



Central European Review of Economic Issues

EKONOMICKÁ REVUE



Standardization of social services in the Czech Republic: Approaches and applications

Renáta HALÁSKOVÁ*

Department of Economic, Legal and Social Sciences, College of Logistics in Přerov, Palackého 1 381/25, 750 02 Přerov, Czech Republic.

Abstract

The standardization of social services is attracting much attention in the Czech Republic, mainly due to the necessity to guarantee quality in accordance with the Social Services Act of 2006. From the quantitative point of view, there are also recommended availability standards for various social services. Furthermore, since the two major financial sources of social services are interlinked, attention is also being paid to financial standardization. This contribution aims to provide an empirical view of the standardization of selected social care services in the Czech Republic from the quantitative viewpoint, based on theoretical aspects of social service standardization. The paper is dedicated to the application of standards in quantitative terms to selected social services in regions of the Czech Republic between 2007 and 2012. The availability analysis of selected social care services in the administrative regions of the Czech Republic and the comparison of the Czech Republic regions by the multidimensional scaling method showed that the largest administrative regions (Central Bohemia, Moravia-Silesia, South Moravia) and the smallest regions (Liberec and Karlovy Vary) are the least similar when it comes to selected social care services. In addition, the least similar regions according to the structure of the available social care services are the region of Usti nad Labem and the capital city of Prague.

Keywords

Financial standardization, multidimensional scaling, quality standards, quantitative standards, social services.

JEL Classification: H41, H49

* renata.halaskova@vslg.cz

Standardization of social services in the Czech Republic: Approaches and applications

Renáta HALÁSKOVÁ

1. Introduction

The standardization of public and social services is attracting much attention in many European countries, both in theoretical works and in practice (Baldock et al., 2012; Farnsworth and Irving, 2011; Lindbeck et al., 1999; Nemeč, 2003; Ochrana, 2003; Pestieau, 2006). The Czech Republic started standardizing its public services in 2002. Relevant ministries started to put greater emphasis on maintaining comparable levels of quality and availability of public services for citizens (Halásek, 2004). These were mainly social services, health care services, services in the area of education, culture, transport and information services. Maintaining the recommended standard for these public services is predominantly voluntary.

The greatest shift, when it comes to the introduction of standards into public services in the Czech Republic, could be observed in the area of social care. Social care represents a significant segment of activities for various actors, such as state and local administrations, NGOs, etc. All these actors resolve the problems of individuals, families and groups of citizens. In this way, these actors positively affect the social climate of the whole society (Halásková, 2012, 2013b; Jaroševská, 2012; Mertl, 2008; Wildmannová, 2009). The standardization of social services is receiving a great deal of attention in the Czech Republic given the need to maintain a certain level of quality given by the law (Čámský et al., 2011; Halásková, 2013b). In the case of quantitative standards, the so-called *Recommended standards for social assets in regions* are used (Halásková, 2013b, 2014; Kolektiv autorů, 1997; Průša and Horecký, 2012; Víšek and Průša, 2012). In the case of financial standards, there are standards for the funding of social care services (Horecký, 2012; Průša, 2009, 2013).

This contribution aims to provide an empirical view of the standardization of selected social care services in regions of the Czech Republic from the quantitative viewpoint, based on theoretical aspects of social service standardization. The theoretical framework of standardization, as well as approaches to the standardization of social services, is contained in the theoretical part of this paper, covering qualitative, quantitative and financial standardization of social services. The empirical part of this paper pays much

closer attention to the application of quantitative standards, namely quantitative standards that are applied in the case of selected social care services for elderly and disabled people. Various regions of the Czech Republic are compared in terms of the availability of selected social care services in accordance with the recommended quantitative standards and in comparison with the availability of social care services in two time periods (2007 and 2012). For this comparison, the method of multidimensional scaling is used.

2. Theoretical Framework and Approaches to the Standardization of Services

A standard represents an established norm, quantity or degree that forms a basis for the evaluation of something. Standardization is a process that brings an object to the level of a standard or unified form. The terms standard, norm and standardization are used in accordance with Bailey (1995), Lindbeck et al. (1999), Nemeč (2003) and Ochrana (2003).

There are two basic approaches to declaring a standard and standardization, according to Nemeč (2003). Firstly, there are decentralized standards that are based on voluntarily defined indexes: indexes that characterize a certain service that the provider of such a service guarantees to maintain. Secondly, there are centralized standards – norms that define the parameters (quantitative or qualitative) for providing a given service. According to Ochrana (2003), a public service that is being offered in a form guaranteed by the norm *assures (qualitative, quantitative or a mix of the two) uniformity of service for everybody within the given territory*. A standard adopted for the given public service represents a quantitative or a qualitative (or both at the same time) requirement for that given service. Fulfilment of the (quantitative or qualitative) requirement is guaranteed even before that service is actually provided. The topic of social services is bonded to the question of which quality and quantity standards should be provided to every citizen during his/her life and which level of quality is necessary for him/her (Aaberge et al., 2010; Brennan et al., 2012; Davies, 2013; Halásková, 2013a; Mikušová Meričková and Nemeč, 2013).

2.1 Approaches to the Standardization of Social Services in the Czech Republic

Social services in the Czech Republic are standardized in terms of quality in accordance with the Social Services Act. In terms of quantity, the standards have a form of recommendation. Since the major funding sources are connected, financial standardization is also being suggested.

From the quality point of view, the standardization of social services has been considered systematically since 2000. The quality of services must be derived not only from the interests of the consumers themselves but also from the interests of those who request and cover social services from public sources, such as municipalities, administrative regions or states. Standards are a useful tool for those who want to provide the requested social services in a good and efficient way, in a manner that respects equal access to education, work and other aspects of the fully fledged and free life of a consumer (Standardy kvality sociálních služeb, 2002). Social service quality standards, according to Zákon č. 108/2006 Sb., o sociálních službách, are a set of criteria through which the levels of social service quality are defined. There are standards that concern personal requirements, organizational needs, securing operations of organizations and procedural steps of the provided social services (Čámský et al., 2011; Halásková, 2013b, 2014). The standards of quality of social services could be specified even for concrete service types as *type standards*. These are voluntary. *Type standards* are in line with the legally binding quality standards of social services. They help the service providers with the fulfilment of their obligations. *Type standards* specify (Čámský et al., 2011) *common, concrete and detailed principles of providing a given type of social service. This can be either one type or a specific kind of social service, such as professional social consultancy or nursing services. These standards are not binding for their provider (their fulfilment could have the character of membership of a certain professional association (Druhové standardy kvality, 2012).*

Social service standardization is also being investigated from a quantitative point of view; that is, the availability of social services in different administrative regions. There are a large number of opinions about the availability of social services (Kolektiv autorů, 1997; Průša nad Horecký, 2012; Víšek and Průša, 2012) that are derived from the possibility of setting up a standard.

