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Analysis paper of current activities providing by APSS CR

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1. INTRODUCTION

This document was developed within the SOK project, WP3 Developing of Analysis paper of current state. The aim of this document is to summarize basic information about the social services sector in the Czech Republic and to present the activities provided by the Association of Social Service Providers Czech Republic (APSS CR).



2. SOCIAL CARE SECTOR IN THE CZECH REPUBLIC¹

As of 31 December 2022, the total of 10,827,529 people² were living in the Czech Republic. The Czech Statistical Office distinguishes three major age groups – children below 15 years of age, the working age population from 16 to 64 years of age, and the 65+ age group of senior citizens. It was in the senior citizens age group where the largest increase – by 26.7 thousand – was recorded in 2020. In total, there are 2.208 million of persons in this category, which is an increase compared to 2021. For the first time in the history of the Czech Republic, the level of two million of senior citizens was exceeded in 2017. This is clear evidence that the population ageing process continues. The average age of the population reached 42.6 years in this period. Population projections predict that in 2059 there will be 3.205 million of people over 65 years of age living in the Czech Republic. This is an increase by 997 thousand (by 31.1%) compared to 2022.³ This is indicative of the growing necessity and importance of the social services sector. Generally, it can be stated that the social systems in the Czech Republic had to go through a major change after the social changes following the end of the Communist party rule in 1989. The entire reform was built on three pillars – social assistance, social support and social insurance. The first changes were enacted as early as in 1995 (sickness insurance, pension insurance, minimum subsistence level, state social support), but the entire process lasted until 2011, when it was finished by the adoption of the Act on Provision of Benefits to Persons with Disabilities and on Change of Related Acts. An actual Social Services Act was adopted together with the Act on Assistance to Persons in Material Need after more than ten years from the reform launch as late as in 2006, with effect from January 2007. One of the first acts which we include in the social reform was the Sickness Insurance Act. Within the Czech system of social protection of the population, the sickness insurance and the health insurance systems are designed as separate.

Social services in the Czech Republic are defined in Act No. 108/2006 Coll., on Social Services, in Sections 32 to 70. Under the new legislation, social services are divided into three areas:

- Social counselling
- Social care services
- Social prevention services

The act also contains a classification of the forms in which these services may be provided. This includes:

- Stay-in services – services involving the accommodation in social services facilities.
- Ambulatory (outpatient) services – services provided in social services facilities which a person attends or where a person is accompanied or transported, where accommodation is not part of the service.

¹ Collection of good practices of social dialogue and staffing in social services (<https://www.apsscr.cz/media/sluzby/projekty/erasmus-personalni-zajisteni/sbornik-studie-dialog-a-zajisteni-en-final.pdf>)

² Czech Statistical Office, Population Statistics Division - Population Development of the Czech Republic (<https://www.czso.cz/documents/10180/191186447/13006923.pdf/502e34ad-0540-4378-9cb1-fa19fdbc4cb?version=1.6>)

³ Czech Statistical Office, Population Statistics Division - Population Development of the Czech Republic – 2018–2100 (<https://www.czso.cz/documents/10180/61566242/13013918u.pdf/6e70728f-c460-4a82-b096-3e73776d0950?version=1.2>)



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- Field services – services provided to a person in such person's natural social environment.

The individual forms of social services are combined to ensure their maximum efficiency. The basic activities during the provision of social services are defined in Section 35 of Act No. 108/2006 Coll., on Social Services, as amended, and the scope of the performances provided within a basic activity for the individual types of social services is given by an implementing regulation (Decree No. 505/2006 Coll.).

To be able to carry out its activity, a social service provider must fulfil the condition of obtaining registration and subsequent addition in the Social Services Provider Register.

Equipment of the regions of the Czech Republic with social services for senior citizens

The need for care in all European countries has been viewed as a new social risk in recent years. A unified definition of this term does not exist, nevertheless it is understood, as a rule, as a long-term or permanent loss of self-sufficiency in everyday activities. The criteria frequently used to define the need for care are the ADL (Activities of Daily Living). This includes the ability or disability to dress and undress oneself, manage one's own personal hygiene, put oneself in bed and get up, and move in one's own flat. In general, care to senior citizens in the Czech Republic is most frequently provided in their own households through a social care service. Year 1990 brought the development of additional forms of services, primarily outpatient ones; but their offer is not evenly distributed over the territory of the country.

