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Social Services and Care Allowance

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Social Services and Care Allowance

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and Bolstering of Social Cohesion

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SOCIAL SERVICES AND CARE ALLOWANCE

WHAT ARE SOCIAL SERVICES?

The social services system in the Czech Republic is regulated by Act No. 108/2006 Coll., on Social Services, and by the Ministry of Labour and Social Affairs Decree No. 505/2006 Coll., implementing some provisions of the Social Services Act.

The term "social services" is defined more narrowly in the Czech Republic than is the case in discussions at the European Community level.

Social services provide support and assistance to persons in adverse social situations in a form that preserves their human dignity, respects individual human needs, while at the same time bolstering the ability for the social inclusion of every individual in his or her natural social environment.

The Social Services Act offers the following fundamental instruments:

- It guarantees free social counselling for every person.
- It offers a very diverse range of social service type, from which a person can freely choose at his/her volition, financial possibilities or other individual preferences.
- People dependent on the assistance of another person due to their age or state of health, are provided a social security benefit – **a social allowance**.
- The Act guarantees that the services provided will be safe for the user, professional and adapted to people's needs.
- The Act also gives people room to participate in the decision-making processes pertaining to the scope, types and accessibility of social services in their municipality or region.

Social services represent the aggregate of the specialised activities helping a person to overcome his or her adverse social situation. Because such situations have various causes, there is a whole spectrum of social services on offer.

Social services are classified into three basic areas:

- **Social counselling**, usually specialised for a certain target group or situation, with basic counselling being an integral component of all social services.
- **Social care services** include services, the main objective of which is to arrange for people's basic needs, which cannot be provided without another person's care and assistance.
- **Social prevention services** namely serve to prevent the social exclusion of persons who are endangered by socially adverse phenomena.

Social services are also classified according to the place of their provision:

- **Field-based services** are provided at a person's place of residence, i.e. in his/her household, at the place where he/she works, studies or spends his/her spare time. Examples of these types of services include community care service, personal assistance or field-based programmes for endangered youth.
- To receive **out-patient services**, a persons must visit specialised facilities such as counselling facilities, day care centres for disabled people or contact centres for people at risk of becoming dependent on addictive substances.
- **In-residence services** are provided in facilities where a person, at a certain stage of his/her life, lives all year round. These are mainly senior citizens' homes or homes for the disabled, as well as so-called sheltered housing for people with medical disabilities or asylum homes for mothers with children or homeless people.

An important principle is the possibility to combine various types of services and also to be able to combine services with the assistance and support of the family or other close persons.

Social services are provided to approximately 700,000 clients, i.e. approx. 7% of the population of the Czech Republic. The network of social services does not cover the territory of the Czech Republic in an entirely uniform manner. Access to services is better in the cities. The system for providing a network of services meeting citizens' needs is based on the planning of social services, which ensues from an evaluation of citizens' needs, the capacity possibilities of providers and the objectives of public administration. The planning of social services is chiefly the obligation of regional self-governing authorities. The Social Services Act guarantees that clients, service providers and municipalities can participate in the planning and decision-making processes.

A total of 55,000 employees work in the social services sector (converted to the full-time jobs). Employees working in the social services sector represent approx. 1.2 % of the total number of people employed in the Czech Republic. Of this number, 38,000 employees work in direct care, which means they provide a service in direct contact with the client.

Social services are financed by more than one source. In 2008, the total cost of the social services system was approximately 800 million euro, i.e. approximately 0.65 % of GDP. Clients' contributions account for 35 % of this total cost, with territorial self-governing authorities contributing 25 %, the state budget 30 % and the funds of the public health insurance contributing 3 % (usually with the concurrence of health and social care in senior citizens' homes or homes for the disabled).

The Social Services Act defines activities which are combined in various ways in the case of individual types of services so as to comply with the objective, mission and character of the service.

The basic activities provided as part of social services are as follows:

- assistance with the handling of common acts of personal care,
- assistance with personal hygiene or the provision of conditions for personal hygiene,
- provision of food or assistance with arranging for food,
- provision of accommodation or overnight lodging, as the case may be,
- assistance with running a household,
- pedagogical, educational and activation activities,
- social counselling,
- mediating contacts with the social environment,
- social therapeutic activities,
- assistance in the exercising of the rights, justified interests and while taking care of personal affairs,
- telephone crisis assistance,
- practicing the skills required for handling personal care duties, self-sufficiency and other activities leading to social integration,
- support for creating and improving basic work skills and habits.

Together with the provision of social services, other optional activities may be arranged on an optional basis.

The Social Services Act defines the following types of social services:

SOCIAL COUNSELLING

Social counselling includes basic social counselling and specialised social counselling. Basic social counselling provides essential information to persons contributing to overcoming their adverse social situation. Social counselling is the basic activity provided within all types of social services; the social services providers shall always be obliged to arrange for this activity.

Specialised social counselling is provided according to the needs of individual social

groups of persons in civil counselling facilities, marriage and family counselling facilities, counselling facilities for seniors, disabled persons, and the victims of criminal activities and domestic violence; it also includes social work with persons whose habits may lead to conflicts with society. These services are provided free of charge.

A total of 654 social counselling services operate in the Czech Republic, employing a total of 1,700 people.

In 2008, the total costs of this service amounted to 20.5 million euro.

SOCIAL CARE SERVICES

Social care services assist persons to arrange for their physical and mental self-sufficiency, with the aim being to enable them to integrate with normal social life to the maximum possible extent and, in the case that their state of health prevents such a possibility, to provide for a dignified environment and treatment.

Personal assistance

Personal assistance is a field-based service provided to persons with reduced self-sufficiency due to their age, disability or chronic illness, where their situation requires that they be assisted by another person. The service is provided without time limitation, in his or her natural social environment and covers the activities required by the person. This service is provided to the client for a fee.

A total of 183 personal assistance services operate in the Czech Republic.

Personal assistance is provided to 7,000 clients.

Personal assistance services employ a total of 1,800 people.

In 2008, the total costs of this service amounted to 15 million euro, of which 3 million euro was paid by clients.

Community care service

A community care service is a field-based or out-patient service provided to persons with reduced self-sufficiency due to their age, chronic illness or disability, and to families with children, where their situation requires that they be assisted by another person. This service is provided at a specified time (with the time specification being the main factor differentiating this service from the personal assistance service) in persons' households or in out-patient facilities. This service is provided to the client for a fee.

A total of 594 community care services operate in the Czech Republic.

Community care services are provided to 115,000 clients.

Community care services employ a total of 5,500 people.

In 2008, the total costs of this service amounted to 70 million euro, of which 16 million euro was paid by clients.

Emergency care

Emergency care is a field-based service providing non-stop remote voice and electronic communication with persons permanently exposed to high risk of threat to their life or health in the case of the sudden deterioration of their state of health or abilities. This service is provided to the client for a fee.

A total of 17 emergency care services operate in the Czech Republic.

Emergency care is provided to 2,500 clients.