- At the level of municipalities, an indicative standard has been created for a population of 20 000 inhabitants that combines the area of all the dependent municipalities plus the central

municipality providing the services. The minimal size of a municipality where social services are provided has been set to 2 000 or 5 000 people. Municipalities with a population of 10 000 people are significant. In the dependent area of such a municipality with increased administrative responsibilities (approx. 25 000 people), all of the social and population groups are so large that the social needs of their *problematic segments* could be serviced on a professional level and in an economically efficient way (Víšek and Průša, 2012).

- At the level of administrative regions, standards that have an indicative character are used. For example, for older and handicapped people, there are social care availability standards that relate to 1 000 people aged 65 years and older, to 1 000 people aged 80 years and older and to the overall population of 10 000 people.

Until today, three analyses have been conducted that focused on developments in the area of social care availability for older and disabled people. The first analysis was prepared in the first half of the 1990s (Kolektiv autorů, 1997). It analysed data from 1995 and it focused mainly on the availability of places in houses for seniors, house-pensions for seniors and houses with nursing services and on the capacity of nursing services provided in the field. The second analysis was undertaken in 2002 and analysed data from the year 2000 and the third was carried out in 2006 and analysed data from 2005.

Previously, scant attention has been paid to social care allowances, state budget subsidies and payments from clients and their health insurance providers in terms of efficiency evaluation and the introduction of *standards according to funding sources*. In the past, the standardization of two major sources of social care funding was also considered. Those were the so-called *state budget subsidy* and *social care allowance*. It was suggested that these are merged and possibly standardized. One of the proposed variations suggested that the budget subsidy should be transferred to a new social care allowance that would be an automatic funding source for every registered social care provider rather than a subsidy that is only optional with limited availability (Halásková, 2014; Jeřábková and Průša, 2012; Průša, 2013). Such a proposal of a new social care allowance could be based on the example shown in Table 1.

The allowance is differentiated according to the type of social care provider. There are four different types of service provider: (1) those with residential attributes, (2) those with an ambulatory or (3) field character of the care provided and (4) those who pro-

vide care at homes (such as affiliates of registered

providers or family members) (Průša, 2013).

3. Methods of Scientific Research

This paper works with methods of classification analysis, comparison and abstraction within the theoretical–methodological framework of resolving the issue. It works with synthesis and partial induction during the determination of the research outcomes. The application part uses the methods of secondary data analysis, multidimensional analysis and comparison.

The availability analysis of administrative regions of the Czech Republic and the social services that they offer uses the available secondary data from the Ministry of Work and Social Affairs of the Czech Republic. The regions of the Czech Republic are equipped with (1) social care services of a residential character (houses for seniors, houses with special regimes, week care centres) and (2) social care services of the ambulatory and terrain type (day care centres, centres of daily services and nursing services). This paper compares the available social care services (the reality) with the recommended standards in the years 2007 and 2012. It uses the method of multidimensional analysis – multidimensional scaling. This method is often used to compare objects (in this case administrative regions of the Czech Republic) when the basis for comparison is not known. The aim of multidimensional scaling is to determine the dimensions and location of objects (their coordinates), which means that the more alike the two objects (administrative regions of the Czech Republic) are, the closer the points that represent them should be in the graph. The outcomes of multidimensional scaling take the form of a scatter chart or a scatter plot (*perception map*), in which the axes represent basic dimensions and the points are products, respondents, opinions or other objects of comparison (Mazzocchi, 2008). There are two indicators that are decisive for the validity of the results of multidimensional scaling:

- a degree of good fit (S-stress), i.e. a difference in the distance of objects calculated in multidimensional scaling and a real distance between objects determined prior to its conduct-

ing. The smaller the value is (in the interval between 0 and 1), the better the good fit is.

- The square of the correlation coefficient (RSQ) of the input distance and distances calculated from and determined by the coordinate values of individual objects on the perceptual map. The RSQ can take values from within the interval $<0, 1>$, where values ≥ 0.60 are considered acceptable for the validity of the result (Mazzocchi, 2008).

4. Application of Quantitative Standards of Social Care Services in the Regions of the Czech Republic – Results

One of the possible ways that may help to evaluate the availability of social services in regions could be a comparison of the service capacity and the proposed normative standards. These availability standards were introduced by the Federal Ministry of Work and Social Affairs in the middle of the 1980s, but they were never codified in practice. It is, however, possible – through these standards – to examine the current situation (Víšek and Průša, 2012).

4.1 Availability of Selected Social Care Services in Regions of the Czech Republic – Evaluation through Recommended Standards

This evaluation of the availability of selected social care services in administrative regions of the Czech Republic in the years 2007 through 2012 has been conducted with the use of recommended standards from 2010. The capacity of the most common providers of social care services with residential attributes was examined. Due to the current demographic conditions, in which the average age of clients is rising, the age structure of clients has been taken into account.

Selected residential social care services (houses for seniors [*domovy pro seniory*], houses with special regimes [*domovy se zvláštním režimem*] and week care centres [*týdenní stacionáře*]) were examined and compared with the recommended availability standard, that is, the number of places in houses for seniors

Table 1 Suggested amount of the new social care allowance that depends on a form of provided care (in CZK)

Care allowance	Form of care provider			Unregistered provider
	Residential establishments	Ambulatory establishments	Terrain establishments	
I. degree	800	2 000	2 000	0
II. degree	5 000	5 000	8 000	4 000
III. degree	10 000	10 000	14 000	8 000
IV. degree	15 000	15 000	20 000	12 000

Source: Průša (2013)

per 1 000 people aged 80 and above (the recommended number is 160 places). The social care services with ambulatory or terrain characteristics (day care centres [*denní stacionáře*], centres of daily services [*centra denních služeb*] and nursing services [*pečovatelská služba*]) were evaluated according to the number of persons who receive nursing care per 1 000 citizens aged 65 and above. The recommended quantitative standards of social services for elderly and disabled people are shown in Table 2.

