

PROVISION OF SOCIAL CARE AND SOCIAL HEALTHCARE SERVICES IN SELECTED MUNICIPALITIES BEFORE AND AFTER THE ACT ON SOCIAL SERVICES TOOK EFFECT¹

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Abstract: *The article presents the opinions of the staff of selected municipalities on the provision of social care and social healthcare services. The situation was scrutinised repeatedly, first in 2006 and then in 2008, in the same group of municipalities. That made it possible to identify the situation before and after the entry into effect of Act No. 108/2006, on social services, which introduced a whole series of fundamental changes to the social services.*

Keywords: *Legal Regulation, Municipalities, Social Services, Medium-Term Social Services Development Plans*

1. Introduction

The adoption and entry into force of Act No. 108/2006, on social services (“social services act”) introduced a whole series of fundamental changes to the social services. [see 2, 3, 4, 5 for a description of the most important changes] Undoubtedly the most strongly affected by the changes were social services providers. However, some provisions of this act also had a significant impact on those commissioning social services and seeking to ensure that the right level of social services is provided in their territory (i.e. the state, regions and municipalities²). The changes affecting providers and commissioning entities, and the other enacted institutes as well (most notably the care allowance³), naturally also transformed the position of a large proportion of social services users. A considerable number of studies [cf. e.g. 6, 7, 8] have already dealt with various impacts of the adoption of the social services act, but this paper’s aim is to ascertain whether and how the views of staff in selected municipalities on the provision of social services care and healthcare in their municipalities have changed since the social services act took force. Attention focused on social care services, but information about selected healthcare services was also gathered.

Municipalities’ position with regard to social services has changed significantly since Act No. 108/2006, on social services (“social services act”), took force in 2007. That mainly affects **the competence of municipalities** (covered in Section 94 of the social services act) and the competence of the municipal authority of municipalities

¹ The paper was drawn up on the basis of the findings of the P. Bareš study entitled *Regional Availability of Social Services: Report from Surveys among Staff of Regional Authorities and Staff of Municipalities with an Entrusted Municipal Authority*. Prague: RILSA 2009 [1].

² The state, regions and municipalities may also be social services providers or may be the founders of organisations providing social services. In the following text, however, only their role as commissioning entities will be scrutinised (as providers or founders they are governed by the same conditions as other types of social services providers – cf. Section 6 of the social services act and other provisions of the act).

³ Viz. part two of the social services act.

with extended competence (Section 92 of the act). [9]. On the other hand, although the act changed the concept of the social services in the Czech Republic and also municipalities' position with regard to them, municipalities were of course involved in the social services before the act took effect.⁴

Before the social services act took effect there was some, albeit very general, legislation on the competence of municipalities in the social services field. Section 2 of Act No. 128/2000, on municipalities [“municipalities act”; 10] provides that a municipality “attends to the universal development of its territory and the needs of its citizens; when discharging its tasks it also safeguards the public interest”. If social services (or the forms of assistance and support that correspond to this term⁵) can be a means to care for the development of the territory or citizens' needs, municipalities should therefore use them or put in place the right conditions for the provision or development of social services. This provision does not, however, impose social services obligations on municipalities and municipalities may interpret this provision in different ways.

The position of municipalities, as social services commissioning entities, is not determined solely by the legislation on their powers and responsibilities, however. Another fundamental question is what **information** municipalities have **about their territory and their citizens' needs**. Needless to say, that kind of information is crucial to municipalities' efforts to develop their territory and satisfy their citizens' needs. The said provision of the municipalities act does not specifically refer to the need to acquire, monitor and evaluate the relevant data. Even before 2007, though, a number of municipalities saw this information as an essential requirement for making qualified decisions and actively gathered this information even without the appropriate basis in law.