Emergency care services employ a total of 120 people.

In 2008, the total costs of this service amounted to 1.2 million euro, of which 0.2 million euro was paid by clients.

Guiding and reading services

Guiding and reading services are field-based or out-patient services provided to persons with reduced self-sufficiency due to their age or disability in the area of orientation or

communication, and assist them in being able to personally handle their own affairs. This service is provided to the client for a fee.

A total of 34 guiding and reading services operate in the Czech Republic.

This service is provided to 4,000 clients.

A total of 55 people is employed in guiding and reading services.

In 2008, the total costs of this service amounted to 0.4 million euro, of which 0.03 million euro was paid by clients.

Relief services

Relief services are field-based, out-patient or in-residence services provided to persons with reduced self-sufficiency due to their age, chronic illness or disability, who are normally cared for in their natural social environment; the aim of the service is to enable the regular carer to get the necessary rest. This service is provided to the client for a fee.

A total of 161 relief services operate in the Czech Republic.

This service is provided to 11,000 clients.

Relief services employ a total of 1,800 people.

In 2008, the total costs of this service amounted to 15 million euro, of which 4 million euro was paid by clients.

Day service centres and day care centres

In day care centres and day service centres, out-patient services are provided to persons with reduced self-sufficiency due to their age or chronic disability, and persons with chronic mental illness, where their situation requires that they be regularly assisted by another person. This service is provided to the client for a fee.

A total of 347 of these services operate in the Czech Republic.

This service is provided to 36,000 clients.

These services employ a total of 2,400 people.

In 2008, the total costs of this service amounted to 26.5 million euro, of which 3.5 million euro was paid by clients.

Week care centres

In week care centres, in-residence services are provided to persons with reduced self-sufficiency due to their age or disability, and to persons with chronic mental illness, where their situation requires that they be regularly assisted by another person. This service is provided to the client for a fee.

A total of 78 of these services operate in the Czech Republic.

This service is provided to 1,300 clients.

These services employ a total of 1,100 people.

In 2008, the total costs of this service amounted to 9.3 million euro, of which 2.2 million euro was paid by clients.

Homes for disabled persons

In homes for disabled persons, in-residence services are provided to persons with reduced self-sufficiency due to their disability, where their situation requires that they be regularly assisted by another person. The services provided in homes for disabled persons are normally adapted to the age and character of the clients' needs ensuing from the type of disability. This service is provided to the client for a fee.

A total of 230 of these services operate in the Czech Republic.

This service is provided to 14,700 clients.

These services employ a total of 8,100 people.

In 2008, the total costs of these services amounted to 153.5 million euro, of which 56.2 million euro was paid by clients.

Senior citizens' homes

In senior citizens' homes, in-residence services are provided to persons with reduced self-sufficiency namely due to their age, where their situation requires that they be regularly assisted by another person. This service is provided to the client for a fee.

A total of 461 of these services operate in the Czech Republic.

This service is provided to 41,100 clients.

These services employ a total of 12,600 people.

In 2008, the total costs of these services amounted to 299 million euro, of which 133 million euro was paid by clients.

Special regime homes

In special regime homes, in-residence services are provided to persons with reduced self-sufficiency due to their chronic mental illness or dependence on addictive substances, and to persons with old-age/senile, Alzheimer's dementia and other types of dementia, with reduced self-sufficiency due to the above illnesses and where their situation requires that they be regularly assisted by another person. When providing these social services, the regime of these facilities is adapted to these persons' specific needs. This service is provided to the client for a fee.

A total of 148 of these services operate in the Czech Republic.

This service are provided to 8,200 clients.

These services employ a total of 4,300 people.

In 2008, the total costs of these services amounted to 68 million euro, of which 26 million euro was paid by clients.

Sheltered housing

Sheltered housing is an in-residence service provided to persons with reduced self-sufficiency due to their disability or chronic illness, including mental illness, where their situation requires that they be assisted by another person. Sheltered housing takes the form of a group or individual housing, as the case may be, having the character of normal housing in apartments and houses. This service is provided to the client for a fee.

A total of 109 of these services operate in the Czech Republic.

This service is provided to 2,400 clients.

These services employ a total of 830 people.

In 2008, the total costs of these services amounted to 11.2 million euro, of which 4 million euro was paid by clients.

SOCIAL PREVENTION SERVICES

Social prevention services serve to prevent the social exclusion of persons thus endangered due to their critical social situation, habits and way of living leading to conflicts with society, socially disadvantaging environment and due to rights and justified interests threatened by another person's criminal activity. The aim of social prevention services is to assist persons to overcome their adverse social situation and to protect society from the occurrence and spreading of undesirable social phenomena.

Early intervention care

Early intervention is a field-based or out-patient service, as the case may be, provided to children and parents of a child up to 7 years of age who is disabled or whose development is threatened due to an adverse social situation. This service is aimed at supporting the family and a child's development in view of his/her specific needs. This service is provided free of charge.

A total of 58 of these services operate in the Czech Republic.

These service is provided to 3,800 clients.

These services employ a total of 280 people.
In 2008, the total costs of these services amounted to 3.7 million euro.

Telephone crisis assistance

Telephone crisis assistance is a field-based service provided for a temporary period of time to persons in a situation endangering their life or health or in another difficult situation, which they are unable to temporarily resolve on their own. Professional staff are contacted by telephone, and thus there is no direct contact between the client and the professional counsellor. This service is provided free of charge.

A total of 42 of these services operate in the Czech Republic.
These services employ a total of 200 people.
In 2008, the total costs of these services amounted to 2.4 million euro.

Interpreting services

Interpreting services are field-based or out-patient services, as the case may be, provided to persons with communication disorders namely caused by sensory affliction preventing them from engaging in normal communication with their surroundings without the assistance of another person. This service is provided free of charge.

A total of 30 of these services operate in the Czech Republic.
This service is provided to 10,000 clients.
These services employ a total of 75 people.
In 2008, the total costs of these services amounted to 0.6 million euro.

Asylum homes

Asylum homes provide in-residence services for a temporary period of time to persons in adverse social situations connected with a loss of housing. Services in asylum homes are adapted to the clients' needs, namely in view of the circumstances of the loss of housing, i.e. asylum homes are designed differently for parents with children, for men, women, victims of domestic violence, etc. This service is provided to the client for a fee.

A total of 193 of these services operate in the Czech Republic.
This service is provided to 14,600 clients.
These services employ a total of 1,100 people.
In 2008, the total costs of these services amounted to 19 million euro, of which 2.7 million euro was paid by clients.

Half-way houses

Half-way houses provide in-residence services to, as a rule, persons up to 26 years of age who leave educational institutions for institutional or protective care after reaching the age of majority or to persons coming from other children and youth facilities, as the case may be, and to persons released from imprisonment or compulsory treatment. The manner of the provisions of social services at these facilities is adapted to the specific needs of these persons. This service is provided to the client for a fee.