Table 3 depicts the availability of the residential social care services in administrative regions of the Czech Republic. The criterion for comparison is the number of places in houses for seniors per thousand people aged 80 years and older in a given region. Over the years 2007–2012, significant differences could be observed among the regions of the Czech Republic.

Figure 1 depicts the common availability of places in residential social care services (houses for seniors, houses with special regimes, week care centres) in administrative regions of the Czech Republic in the years 2007 and 2012 in comparison with the recom-

mended standard (the number of places in houses for seniors per thousand persons aged 80 years and older). The availability of social care services with residential attributes – the number of places in houses for seniors, in houses with special regimes and in week care centres exceeds the recommendations for nearly all the administrative regions of the Czech Republic (exceptions are the regions of Karlovy Vary and Liberec).

We may observe significant growth in the available places in houses for seniors, houses with a special regime and week care centres throughout the administrative regions of Central Bohemia and Moravia-Silesia. In addition, there has been growth in the capital city of Praha and in the administrative regions of Southern Moravia, Pardubice, Southern Bohemia and Ústí nad Labem. In 2012, the common availability of places in houses for seniors, houses with special regimes and week care centres in all the regions of the Czech Republic (except the regions of Karlovy Vary and Liberec) exceeded the recommended number (i.e. 160 places per 1 000 people aged 80 years and older).

Table 2 Recommended availability standards of services for elderly and disabled people from the year 2010

Recommended availability standards for selected social care services	Availability of places/persons
Availability in houses for seniors [per thousand aged 80 years and older]	160 places
Number of persons who receive nursing services [per thousand aged 65 years and older]	75 persons

Source: Višek and Průša (2012)

Table 3 Availability of places in houses for seniors, houses with special regimes and week care centres per 1 000 persons aged 80 years and older in regions of the Czech Republic

Region	Common availability of selected residential social care services in the years				
	2007	2009	2010	2011	2012
Capital City Praha	146.8	230.0	266.3	271.6	271.5
Region of Central Bohemia	461.7	557.4	589.6	609.9	619.7
Region of Southern Bohemia	262.5	319.1	333.7	344.6	348.3
Region of Plzeň	208.0	217.1	222.8	234.5	243.2
Region of Karlovy Vary	107.8	103.5	97.8	104.3	112.4
Region of Ústí nad Labem	440.1	494.5	510.0	501.7	520.0
Region of Liberec	119.9	132.7	139.5	132.5	144.5
Region of Hradec Králové	235.4	253.6	259.3	274.6	274.3
Region of Pardubice	160.6	240.7	240.5	252.3	260.4
Region of Vysočina	215.7	250.6	251.1	243.5	269.9
Region of Southern Moravia	403.8	490.5	492.6	513.9	523.0
Region of Olomouc	271.6	284.6	279.7	290.5	291.7
Region of Zlín	354.9	333.4	326.5	340.9	349.5
Moravia-Silesia Region	423.5	583.2	595.5	584.7	604.7
The Czech Republic	272.9	320.7	329.0	338.1	345.1

Source: Own calculations from MPSV ČR (2008, 2010, 2011, 2012, 2013)

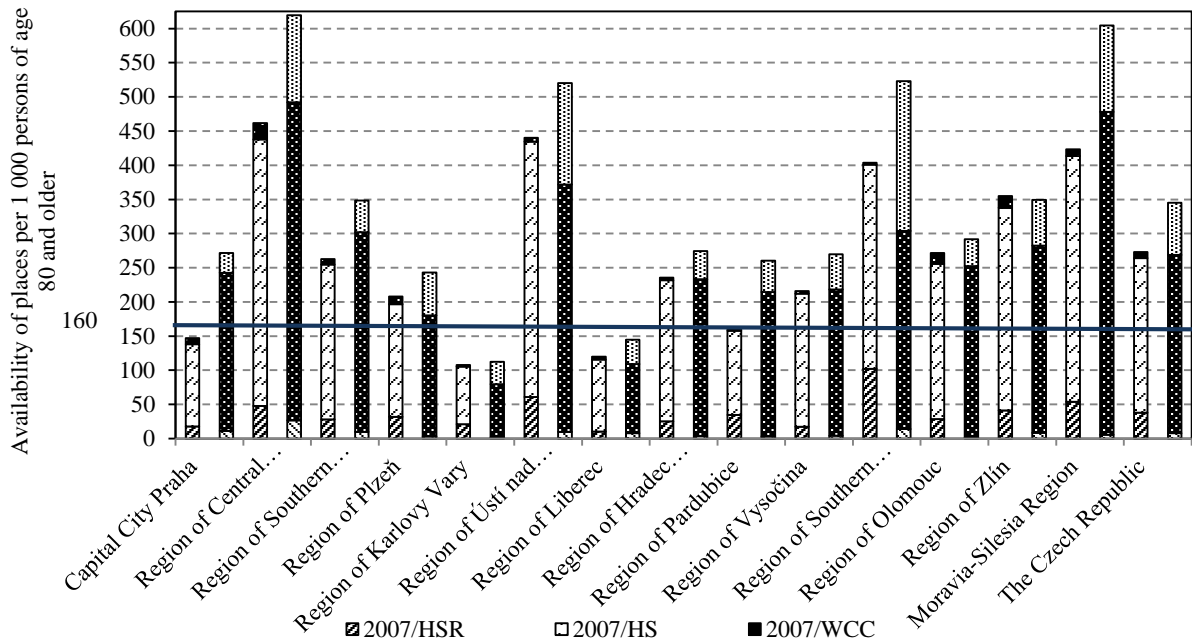


Figure 1 Availability of places in houses for seniors, houses with special regimes and week care centres (per 1 000 persons aged 80 and older) in the years 2007 and 2012

Source: Own calculations from MPSV ČR (2008 and 2013)

Legend: HS – houses for seniors, HSR – houses with special regimes, WCC – week care centres

Selected social care services of an ambulatory and terrain character (day care centres, centres of daily services, nursing services) were evaluated according to the recommended standard (the number of persons who receive nursing care per 1 000 citizens aged 65

and older). The availability of places in day care centres, centres of daily services and nursing services has been in accordance with the recommendations (i.e. 75 places per 1 000 people aged 65 years and older) in the majority of administrative regions (Table 4).