The social services act directly imposes a duty on municipalities to acquire information of this type (Section 94 (a) of the act): a municipality “ascertains the needs for social services provision to persons or groups of persons on its territory”. [9]

Article 94 (d) of social services act provides that municipalities may also draw up *medium-term social services development plans* (SSDP).⁶ Municipalities⁷ may draw up

⁴ Their competence in this area was already governed by the following regulations at this time: Act No. 100/1988, on social security; Act No. 114/1988, on the competence of the authorities of the Czech Republic in social security; Act No. 582/1991, on the organisation and execution of social security; Act No. 359/1999, on the socio-legal protection of children; Act No. 128/2000, on municipalities; etc.

⁵ The phrase “social services” had no basis in Czech legislation before 2007. The term was naturally used by the expert public in this period, but it could in some aspects be understood differently from the concept as codified in the social services act.

⁶ This term is directly defined in the social services act (Section 3 (h)). It is close to the formerly used term “community planning”, but it is not identical and the definition of medium-term planning is not derived from the concept of community planning. The social services act thus does not oblige municipalities to use methods that are requisite features of community planning or to satisfy various demands that are placed on the community planning process and its output (community plan) [cf. 11, 12, 13, 14].

⁷ The Act No. 128/2000, on municipalities, differentiates three types of municipalities: “municipality” (smallest municipalities, in which the administrative ward of the municipality corresponds with its district and which have basic competences), “municipality with an entrusted municipal authority” (the administrative ward covers both the respective municipality district and subordinated “municipalities”) and “municipality with extended competence” (its administrative ward includes the district of respective municipality as well as both above mentioned municipality types). According to the Czech Statistical Office there were 6,249

municipal plans for the territory of the municipality or, in collaboration with other municipalities, for the territory of the administrative ward of a municipality with an entrusted municipal authority or the administrative ward of a municipality with extended competence; or municipalities in “*unions of municipalities*”⁸ may draw up an SSDP for a *microregion* that does not overlap either with the administrative wards of municipalities with an entrusted municipal authority or the administrative wards of municipalities with extended competence. It is clear, therefore, that municipalities may take part in the preparation of a municipal SSDP being coordinated by another municipality.

It is clear from the above that the definition of social services themselves, municipalities’ competences in the provision of social services on their territory and the legal foundation on which municipalities acquire information were very different before 2007. To some degree that also implies that the information about social services that municipalities have gathered and possess may also differ. This article will present the results of the research done in the same municipalities in 2006 and 2008. The first survey was performed before the social services act entered into force and the second survey after. However, during the first survey the legislation in question had already been passed and published in the digest of laws. The concepts and institutes enacted by this legislation were therefore not part of legislative practice or the exercise of state administration and local government at that time. On the other hand, the concepts and institutes introduced by the act had already been defined at the time of the first survey and both surveys referred to an identical typology of social services. The same social services typology could therefore be used in both surveys; nevertheless, when comparing the results of the two surveys it should be taken into account that certain types of social services may have been inaccurately understood by the respondents (it was not possible to give this question sufficient attention in the survey done before the act took effect, however).

2. Methods

Both surveys focused on the conditions for providing social care and healthcare services in municipalities lying near the boundary of three neighbouring regions. The information was gathered from the staff of social departments in eight selected municipalities with an entrusted municipal authority in the South Bohemia, Plzeň and Central Bohemia regions. The information was gathered again after an interval of two years, first in the period before the social services act took effect (2006) and subsequently after it had taken effect (2008). The questionnaire form used in the second survey was based on the form for the first survey, modified to reflect the changes that had taken place in the interim.

A specific selection criterion was used to select the sample – only municipalities lying near the boundary between the three selected regions were included in the

municipalities as at 1.1.2009. The status of “municipality with an entrusted municipal authority” has been assigned to 393 of them, whereas 205 of them had at the same time the status of “municipality with extended competence”.

⁸ Cf. Sections 49 and 50 of Act No. 128/2000, on municipalities

research sample. Regions lying near the national borders and regions with similar characteristics in this regard but with other structural differences were not included in the survey.

The heads of the social departments (social affairs and healthcare) of the selected municipalities with an entrusted municipal authority were interviewed. Their answers can be viewed as informed testimonies, but they may be influenced by the range of information the interviewees possessed and by their own viewpoints.