A total of 39 of these services operate in the Czech Republic.
This service is provided to 580 clients.
These services employ a total of 150 people.
In 2008, the total costs of these services amounted to 1.9 million euro, of which 0.15 million euro was paid by clients.

Crisis assistance

Crisis assistance is a field-based, out-patient or in-residence service for a temporary period of time to persons in a situation endangering their life or health, who are temporarily unable to resolve their adverse social situation on their own. This service is provided free of charge.

A total of 43 of these services operate in the Czech Republic.

This service is provided to 11,000 clients.
These services employ a total of 200 people.
In 2008, the total costs of these services amounted to 1.6 million euro.

Intervention centres

The services of intervention centres are intended for the victims of domestic violence in cases when the aggressor was evicted from the joint dwelling. A person threatened by violent conduct is offered assistance within 48 hours, at the latest, from the eviction of the aggressor. The assistance of an intervention centre may also be provided on the basis of an application made by a person threatened by the violent conduct of another person sharing the same joint dwelling with him/her, or even in the absence of such an instigation, immediately after the moment of the intervention centre learning of the person being threatened by violent conduct. This service also includes arranging for co-operation and provision of mutual information between the intervention centres, the providers of other social services, children's social and legal protection authorities, municipalities, divisions of the Czech Police Force and the municipal police, as well as other public administration bodies. Social services are provided in the intervention centre as out-patient, field-based or in-residence services. This service is provided free of charge.

A total of 15 of these services operate in the Czech Republic.
This service is provided to 300 clients.
These services employ a total of 50 people.
In 2008, the total costs of these services amounted to 0.8 million euro.

Low-threshold day centres

Low-threshold day centres provide out-patient or field-based services, as the case may be, to homeless people. This service is provided free of charge.

A total of 39 of these services operate in the Czech Republic.
These services employ a total of 180 people.
In 2008, the total costs of these services amounted to 2.1 million euro.

Homeless shelters

Homeless shelters provide out-patient services to homeless people who are interested in using sanitary facilities and overnight lodging. This service is provided to the client for a fee.

A total of 53 of these services operate in the Czech Republic.
These services employ a total of 230 people.
In 2008, the total costs of these services amounted to 3 million euro, of which 0.3 million euro was paid by clients.

Low-threshold facilities for children and the youth

Low-threshold facilities for children and the youth provide out-patient or field-based services, as the case may be, to children from 6 to 26 years of age threatened by undesirable social phenomena. The aim of the service is to improve the quality of their lives by preventing or lowering the social and health risks relating to their lifestyles, to enable them to better orientate themselves in their social environment and to put in place the conditions for resolving their adverse social situation. This service may be provided to persons on an anonymous basis. This service is provided free of charge.

A total of 185 of these services operate in the Czech Republic.
These services employ a total of 700 people.
In 2008, the total costs of these services amounted to 8.8 million euro.

Contact centres

Contact centres are low-threshold facilities providing out-patient or field-based services, as the case may be, to persons at risk of becoming dependent on addictive substances.

The aim of this service is to reduce the social and health risks connected with the abuse of addictive substances. This service is provided free of charge.

A total of 60 of these services operate in the Czech Republic.

These services employ a total of 280 people.

In 2008, the total costs of these services amounted to 4.6 million euro.

Follow-up services

Follow-up services are out-patient or in-residence services provided to persons with chronic mental illness and persons dependent on addictive substances who have completed institutional treatment in a health care facility, out-patient care or are participating in such care, or to abstaining persons. This service is provided free of charge, save for the costs of arranging housing.

A total of 27 of these services operate in the Czech Republic.

These services employ a total of 100 people.

In 2008, the total costs of these services amounted to 1.1 million euro.

Therapeutic communities

Therapeutic communities provide in-residence services, even for a temporary period of time, to persons dependent on addictive substances or to persons with chronic mental illness, who are interested in integrating in normal life. This service is provided to the client for a fee.

A total of 23 of these services operate in the Czech Republic.

This service is provided to 700 clients.

These services employ a total of 160 people.

In 2008, the total costs of these services amounted to 3 million euro, of which 0.2 million euro was paid by clients.

Social activation services for families with children

Social activation services for families with children are field-based or out-patient service, as the case may be, provided to a family with a child whose development is threatened due to the effects of a long-term critical social situation, which the parents are unable to handle on their own without assistance, and where other risks to the child's development exist. This service is provided free of charge.

A total of 135 of these services operate in the Czech Republic.

These services employ a total of 520 people.

In 2008, the total costs of these services amounted to 5.5 million euro.

Social activation services for seniors and disabled persons

Social activation services are out-patient or field-based services, as the case may be, provided to persons of retirement age or disabled persons in danger of social exclusion. This service is provided free of charge.

A total of 223 of these services operate in the Czech Republic.

These services employ a total of 660 people.

In 2008, the total costs of these services amounted to 6 million euro.

Social therapeutic workshops

Social therapeutic workshops are out-patient services provided to persons with reduced self-sufficiency due to their disability, who thus cannot be placed in the open or protected labour market. The purpose of these workshops is to provide long-term and regular support of improvements in work habits and skills by way of social work therapy. This service is usually provided free of charge.

A total of 90 of these services operate in the Czech Republic.

This service is provided to 2,000 clients.

These services employ a total of 400 people.
In 2008, the total costs of these services amounted to 5.2 million euro.

Outreach programmes

Outreach programmes are field-based services provided to persons who lead risky lives or are jeopardised by such a lifestyle. This service is intended for problematic groups of people, users of addictive substances or narcotic psychotropic substances, homeless people, persons living in socially excluded communities and other socially endangered groups. The aim of this service is to locate such persons and to minimise the risks ensuing from their lifestyles. This service may be provided to persons on an anonymous basis. This service is provided free of charge.

A total of 142 of these services operate in the Czech Republic.
These services employ a total of 600 people.
In 2008, the total costs of these services amounted to 8.4 million euro.

Social rehabilitation

Social rehabilitation is a set of specific activities focused at attaining self-reliance, independence and self-sufficiency of persons by developing their specific abilities and skills, strengthening their habits and by training the performance of normal activities necessary for leading an independent life by an alternative manner using their preserved abilities, potential and competencies. Social rehabilitation shall be provided in the form of field-based and out-patient services, or in the form of in-residence services provided at social rehabilitation centres. This service is usually provided free of charge.

A total of 228 of these services operate in the Czech Republic.
These services employ a total of 2,500 people.
In 2008, the total costs of these services amounted to 15.2 million euro.

LICENCE TO PROVIDE SOCIAL SERVICES

Social services may only be provided on the basis of the registration of the provider of the social services. Registration is understood to mean the issue of licences to provide concrete types of services. These licenses are issued by regional authorities in administrative proceedings based on an assessment of whether the provider is capable of meeting all the conditions prescribed by the Act. The meeting of all the conditions prescribed by the Act, including the quality standards of social services, is controlled in the form of an inspection made of the social services. If the provider does not meet these conditions, the licence to provide these social services may be withdrawn. The fundamental measure of the quality of social services is the compliance with human rights when providing social services.