Table 4 Availability of places in day care centres, centres of daily services and nursing services per 1000 citizens aged 65 and older in regions of the Czech Republic

Region	Common availability of selected ambulatory and terrain social care services in the years				
	2007	2009	2010	2011	2012
Capital City Praha	166.2	358.3	260.2	270.1	436.7
Region of Central Bohemia	178.4	215.9	202.3	216.3	225.2
Region of Southern Bohemia	45.3	80.0	110.7	107.1	110.6
Region of Plzeň	97.7	108.5	111.5	111.7	111.1
Region of Karlovy Vary	30.4	57.8	55.8	53.5	53.2
Region of Ústí nad Labem	66.9	77.8	67.7	66.0	59.9
Region of Liberec	41.2	71.5	77.3	74.3	72.4
Region of Hradec Králové	69.0	98.1	105.8	95.2	111.3
Region of Pardubice	54.7	101.3	91.7	95.8	89.6
Region of Vysočina	82.3	107.6	111.4	108.7	99.8
Region of Southern Moravia	296.8	319.0	301.6	290.3	246.4
Region of Olomouc	112.6	110.8	127.8	105.2	123.7
Region of Zlín	107.7	104.6	98.2	101.4	97.4
Moravia-Silesia Region	223.6	184.9	241.8	258.7	287.2

The Czech Republic	112.1	143.4	140.2	141.3	152.2
--------------------	-------	-------	-------	-------	-------

Source: Own calculations from MPSV ČR (2008, 2010, 2011, 2012, 2013)

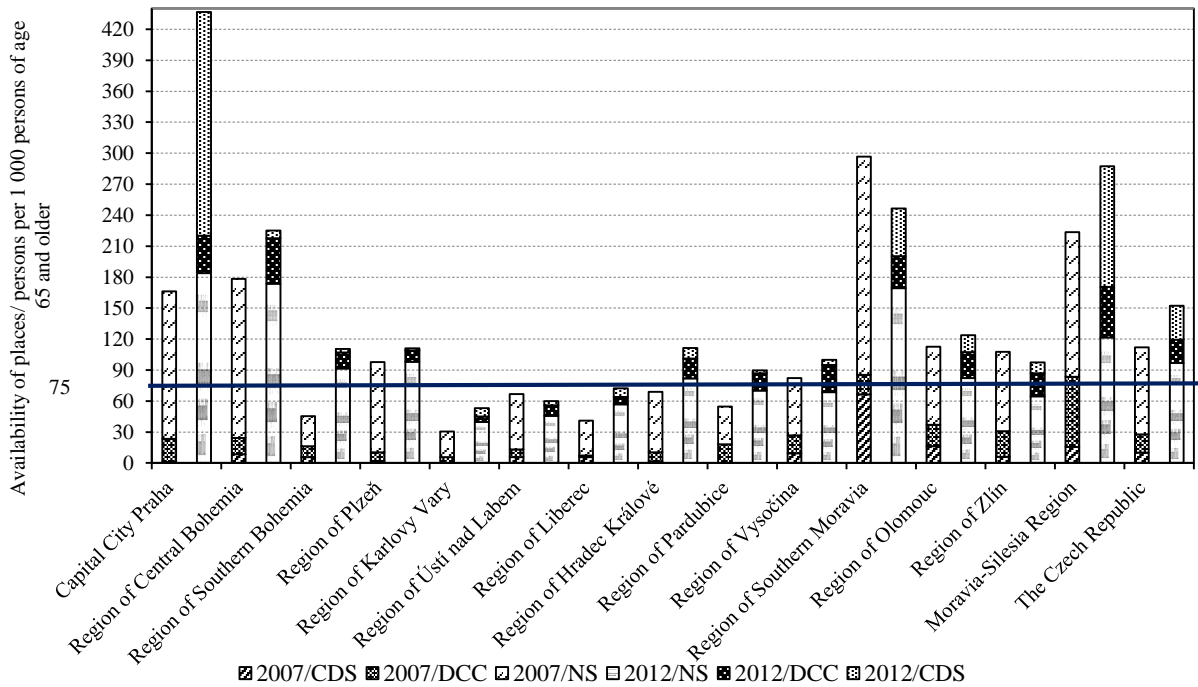


Figure 2 Availability of places in day care centres, centres of daily services and nursing services per 1 000 citizens aged 65 and older in the years 2007 and 2012

Source: Own calculations from MPSV ČR (2008 and 2013)

Legend: DCC – day care centres, CDS – centres of daily services, NS – nursing services

The evaluation of the availability of selected social care services with ambulatory and terrain characteristics showed that the availability of places in the centres of daily services combined with the capacity of places in the day care centres and nursing services has been sufficient in the majority of regions of the Czech Republic. The capacity was larger than recommended: 75 places per 1 000 people aged 65 years and older. Between 2007 and 2012, the greatest growth in the availability in day care centres, centres of daily services and nursing services was noted in the capital city of Praha and the regions of Moravia-Silesia and Central Bohemia. This growth can be attributed to the increased capacity of places in day care centres and centres of daily services, as we can see in Figure 2.

4.2 Availability of Selected Social Care Services in Regions of the Czech Republic: A Comparison using Multidimensional Scaling

In order to compare the availability of social care services with residential attributes and ambulatory characteristics in administrative regions of the Czech Republic in the years 2007 and 2012, the multidimensional scaling method was used. What is decisive for the validity of multidimensional scaling results is S-

stress = 0.0; it is a degree of good fit of the distances of objects (administrative districts of the Czech Republic) and $RSQ = 1.0$, that is, the square of the correlation coefficient of the input distance and the distances calculated by multidimensional scaling. The RSQ indicator has a value of 1.0 and that proves the quality of the multidimensional scaling model with two dimensions. The introduction of a third axis into the model would not bring any substantial information.

