as in Graph 2. Given the above findings, there should be expansion of the proclaimed coverage of care services in the entire territory of the Czech Republic, as the current weakness of the provision is its uneven distribution in the Czech Republic. Today it is particularly problematic its provision in rural areas, particularly in small municipalities and local settlements. According to current community plans and medium-term plans for the development of social services it can be argued that in many municipalities in the Czech Republic care service do not exist at all. Vítová (2010b) also points out that, although care service is most widely used and most sought field service, it has many reserves, especially in location and time availability. According to the author, some providers provide service on weekdays only, eight hours a day, others provide their service at the weekends, holidays and evenings. In particular, this criterion often plays a role in the selection of social services. Many seniors end up in residential services precisely because field services have limited time availability and do not cover fully the

needs of seniors who wish to continue living in their own environment, since they need a service in the evenings and at the weekends (Vítová 2008).

In connection with the structure of the provision of individual regions with care service, an important factor affecting its coverage arises – the character of the landscape. According to a study elaborated by Průša (2009b), higher figures of nursing facilities can be identified in flat regions (especially the capital Prague, Southern Moravia) but lower values generally show regions with mountainous terrain (Ústí nad Labem, Zlín, Southern Bohemian). The solution that turned out is covering these areas by big care service providers that offer the service in larger cities and also in rural areas. The ideal seems to cover the whole territory of municipalities with extended powers. Furthermore, the proven and popular model of the provision of care services is the combination of the offer of care services with home nursing care, because many users of the care services are also indicated for the nursing care and vice versa (Vítová 2010b). For these reasons, the author of the text highlights the need for key-oriented solutions and stimulation of the development of care services to ensure the availability in time, which is the first step to ensure the quality of services available for seniors who want to continue to stay in their home environment and live a good quality life there. A great space for its development is the introduction of home care services in all rural areas, small towns and villages and local areas; it means the coverage of white spots on the map of the care service. Within this concept the

importance can be seen in strengthening the responsibility of the municipalities for the provision of those services.

CONCLUSION

The current form of the provision of care services is determined by long-term historical development and continuity of provision, by Act No. 108/2006 Coll. on social services, by social policy of the state, quality education for social workers and social service workers, but also by drawing on international experience. It is not by accident that day care is the most popular field of social service in the country. The shape of the care service is also affected by the needs of the users who want to remain as long as possible in their own homes, as well as by the demographics of the society. The development of forms of care services in recent years is also involved in community planning and medium-term plans for the development of social services in individual regions. In addition to the list of these factors, the vital role of towns and cities, which are the dominant founders of care services in the Czech Republic, cannot be ignored.

On the basis of the studied literature it is possible to evaluate critically that care services are not usually available for people in rural locations, small municipalities or local municipal districts. Thus, informal caregivers, who provide ongoing assistance on the elementary level and take into account various negative manifestations of the disease, must endure daily effort over the years resulting from daily care, only with the help of family or mutual neighborly assistance.

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