One limiting factor of the information gathered is the fact that the information is based on the statements of a specific set of respondents, who may be influenced by a personal point of view on the matter in question. Another constraint is the number of surveys conducted and the choice of the specific selection criterion. Nevertheless, the research was never intended to have a broader generality. By its very nature the survey was more of a case study mapping the situation and its development in municipalities located in a selected territory. The main objective was to identify those aspects that may be significant from the point of view of implementing social services and healthcare at the level of regional self-government in areas not covered (or covered only to a limited degree) by the work of organisations operating in larger towns and, above all, regional cities. The findings presented below are therefore confined to the situation of municipalities where their geographical position relative to a regional centre cannot therefore facilitate the provision of social services and healthcare on the territory of a municipality and greater demands are thus placed on the municipality in both these fields.

The selected municipalities had a number of different characteristics, not merely with regard to the powers of three different regional self-governing administrations, but also with regard to their differing municipal statutes, the size of their territory and the number of inhabitants. The survey covered 4 municipalities with an entrusted municipal authority, 3 municipalities with extended competence whose territory does not contain a further municipality with an entrusted municipal authority, and 1 municipality with extended competence whose territory contains further municipalities with an entrusted municipal authority.

Seven of the eight selected municipalities took part in the first survey (3 municipalities with an entrusted municipal authority, 3 municipalities with extended competence whose territory does not contain a further municipality with an entrusted municipal authority, and 1 municipality with extended competence whose territory contains further municipalities with an entrusted municipal authority) and 6 took part in both surveys (3, 2 and 1).

The starting point for assessing the results was the situation ascertained in the second survey, i.e. the findings obtained in 2008. Comparing these findings with those from the first survey made it possible to identify the changes that had occurred in the social services field in the period between the two surveys. This “retrospective” approach was used mainly in view of the endeavour to describe the situation at the time of the second survey. This approach was better suited to creating a clear presentation of the findings gained in the later, second survey than the “chronological” approach (i.e. presenting the data from the first survey and the subsequent changes found in the second survey).

3. Findings

The survey primarily focused on the conditions for providing social care and healthcare services, broader contexts, intervening factors etc. It was also essential for the purposes of the survey to obtain data about the extent of social services and healthcare provision (given the concept and aim of the survey these were merely described in summary terms; expressing them as a percentage or giving frequencies would distort the Fig.). First the **need for and degree of implementation of 14 social care services and 5 healthcare services** were compared.

Protected housing was not found in any of the surveyed municipalities; yet all the respondents agreed that this service was required in their municipality. In the case of a further ten services, all the respondents concurred only in the question whether the service is provided (four services – see next paragraph) or, conversely, whether the service is necessary (six services – see below).

Besides protected housing, *day services centres, week care centres, hospices and adult care centres* were not found in any of the surveyed municipalities. *Day services centres and adult care centres* were, however, required according to the majority of respondents; *week care centres* and *hospices* were perceived to be unnecessary in most municipalities.

Six types of social services and healthcare were considered necessary in all municipalities: *personal assistance, domiciliary service, supported housing, day care centres, old people's homes* and *home healthcare*. Only *domiciliary service* was provided in sufficient measure, however. *Old people's homes* and *home healthcare* were provided in sufficient measure in certain municipalities, while only partially or not all in others. By contrast, the majority of municipalities lacked *personal assistance, supported housing* and *day care centres*.

Of the eight services on whose assessment all the respondents did not agree, either in terms of their necessity or adequacy of provision, six were rated as predominantly lacking. Three of these services (*emergency assistance, respite care, disabled persons' homes*) were necessary in most municipalities; and in the case of three other services (*special-regime homes, long-term illness treatment institutions, children's care centres*) the degree of provision differed from one municipality to another. Two other types of services were predominantly perceived to be unnecessary (*guiding and reading services, and social services provided in healthcare residential facilities*).