We may notice greater distances in the first dimension of Figure 3, varying from -3 to 2. This indicates that there are larger differences among the regions of the Czech Republic when it comes to the availability of social care services provided by establishments with residential attributes. In the second dimension (social care services of ambulatory and terrain characteristics), the values show smaller variations. The following conclusions can be drawn from Figure 3:

- In the case of the first dimension, the further to the left on the graph a point representing the region is, the higher the availability of places in residential social care services (the availability of places in houses for seniors, houses with special regimes and week care centres) it has. In other words, the further to the right the point

symbolizing a region is on the chart, the lower the availability of places the residential social care services has. The values around zero represent

the average availability of places in social care services of a given region.

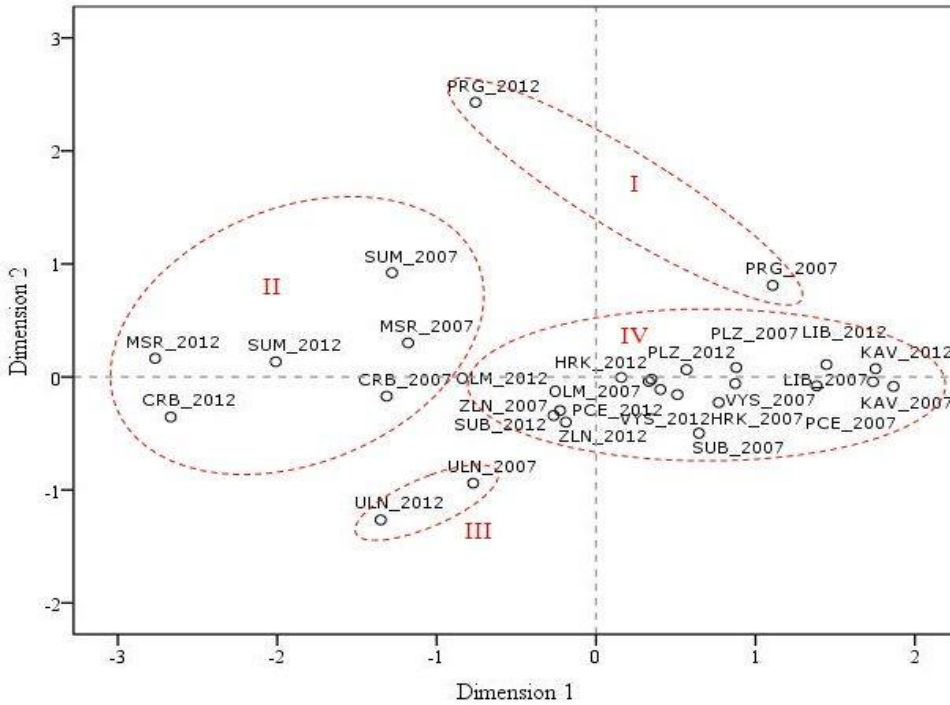


Figure 3 Administrative regions of the Czech Republic according to the availability of social care services in the years 2007 and 2012

Source: Own calculations in the program SPSS

- In the case of the second dimension, the higher positioned a point representing a given region is, the greater is the availability of social care services with ambulatory and terrain characteristics (the availability of places in day care centres, centres of daily services and nursing services). Likewise, the lower on the chart a region is, the poorer the coverage by social services is.

Figure 3 shows the similarity of the administrative regions of the Czech Republic in terms of social care services in the years 2007 and 2012. There are two dimensions of the graph. Dimension one works with

selected residential social care services and dimension two with selected social care services of an ambulatory and terrain character.

Figure 3 divides the administrative regions of the Czech Republic into four clusters. The clusters symbolize different characters of individual regions as regards their availability of selected social care services with residential attributes (dimension 1) and selected social care services with ambulatory or terrain characteristics (dimension 2). Table 5 breaks down all the administrative regions of the Czech Republic into respective clusters.

Table 5 Administrative regions of the Czech Republic in the years 2007 and 2012 according to the availability of social care services: breakdown into clusters

List of clusters	Administrative regions of the Czech Republic according to the availability of selected social care services
Cluster I	PRG 2007, PRG 2012,
Cluster II	CRB 2007, CRB 2012, MSR 2007, MSR 2012, SUM 2007, SUM 2012
Cluster III	ULN 2007, ULN 2012
Cluster IV	ZLN 2007, ZLN 2012, SUB 2007, SUB 2012, HRK 2007, HRK 2012, OLM 2007, OLM 2012, VYS 2007, VYS 2012, PCE 2007, PCE 2012, PLZ 2007, PLZ 2012, LIB 2007, LIB 2012, KAV 2007, KAV 2012

Legend: PRG – the capital city of Praha, CRB – region of Central Bohemia, SUB – region of South Bohemia, PLZ – region of Plzeň, KAV – region of Karlovy Vary, ULN – region of Ústí nad Labem, LIB – region of Liberec, HRK – region of Hradec Králové, PCE – region of Pardubice, VYS – region of Vysočina, SUM – region of South Moravia, OLM – region of Olomouc, ZLN – region of Zlín, MSR – region of Moravia-Silesia.

All the administrative regions of the Czech Republic are divided into four different clusters according to the availability of selected social care services in the years 2007 and 2012 (Figure 3 and Table 5):

Cluster I – The capital city of Praha (PRG) was the region with the highest availability of social care services with ambulatory or terrain characteristics (i.e. the region with the highest availability in day care centres, centres of daily services and nursing services). At the same time, the capital city of Praha had lower availability of social care services provided by establishments with residential attributes (i.e. the region with the lowest capacity of places in houses for seniors, houses with special regimes and week care centres). Between 2007 and 2012, however, the region of Praha experienced substantial growth in places in ambulatory social care services (new places in the centres of daily services).