Social services may be provided by any legal entity or natural persons meeting the statutory conditions.

In the Czech Republic, almost 5,000 social services are provided by 2,500 service providers. The social services providers are listed in the social services register, a publicly accessible database enabling a service to be searched for by a number of criteria.

WHAT IS THE RELATIONSHIP BETWEEN A USER AND A SOCIAL SERVICES PROVIDER?

The provision of social services is based on a contractual principle by the Social Services Act. The negotiation in the contract of the service type and the scope of the services according to the individual needs of the persons, including the specific conditions for the provision of the service, is an important step aimed at exercising the free will of the people to whom the services are provided. This contract allows the user of the

services to enforce the agreed scope of the service and obligates the provider to provide the service in a way that is safe and professional for the user.

The contract on the provision of social services must be concluded in writing, except in cases where this is not possible or appropriate (e.g. Telephone crisis assistance or low-threshold facilities for children and the youth). The character of the contract is that of a private-law contract and is governed by the provisions of the Civil Code.

WHAT IS A CARE ALLOWANCE AND WHAT ARE THE CONDITIONS OF ITS GRANTING AND PAYMENT?

A care allowance is intended to strengthen the competencies of persons dependent on the assistance of another person and the circle of close persons, so that every individual can elect the most effective manner of having his needs provided for.

A care allowance is graduated according to the degree of dependence, with its amount primarily derived from the usual costs connected with care. This is a care allowance rather than a full reimbursement of the costs of care, either in the form of care provided by social services providers or care given by close persons.

A care allowance allows for the arrangement of care in a natural environment, i.e. it helps to cover the costs incurred by the people close to the recipient of the care. The optimal model is the sharing of the care duties between the informal circle of close persons (family members or other persons providing care) and registered social services providers.

A care allowance shall be provided to people who, mainly due to their adverse state of health, are dependent on the assistance of another person in the area of common acts of personal care and self-sufficiency. Acts of personal care are understood to mean mainly such daily acts which pertain to arranging for or receiving food, personal hygiene, dressing and movement. Self-sufficiency is understood to mean acts which allow a person to participate in social life, i.e. the ability to communicate, to dispose with money or personal effects, to arrange one's personal affairs, to cook a meal, to wash and to clean up.

A care allowance shall be provided to the person who is to be cared for, not the person providing the care. A care allowance may not be granted to a child who is less than one year of age.

The ability to take care of oneself and to be self-sufficient varies from person to person, which is the reason why the Act recognises four degrees of dependence on the assistance of another person, ranging from slight dependence to total dependence.

An application for this allowance may be lodged with a municipal authority of a municipality with extended powers in whose catchment area the applicant has his/her permanent or reported residence.

The allowance provided to persons up to 18 years of age in a calendar month shall amount to

- a) CZK 3,000, in the case of grade I (light dependence),
- b) CZK 5,000, in the case of grade II (medium-heavy dependence),
- c) CZK 9,000, in the case of grade III (heavy dependence),
- d) CZK 11,000, in the case of grade IV (total dependence).

The allowance provided to persons over 18 years of age in a calendar month shall amount to

- a) CZK 2,000, in the case of grade I (light dependence),
- b) CZK 4,000, in the case of grade II (medium-heavy dependence),
- c) CZK 8,000, in the case of grade III (heavy dependence),
- d) CZK 11,000, in the case of grade IV (total dependence).

A person – applicant for an allowance – must abide by the prescribed duties, respectively to undergo certain procedures.

In the first instance, the applicant must submit an application for a care allowance and include all the compulsory information, i.e. in addition to personal data, also details on the manner in which the allowance is to be paid, and information on who will arrange for the necessary care.

This step is followed by the process of assessing the degree of dependence of the assistance of another person, which shall be instigated by a social worker. The social worker shall conduct a social investigation in the environment where the applicant lives. Upon the completion of the social investigation, the applicant for an allowance is assessed by the labour office's examining doctor, who shall assess the functional impacts of the applicant's state of health on his/her ability to take care of him or herself and to be self-sufficient, drawing on the results of the social investigation as the basis of his assessment.

If the applicant refuses to undergo any of the above-mentioned procedures (e.g. does not permit a social or medical examination to be conducted), he/she shall forfeit the chance to receive a care allowance.

A municipal authority of a municipality with extended powers shall decide whether a contribution shall be granted or not. The decision on the care allowance shall be delivered to the applicant and, if it is favourable, the applicant (now known as the beneficiary of the allowance) shall be obliged to notify the municipal authority in writing the manner in which the care will be provided, if he/she had not already done so when submitting the application. If the beneficiary fails to do so, even after receiving a reminder to do, the payment of the allowance shall be discontinued.

The Act entitles a municipal authority of a municipality with extended powers to pay the allowance in cash (also in the form of a postal money order) or to an account specified by the beneficiary. The entitlement to an allowance arises upon the submission of an application for the granting of the allowance. The first allowance payment shall also include payment of the contribution pertaining to the period of the administrative proceedings.

The allowance may only be applied towards the costs of arranging for assistance and support for the person dependent on the assistance of another person. It can also be "used" as payment for care arranged by a social services provider, and naturally also can be used to pay for the costs incurred by the carer, i.e. the family member or another person who is not a social service provider. It can also be presumed that both of the manners of using the allowance stipulated above will be combined by the beneficiary as required.

The manner of a contribution's use is controlled by employees of municipal authorities of municipalities with extended powers. A municipal authority may appoint a special beneficiary who shall arrange for the correct use of the allowance, should it discover that an allowance is not being used correctly. If it is discovered that the allowance is being misused, the municipal authority shall cancel the entitlement to the allowance.

A care allowance is not treated as income for the purposes of other benefit systems or for tax purposes.

Basic quantitative data:

- The total monthly costs of care allowances show a stable level of 50 - 55 million euro, which results in up to 650 million euro (i.e. 0.5% of GDP) when extrapolated to a full year.
- The total number of benefit claims acknowledged ranges from 240 - 250,000 people monthly.
- Grade I. accounts for the highest number of benefit payments (i.e. approx. 103,000 benefit payments, which represents 42 % of the total number of benefits paid). Grade II. accounts for 81,500 benefit payments (33%), grade III. accounts for 39,000 benefit payments (16%), and grade IV. accounts for 22,000 benefit payments (9%).
- Grade II. accounts for the largest volume of monthly benefit payments, (i.e. approx. 13.5 million euro, which represents 33% of the total volume drawn). Grade I. accounts for 7.5 million euro (18%), grade III. accounts for 11 million euro (27%), and grade IV. accounts for 8.6 million euro (20%).
- The basic age structure of the allowance beneficiaries is as follows:
 - Children up to 18 years of age – 7%
 - Adults from 19 to 65 years of age – 24%
 - Younger seniors from 65 to 75 years of age – 12%
 - Older seniors 75 years or older – 57%

A care allowance according to the manner of use

A care allowance according to the manner of use is monitored according to three and four criteria, as may be the case:

- The carer stipulated is a physical person
- The carer stipulated is a registered social services provider
- The carer stipulated is a un-registered social services provider, or this information is unknown

As far as the manner of use is concerned, it is clear that the **care allowance is used predominantly for care provided by a physical person, i.e. most frequently a member of the family**, with this percentage declining slightly as the grade of dependence increase, while the percentage of care provided by registered social service providers grows.