The necessity and scale of implementation of a considerable proportion of the services under scrutiny was assessed comparably **in both surveys**. That mainly applied to healthcare and social care services that were widely operated before the new legislation was enacted (old people's homes, domiciliary care). With some of the services that were only introduced by the social services act, we may find a more frequent assessment that the services are necessary, whereby the services are not yet provided in the municipalities that recognised the need for these services.

When assessing the **network of organisations**, all the respondents drew attention to certain shortcomings or problems, but overall the situation was only assessed as unsatisfactory in one case (moreover only in the field of social services; there was sufficient a sufficient network of organisations providing healthcare services).

Cooperation between the individual types of organisations (organisations founded by a town authority, non-governmental non-profit organisations) was rated good or excellent, with one exception. Close cooperation proved to be very useful when mediating between organisations and processing care allowances, as well as when transferring the provision of domiciliary care from a town to a non-profit organisation. Cooperation was more intense in certain municipalities compared to the year 2006, but it was already rated as good in the first survey.

The following social services and healthcare services enjoyed the **best coverage**: care for seniors, follow-up and rehabilitation care in medical facilities, home healthcare, domiciliary care, “meals on wheels”. There was not much difference between the answers obtained from respondents in 2008 and 2006. The most fundamental obstacle in both 2008 and 2006 was funding. The situation in both years was comparable in this regard, according to the respondents.

In most of the surveyed municipalities, **the municipalities’ distance from a municipality with an entrusted municipal authority** was a factor significantly limiting the availability of social care and healthcare services. Only one municipality managed to provide them in small municipalities located in its administrative ward to a comparable extent as in its own municipal territory.

A community plan had not been completed in any of the surveyed municipalities in 2006, but **community planning** (or, once the social services act had taken effect, medium-term social services development planning processes) had been begun before the first survey in three municipalities with extended competence, and one municipality with an entrusted municipal authority was participating in the preparation of a plan in cooperation with the relevant municipality with extended competence. In 2008 a community plan had been drawn up for the territory of all four municipalities that had previously been in the planning stage. Another three smaller municipalities (or two in 2008) had not been engaged in the preparation of plans.

Overall, therefore, the social services development planning process in the field in question could be regarded as very widespread. There is also an evident positive development in the time between the two surveys. The survey also drew attention to the growing coordination of social services development planning at municipal and regional levels. Work done by three surveyed municipalities was factored into the regional medium-term social services plan. Nevertheless, the regional plan did not have a particularly pronounced impact on the actual provision of social services in the territory of municipalities and in their catchment areas, according to all the respondents.

4. Conclusions

Comparison of the findings obtained in 2006 and 2008 highlighted certain changes in the social services field, but these changes are more likely to have occurred gradually. There was considerable continuity evident in the perception of the necessity and degree of implementation of the social services under scrutiny. That mainly applied to healthcare services and those social care services that were widely operated before the new legislation was enacted (old people’s homes, domiciliary care). In the

case of some of the services that were only introduced by the social services act, we found in the second survey a more frequent assessment that the services are necessary, whereby the services had not yet been provided in the municipalities that recognised the need for these services.

Changes were more likely to be small-scale and affect the spectrum of provided services. There were no major changes in the structure of services following the entry into force of the social services act, but the survey suggested that processes that could affect the structure of services had already been commenced and were taking place.

The second survey revealed a growing intensity of cooperation between municipalities and regions when planning the development of social services. Nevertheless, the activities of the regions and municipalities in this area have only just started to be harmonised; it would certainly not be possible to say that they were already significantly coordinated at the time of the second survey. The second survey also indicated a greater familiarity with the terms used in the new legislation among the surveyed staff. That was indicated by changes in the perception of the necessity of services in the municipality's territory: a number of types of social services had not been perceived to be necessary in the first survey, but were declared necessary in the second survey, when the name of the type of service in question had become established (this could only be attributed to an increase in necessity if this kind of shift had only occurred in the case of a few services).

The findings obtained from municipal authority staff by the two empirical surveys revealed that the actual entry into effect of the social services act did not result in a fundamental change in municipal policy in the social services field, even though it undoubtedly constituted a landmark event for both those providing social services and those commissioning them.

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