Cluster II – This is composed of the regions of Central Bohemia (CRB), Moravia-Silesia (MSR) and Southern Moravia (SUM). These regions had the highest availability of social care services in the Czech Republic in both services that were provided by establishments with residential attributes and services with ambulatory or terrain characteristics. At the same time, those are the regions of the Czech Republic with the highest populations. Between 2007 and 2012, these regions experienced an increase in the availability of places (social care services) in establishments with residential attributes (driven by the increased capacity – number of places – in houses with special regimes). Southern Moravia, on the contrary, between 2007 and 2012, experienced a decrease in places that offer ambulatory or terrain services (i.e. a decrease in capacity in the centres of daily services and nursing services).

Cluster III – The region of Ústí nad Labem was among those with the highest availability of social care services with residential attributes. At the same time, however, it had low availability of social care services with ambulatory and terrain characteristics (day care centres, centres of daily services and nursing services). Between 2007 and 2012, there was a significant increase in the capacity of residential social care services (i.e. the number of places in houses with special regimes increased).

Cluster IV – This is composed of nine regions: Olomouc (OLM), Zlín (ZLN), South Bohemia (SUB), Plzeň (PLZ), Hradec Králové (HRK), Pardubice (PCE), Vysočina (VYS), Liberec (LIB) and Karlovy

Vary (KAV). In the years 2007 and 2012, there was slightly greater – above average – availability of residential social care services (houses for seniors, houses with special regimes, week care centres) in the regions of Olomouc, Zlín, Southern Bohemia and Hradec Králové. The region of Southern Bohemia experienced the greatest increase in its social care capacities among houses for seniors and houses with special regimes. Conversely, the region of Zlín experienced a small capacity decrease (i.e. a decrease in the number of places) in houses for seniors and week care centres. The regions of Plzeň (PLZ), Pardubice (PCE) and Vysočina (VYS) were characterized by average availability of both residential services and ambulatory and field social care services. In this cluster, between 2007 and 2012, the most significant capacity increase in residential and field social care services was seen in the regions of Pardubice (the number of places in houses for seniors and the number of people with nursing services) and Vysočina (the number of places in houses with special regimes). The regions of Liberec (LIB) and Karlovy Vary (KAV) were those within this cluster that showed the lowest availability of social care services in all their segments – residential, ambulatory and terrain characters.

5. Discussion

The availability of social care among administrative regions of the Czech Republic is currently evaluated in accordance with the recommended standards of a quantitative character, such as a given number of places or clients for selected services (Halásková, 2013b, 2014; Průša and Horecký, 2012; Víšek and Průša, 2012). However, these quantitative evaluation standards are old, as they were developed in the 1980s (houses for seniors, nursing services and houses for handicapped people). After 1990, completely new services appeared that were not previously analysed for objective reasons, economic sustainability or territorial coverage. There are no historic statistical data, and there are no objective data that could be used to determine the ratio of ambulatory and field care among the targeted groups. At the same time, the available statistics do not differentiate the targeted groups, that is, the statistics do not differentiate between establishments that provide care for seniors and establishments that provide care for disabled people (Průša and Horecký, 2012; VÚPSV, 2012).

Taking into account the expected demographic development in the Czech Republic – according to the so-called median estimate, it is expected that the total

population will slightly decrease in 2025 – the number of people aged 65 years and older should increase by more than 50%. This particular age segment of the population represents the overwhelming majority of social service clients. According to the same estimate, the group of people aged 80 years and older should increase by more than 60%. This population group forms the overwhelming majority of clients who are dependent on social care services with residential attributes (Káčerová and Mládek, 2012; Průša and Horecký, 2012; Wildmannová, 2009).

Demographic aging of the population also has implications in the areas of social and economic development. The most common fears arising from the aging of the population are connected to the financial sustainability of the pension system, cost increases in social protection and health care and a lack of workforce in the labour market (Káčerová and Mládek, 2012; Průša and Horecký 2012; Svobodová, 2012; Vomáčková, 2012). The demographic aging of the Czech population and its prediction until 2065 are depicted in Table 6.

Due to the aging of the population, we may experience a surge in the existing capacities of long-term care (services of social and health care that are used by those over 80 years of age and by those with medical handicaps) in the upcoming years. That also relates to trends in areas of social services that are provided for seniors and in the area of their financing. There will be a transformation process of social services in the upcoming years that will be characterized by decomposition of the social service system as we know it today. The number of beds in the establishments with residential attributes will be decreased as well as the corresponding state financial support. The nature of social services will shift towards new alternative forms with ambulatory and field characteristics (Jaroševská, 2012; Jensen and Lolle, 2013; Johansson et al., 2011; Kvašňáková, 2013; Lewis and West, 2014).

Based on the comparison of social care services in regions of the Czech Republic in the years 2007 and

2012 (the comparison of the availability of social care services with residential attributes and social care services with ambulatory and terrain characteristics – Figure 3), we may conclude that the regions that are least alike (in terms of the selected social service capacities) are those with the highest populations: Central Bohemia, Moravia-Silesia and Southern Moravia. They all belong to cluster 2. They all show the highest usage of social care services provided by establishments with residential attributes. That may relate to the fact that social care services with residential attributes are the most accessible in these regions. The regions of Liberec and Karlovy Vary showed the lowest level of coverage of social care services (they belong to cluster 4). This is because these two regions have the smallest populations. The comparison of regions in the Czech Republic and the structure of selected social care services (Figure 3) also showed that the two regions that are least alike are the region of Ústí nad Labem (cluster 3) and the capital city of Praha (cluster 1). The social care services in Ústí nad Labem are predominantly provided by establishments with residential characteristics (it has the highest capacity of social care services with residential attributes), while in Praha clients predominantly use social care services with ambulatory and field characteristics (this may be a result of the greater availability of ambulatory and field services in Prague).

Some problems remain unresolved in connection with the evaluation of the availability of social services in the Czech Republic.