In percentages	Percentage in grade I.	Percentage in grade II.	Percentage in grade III.	Percentage in grade IV.
Natural person	77	77	72	59
Registered provider.	17.5	19.5	23	35
Un-registered provider, or this information is unknown	5.5	4.5	5	6

In the case of care being arranged by a natural person, the **most frequent carers are the child of the person requiring care (not under-aged children), husband or wife or parent**. This structure in the individual care allowance grades is as follows:

In percentages	Percentage in grade I.	Percentage in grade II.	Percentage in grade III.	Percentage in grade IV.
Child	42	36	29	26
Spouse	13	16	14	11
Parent	7	11	22	20

Other important carer groups are son-in-law/daughter-in-law, grandson/granddaughter and other persons. But their share does not exceed 5%.

If the **care is provided by a registered social services provider**, the structure of providers according to the care allowance grade and form of service is as follows:

In percentages	Percentage in grade I.	Percentage in grade II.	Percentage in grade III.	Percentage in grade IV.
In-residence	10	14	19	32
Out-patient	4	3	3	3
Field-based	8	6	5	4
No provider	78	77	73	61

WHAT IS THE STATUS OF CARERS WHO ARE FAMILY MEMBERS OR OTHER CLOSE PERSONS?

If a person cares for his/her family member or another close person who is dependent on the assistance of others (i.e. a care allowance has normally been granted), either independently or with the assistance of social services, such a person shall be granted the following additional components of social protection under the Act:

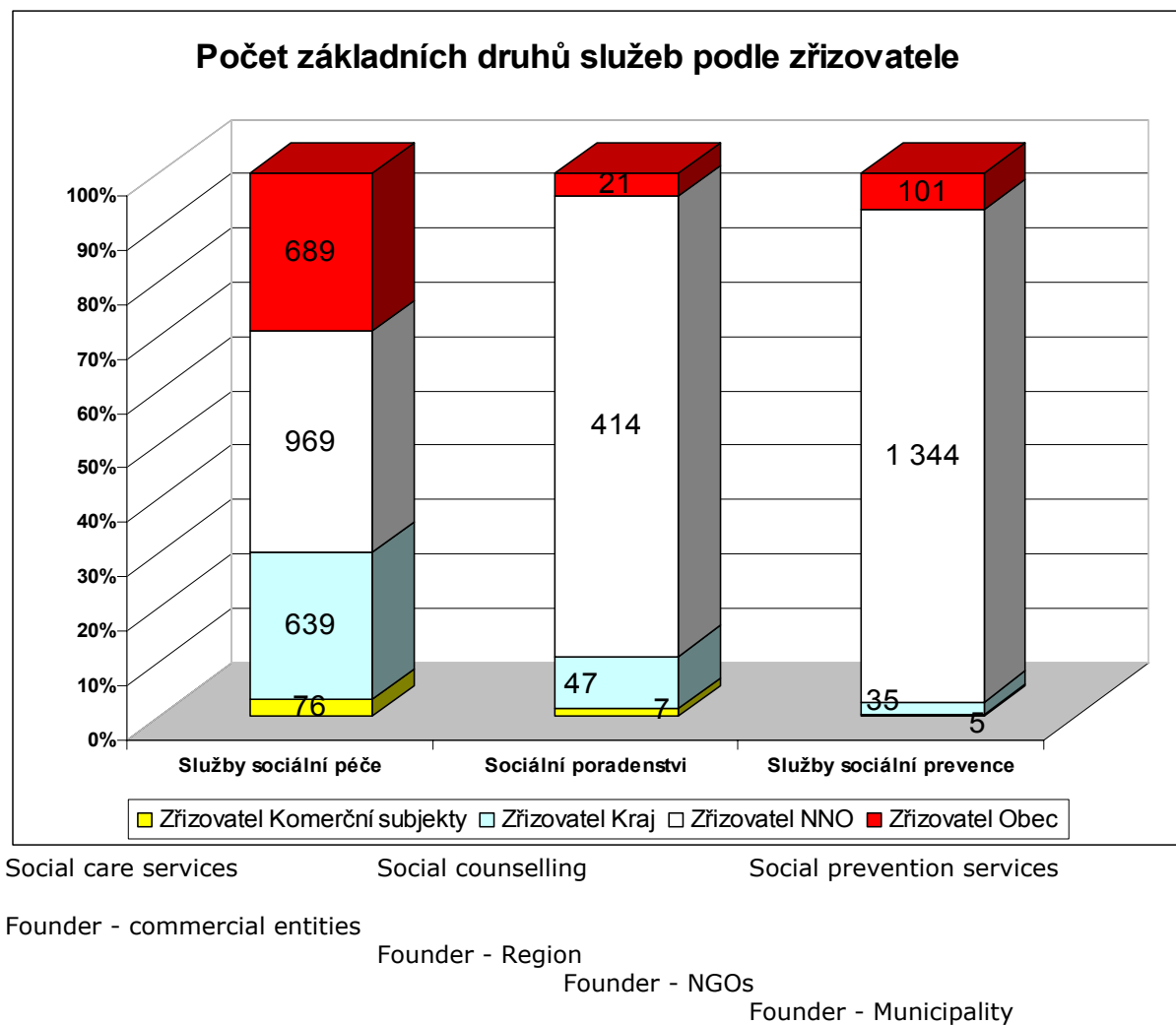
- The care allowance is not be included as part of the carer's income for the purposes of benefit systems or for tax purposes
- The care allowance shall also be paid in partial concurrence with a parent allowance, if the child being taken care of is up to 7 years of age

- In the case of the chief carer, the period of care usually counts towards the supplementary period for pension security purposes
- The chief carer is a so-called "state policyholder" in the public health insurance area
- Carers are in no way restricted in their employment
- The income situation of the entitled person or the persons in the household is not subject to means testing for benefit acknowledgement purposes