- The countrywide standards are only average values. As such, they limit places that have higher availability. They also underrate places where certain specific services are not available despite the fact that the services can be provided in the form of a different service.
- The same criteria cannot be applied throughout the whole country at the same time. As stated by Průša and Horecký (2012) and Víšek and Průša (2012), social service availability should be considered and developed in a wider context

Table 6 Demographic aging of the population in the Czech Republic

	2000	2010	2015	2020	2025	2035	2045	2055	2065
Elderly 65+ [%]	13.8	15.2	17.7	20.1	21.7	24.5	29.6	32.4	32.2
Age Index	83.1	107.0	117.1	128.7	145.6	187.8	222.5	232.7	243.6
Dependency Index No. 1	23.9	20.2	22.5	24.2	23.5	20.8	23.4	25.9	24.2
Dependency Index No. 2	19.8	21.6	26.3	31.2	34.2	39.1	52.0	60.2	58.9
Index of Economic Burdon	59.3	54.6	59.0	66.9	72.0	74.0	89.7	103.3	100.8

Legend: Age Index: number of people aged 65 years and older per 100 children aged between 0 and 14 years; Dependency Index No. 1: number of children aged 0–14 years per 100 people aged between 15 and 64 years;

Dependency Index No. 2: number of people aged 65 years and older per 100 of those who are in the age group between 15 and 65 years;

Index of Economic Burden: number of children aged 0–19 years and people aged 65 years and older per 100 people from the age group between 20 and 59 years.

Source: Svobodová (2012)

(terrain and financial accessibility, mutual dependency of services, public awareness, quality of service or economic efficiency), rather than just by relying on the pure presence of establishments providing care or by the availability of activities.

- There are certain differences among the regions regarding the scope of the social services provided in the Czech Republic. They co-relate especially to the level of urbanization, age, qualification, profession and social structure of the population of a given region. They also co-relate to the settlement structure in each region, the size of the cities and the density of the population (Brennan et al., 2012; Jeřábková and Průša, 2012; Průša and Horecký, 2012; Víšek and Průša, 2012).

Therefore, a theme for future research could be the evaluation of social services' availability in relation to their geographic and economic availability or in relation to the age structure of the population in regions that use services of this kind.

6. Conclusion

The standardization of social services is among the most developed standardizations among all the public services in the Czech Republic. Both qualitative and quantitative standards have been introduced into practice. Financial standardization is being suggested. Systematic attention has been paid to the standardization of social services (in terms of quality) since the year 2000. Quality standards are defined by the Social Services Act of 2007 as standards that are mandatory. These standards are procedural, personal and operational. Attention is also being paid to quantitative standards, i.e. standards for the geographical availability of social services (a given number of places and clients for a particular service). When it comes to the scope of the social services that are available, the structure of the establishments that are able to provide services has to be taken into account. In order to increase the financial efficiency of the social care services, it is suggested that the subsidy that is provided from the state budget to finance the service is transformed into a new care allowance. The amount of money given would be subject to the form of care provided (residential, ambulatory or field care) and will also take into consideration whether the service is provided by a certified establishment, an immediate

family member or somebody who is close to the client.

The results of the evaluation (the availability of selected social care services for elderly and disabled people with ambulatory and terrain characteristics in regions of the Czech Republic) showed that the available places in centres of daily services combined with places in day care centres and nursing services are sufficient in most of the regions of the Czech Republic. Furthermore, the availability of social care services with residential attributes (the number of places in houses for seniors, houses with special regimes and week care centres) exceeds the recommendations in the majority of administrative regions of the Czech Republic (exceptions are the regions of Karlovy Vary and Liberec). The results of the comparison showed that the largest administrative regions (Central Bohemia, Moravia-Silesia and South Moravia) and the smallest regions (Liberec and Karlovy Vary) are the least similar in terms of the composition of their selected social care services. In addition, the least similar regions according to the structure of the available social care services are the region of Usti nad Labem and the capital city of Prague.

References

- AABERGE, R., BHULLER, M., LANGORGEN, A., MOGSTAD, M. (2010). The distributional impact of public services when needs differ. *Journal of Public Economics* 94(9–10): 549–562.
<http://dx.doi.org/10.1016/j.jpubeco.2010.06.004>
- BAILEY, S.J. (1995). *Public Sector Economics*. London: Macmillan.
- BALDOCK, J., MITTON, L., MANNING, N., VICKERSTAFF, S. (2012). *Social Policy*. Oxford: Oxford University Press.
- BRENNAN, D., CASS, B., HIMMELWEIT, S., SZEBEHELY, M. (2012). The marketisation of care: Rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy* 22(4): 377–391.
<http://dx.doi.org/10.1177/0958928712449772>
- ČÁMSKÝ, P., SEMBDNER, J., KRUTILOVÁ, D. (2011). *Sociální služby v ČR v teorii a praxi*. Praha: Portál.

- DAVIES, J. (2013). Changes and challenges in UK social services: Social services of general interest or 'welfare' services of general economic interest? In: Neergaard, U., Szyszczak, E., Gronden, J.W., Krajewski, M. (eds.): *Social Services of General Interest in the EU*. The Hague: T.M.C. Asser Press, 513–540. http://dx.doi.org/10.1007/978-90-6704-876-7_20
- FARNSWORTH, K., IRVING, Z. (2011). *Social Policy in Challenging Times. Economic Crisis and Welfare Systems*. Bristol: Policy Press University of Bristol.
- HALÁSEK, D. (2004). *Standardizace veřejných služeb*. Ostrava: VŠB-TUO.
- HALÁSKOVÁ, M. (2013a). Přístupy k financování veřejných služeb v zemích EU. *Scientific Papers of the University of Pardubice* 20(27/2): 59–71.
- HALÁSKOVÁ, R. (2014). Přístupy ke standardizaci služeb sociální péče v České republice. *Fórum sociální politiky* 8(2): 13–17.
- HALÁSKOVÁ, R. (2013b). Přístupy ke standardizaci sociálních služeb v České republice. In: Tománek, P., Vaňková, I. (eds.): *Veřejná ekonomika a správa 2013*. Ostrava: VŠB-TUO, 1–12.
- HALÁSKOVÁ, R. (2012). Vybrané aspekty sociálních služeb pro seniory. *Aktuální otázky sociální politiky – teorie a praxe* 6: 35–45.
- JAROŠEVSKÁ, E. (2012). Změna způsobu řízení sociálních pobytových služeb jako nástroj jejich deinstitutionalizace. *Aktuální otázky sociální politiky – teorie a praxe* 6: 56–65.
- JENSEN, P.H., LOLLE, H. (2013). The fragmented welfare state: Explaining local variations in services for older people. *Journal of Social Policy* 42(2): 349–370. <http://dx.doi.org/10.1017/S0047279412001006>
- JOHANSSON, L., LONG, H., PARKER, M.G. (2011). Informal caregiving for elders in Sweden: An analysis of current policy developments. *Journal of Aging & Social Policy* 23(4): 335–353. <http://dx.doi.org/10.1080/08959420.2011.605630>
- KÁČEROVÁ, M., MLÁDEK, J. (2012). Population ageing as generation substitutions: Economic and social aspects. *Ekonomický časopis/Journal of Economics* 60(3): 259–276.
- KOLEKTIV AUTORŮ (1997). *Obce, města, regiony a sociální služby*. Praha: Socioklub.
- KVAŠŇÁKOVÁ, L. (2013). Možnosti a obmedzenia individuálneho plánovania v rezidenčných sociálnych službách pre seniorov. In: Janebová, R. (ed.): *Spolupráce v sociální práci: sborník z konference IX. Hradecké dny sociální práce Hradec Králové 21. až 22. září 2012*. Hradec Králové: Gaudeamus, 505–510.
- LEWIS, J., WEST, A. (2014). Re-shaping social care services for older people in England: Policy development and the problem of achieving „good care“. *Journal of Social Policy* 43(1): 1–18. <http://dx.doi.org/10.1017/S0047279413000561>
- LINDBECK, A., NYBERG, S., WEIBULL, J.W. (1999). Social norms and economic incentives in the welfare state. *The Quarterly Journal of Economics* 114(1): 1–35.
- MAZZOCCHI, M. (2008). *Statistics for Marketing and Consumer Research*. London: Sage Publications.
- MERTL, J. (2008). Sociální a ekonomické aspekty efektivity sociálních služeb. *Fórum sociální politiky* 2(3): 2–8.
- MIKUŠOVÁ MERIČKOVÁ, B., NEMEC, J. (2013). Contract management and its impact on contracting public services: Slovak Republic. *Ekonomický časopis/Journal of Economics* 61(7): 690–700.
- NEMEC, J. (2003). Štandardy: Áno alebo nie? In: Hyánek, V. (ed.): *Standardizace veřejných služeb jako předpoklad efektivity rozvoje regionů*. Brno: Masarykova univerzita, 10–15.
- OCHRANA, F. (2003). Veřejné služby – problém vymezení pojmu a standardizace. In: Hyánek, V. (ed.): *Standardizace veřejných služeb jako předpoklad efektivity rozvoje regionů*. Brno: Masarykova univerzita, 16–21.
- PESTIEAU, P. (2006). *The Welfare State in the European Union: Economic and social Perspectives*. Oxford: Oxford University Press.
- PRŮŠA, L. (2013). Ekonomická efektivita zajišťování péče o příjemce příspěvku na péči. *Scientia et Societas* 9(4): 161–183.
- PRŮŠA, L. (2009). Je nový systém financování sociálních služeb pro staré občany efektivní? *Národohospodářský obzor* 9(3): 141–156.
- PRŮŠA, L., HORECKÝ, J. (2012). *Poskytování služeb sociální péče pro seniory v České republice a ve Švýcarsku: mezinárodní komparace*. Tábor: Asociace poskytovatelů sociálních služeb České republiky.
- VÍŠEK, P., PRŮŠA, L. (2012). *Optimalizace sociálních služeb*. Praha: VÚPSV.
- VOMÁČKOVÁ, H. (2012). Aspekty stárnutí – sonda v podmínkách ČR. In: *Determinanty sociálního rozvoje "Sociální ekonomika a sociální inkluze seniorů"*. Banská Bystrica: Univerzita Mateja Bela, 1–10.
- WILDMANNOVÁ, M. (2009). Hodnocení vztahu demografického vývoje a zaměření sociálních služeb v ČR. In: *Sociální politika súčasnosti v kontextu protirečení doby*. Bratislava: Ekonomická univerzita, 1–6.

Additional resources

Druhové standardy kvality (2012). [Online], accessed at 30. 09. 2013. Available from: <<http://www.socialnisluzby.org/kvalita/standardy-sluzby/index.html>>.

HORECKÝ, J. (2012). *Návrhy na změnu výplaty a použití příspěvku na péči*. Asociace poskytovatelů sociálních služeb v ČR. [Online], accessed at 12. 02. 2014. Available from: <http://www.apsscr.cz/files/files/Prispevek_na_peci_JH_finalup.pdf>.

JERÁBKOVÁ, V., PRŮŠA, L. (2012). *Příspěvek na péči – analýza dostupných datových zdrojů*. [Online], accessed at 28. 11. 2013. Available from: <http://www.mpsv.cz/files/clanky/13767/prispevek_p_eece.pdf>.

MPSV ČR (2008). *Statistická ročenka z oblasti práce a sociálních věcí 2007*. Praha: MPSV.

MPSV ČR (2010). *Statistická ročenka z oblasti práce a sociálních věcí 2009*. Praha: MPSV.

MPSV ČR (2011). *Statistická ročenka z oblasti práce a sociálních věcí 2010*. Praha: MPSV.

MPSV ČR (2012). *Statistická ročenka z oblasti práce a sociálních věcí 2011*. Praha: MPSV.

MPSV ČR (2013). *Statistická ročenka z oblasti práce a sociálních věcí 2012*. Praha: MPSV.

Standardy kvality sociálních služeb (2002). [Online], accessed at 27. 9. 2013. Available from: <<http://eapraha.cz/joomla/images/stories/knihovna/standardy.pdf>>.

SVOBODOVÁ, K. (2012). *Analýza: Demografické stárnutí ČR podle výsledků projekce*. Demografický informační portál. [Online], accessed at 20. 06. 2014. Available from: <http://www.demografie.info/?cz_detail_clanku=&artclID=824&>.

VÚPSV (2012). *Model minimální kapacity sítě sociálních služeb na daném modelovém území*. [Online], accessed at 30. 11. 2013. Available from: <<http://podporaprocesu.cz/wp-content/uploads/2013/02/model.pdf>>.

Zákon č. 108/2006 Sb., o sociálních službách. [Online], accessed at 30. 11. 2013. Available from: <<http://www.zakonyprolidi.cz/cs/2006-108>>.