Annex

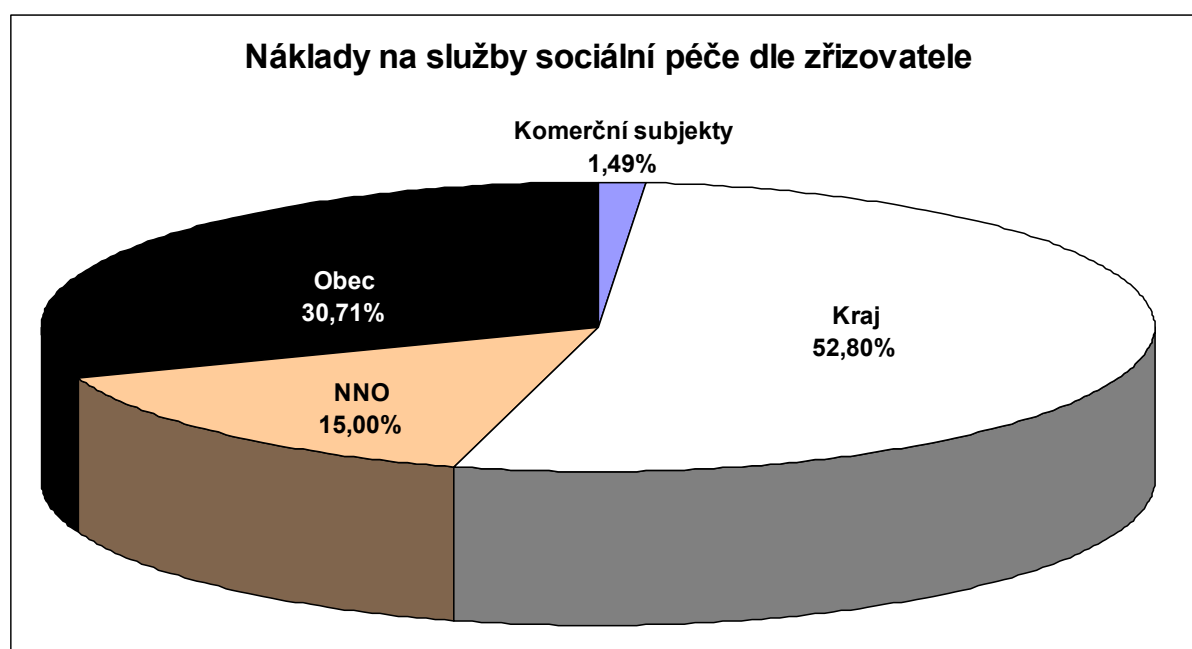
Selected data about the social services system in the Czech Republic in 2008

Graph no. 1: Number of basic types of services according to founder



This graph shows the shares of the various providers of basic social services. From this graph it is clear that non-governmental non-profit organisations (NGOs) represent the majority providers of services in the Czech Republic. But this graph depicts the absolute number of services. However, in the context of the specific types of services, territorial self-governing authorities are the majority providers of social care services. The dominance of NGOs is evident in the area of social counselling and social prevention services.

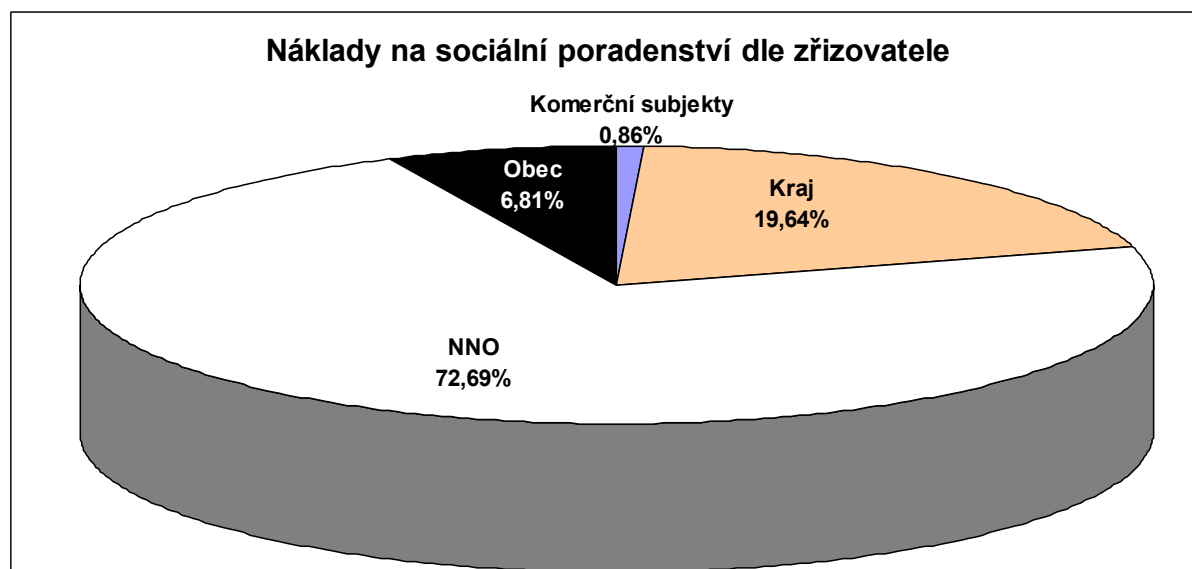
Graph no. 2: Social care service costs accounting to founder



Municipality 30.71 %
Commercial entities 1.49 %
Region – 52.80 %
NGOs – 15 %

The costs of social care services are distributed according to the dominant type of service provided by the founder. It is thus evident that if a self-governing authority is the majority provider of social care services, the costs of the services it has founded are the greatest.

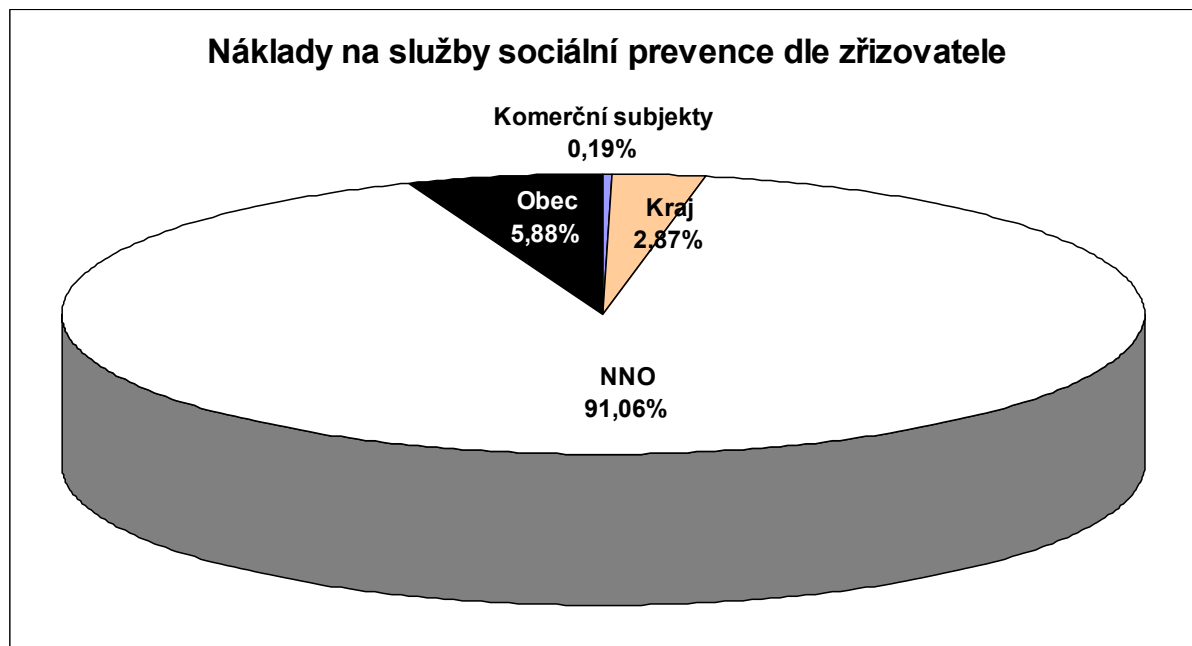
Graph no. 3: Social counselling costs accounting to founder



Municipality 6.81 %
Commercial entities 0.86 %
Region – 19.64 %
NGOs – 72.69 %

The situation in the social counselling area is the complete reverse. NGOs are the majority providers, and thus the costs of social counselling are predominantly channelled into the NGO sector. From this viewpoint, it is then essential to ensure the sufficient and constant support of NGOs from public budgets.

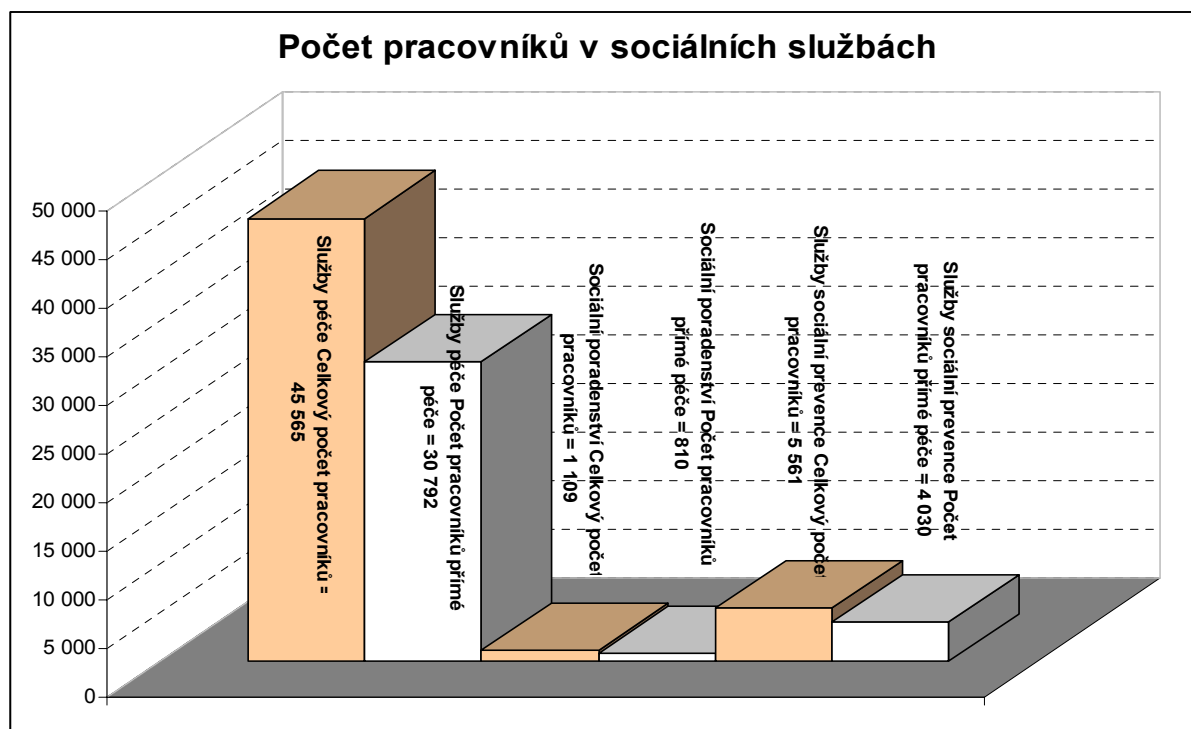
Graph no. 4: Social prevention service costs according to the founder



Municipality 5.88 %
Commercial entities 0.19 %
Region – 2.87 %
NGOs – 91.06 %

The situation in the social prevention area is similar to that prevailing in social counselling. The majority providers are NGOs, and thus the costs of social prevention are predominantly channelled into the NGO sector. From this viewpoint, it is then essential to ensure the sufficient and constant support of NGOs from public budgets.

Graph no. 5: Number of people employed in social services



Care services Total number of employees = 45,565

Care services Number of direct care employees = 30,792

Social counselling Total number of employees = 1,109

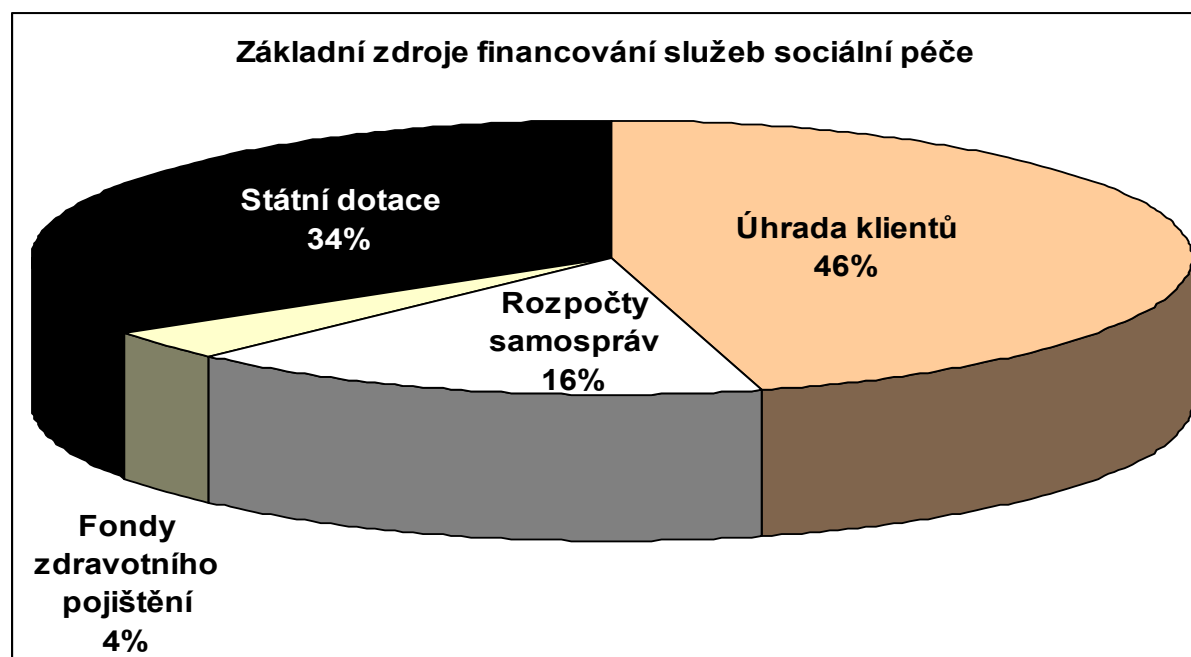
Social counselling Number of direct care employees = 810

Social prevention services Total number of employees = 5,561

Social prevention services Number of direct care employees = 4,030

From this graph it is clear that the most employees in social services operate in the area of social care services. Further growth in employment numbers is envisaged in this area, chiefly in view of the ageing population.

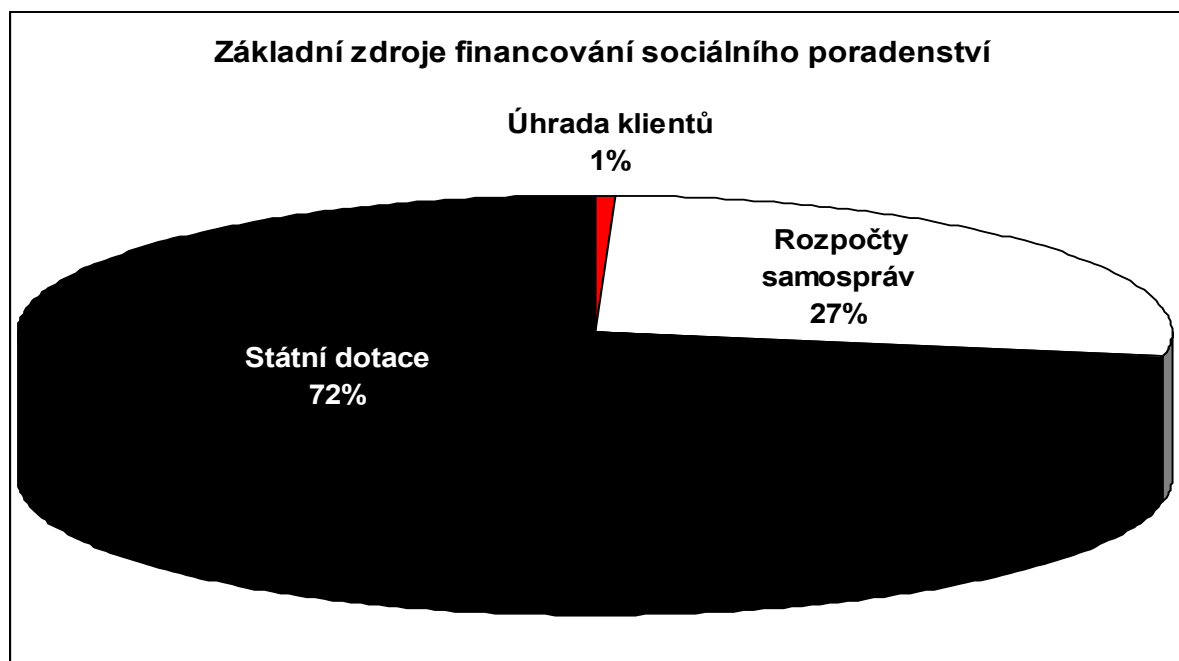
Graph no. 6: Basic sources of financing social care services



State subsidies 34 %
 Clients' payments 46 %
 Self-governing authorities' budgets 16 %
 Health insurance funds 4%

From this graph it is clear that clients' payments represent the major source of social care services financing. The objective is to finance mainly social care services from clients' funds (including state benefits) in an amount covering the normal operating costs of providers. In the future, financing from the state budget should only be supplementary and should ensure the qualitative development of services or regulate specific differences given by the region or target group of clients.

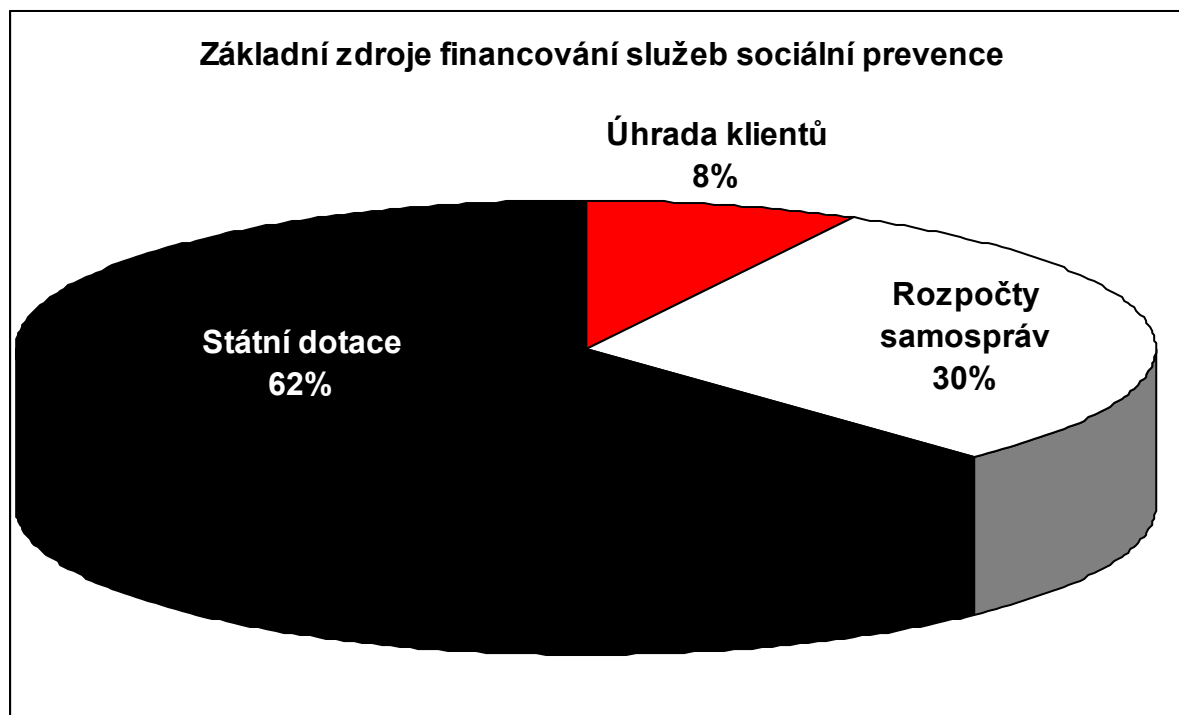
Graph no. 7: Basic sources of financing social counselling



State subsidies 72 %
 Clients' payments 1 %
 Self-governing authorities' budgets 27 %

The state budget is the fundamental source of financing in social counselling services. There should be a gradual decentralisation of financing to the regional and municipal level. Social counselling is provided to clients free of charge. In this case, clients' payments are stipulated as a symbolic payment for the lending of compensation aids to handicapped persons.

Graph no. 8: Basic sources of financing social prevention



State subsidies 62 %
Clients' payments 8 %
Self-governing authorities' budgets 30 %

In social prevention services, Clients' payments tend to represent a method of work with client (asylum homes, homeless shelters), i.e. the payment is more therapeutic in character. Just as in the case of social counselling, there should be a gradual decentralisation of financing away from the state budget towards regional and municipal budgets.