The structure of the forms of the individual social services is given by the geographical profile of a region: the availability of social care services in regions with a predominantly flat profile will be higher than in regions with a predominantly mountainous profile. In those regions, on the other hand, homes for the elderly are more frequent. To assess the scope of the services provided in the individual regions, one cannot apply the same criteria over the entire territory. We have to remember that there are objective characteristics which determine certain differences ensuing from, for example:

- the population structure of the individual territorial units, the size of a municipality and the population density;
- urbanisation rate;
- the structure of the population in a given territory in terms of age, qualification, profession and social structure, as well as the religious specifics of individual regions;
- the level to which the care for the elderly is secured by the traditional functions of the family;
- various sociological changes taking place in the society, particularly the break-up of multi-generational families.

All in all, we can say that the offer of social services in the Czech Republic is insufficient from the quantitative viewpoint. The waiting periods for placement in homes for the elderly are long and the offer of field social services is insufficient – these are the major issues which social care providers have to deal with basically in all the regions of the Czech Republic. The fundamental role in this issue is played by the existing system of funding social services. It is based on a high level of central regulation and dependence of social care providers on subsidies from the national budget, to which no legal entitlement exists.



Funding of social services

Social services in the Czech Republic are funded from multiple sources, through a combination of public (national budget subsidies, regional and municipal budgets, health insurers, and European Social Funds) and private funds (payments for care and other payments). Since 2013, the costs of the social service system have been continually growing, which lead to the increase in funding from both public and private sources. The crucial source of funds for social services is the subsidies from public budgets, the care allowance, and the reimbursements of nursing and rehabilitation care from public health insurance. The expenditures on the provision of social services are constantly increasing.

Care allowance

The care allowance is provided to persons who are dependent on another person's assistance under Act No. 108/2006 Coll., on Social Services, as amended by later regulations, and Decree No. 505/2006 Coll., Implementing Certain Provisions of the Social Services Act, as amended by later regulations. Through this allowance, the state participates in the provision of social services or in other forms of assistance for ensuring self-sufficiency. Eligible for this allowance is a person who needs the assistance of another physical person for the purposes of self-care due to their long-term unfavourable health condition and for ensuring self-sufficiency, where this assistance is given by:

- a close person,
- a social care assistant, or
- a registered provider of social care.

The dependence on another person's assistance is divided in four degrees. For old persons who are not self-sufficient due to their long-term unfavourable health condition the degrees of dependence are the following:

- Degree I (low dependence) – a person is not able to cope with three or four acts of self-care and self-sufficiency;
- Degree II (medium dependence) – a person is not able to cope with five or six acts of self-care and self-sufficiency;
- Degree III (heavy dependence) – a person is not able to cope with seven or eight acts of self-care and self-sufficiency;
- Degree IV (total dependence) – a person is not able to cope with nine or ten acts of self-care and self-sufficiency and needs daily assistance, supervision or care from another individual.

When determining the dependence degree, the self-care and self-sufficiency domains assessed stem from the Katz Index of Independence in Activities of Daily Living, and include e. g. Mobility, Orientation, Personal hygiene, Communication, Feeding, etc.

When assessing the ability to cope in the individual self-care domains, considered is the functional impact of a long-term unfavourable health condition on handling these simple acts. The total number of persons receiving a care allowance in the Czech Republic is over 370 thousand.

Aside from the care allowance, there are also other allowances provided in the Czech Republic within the regime of assistance to persons in material need or allowances for disabled persons. The allowances within the assistance to persons in material need are, as a rule, paid on the basis of the assessment of the overall social and income situation of applicants and their families. The allowances



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to people with disabilities are paid based on the assessment of the social consequences stemming from the applicant's disability. Also in this case, the applicant's overall income situation is considered.

From 1 June 2018, long-term nursing care has been introduced as a new tool in sickness insurance. This tool will provide employees security for a period of up to 3 months when they assume care of, for example, a parent dependent on another person's assistance following a minimum of one week hospitalisation.

Subsidy scheme

The subsidy scheme for funding social services in the Czech Republic is very closely tied to ensuring tasks by regions within the social service system. Regions are bound by law to ensure the availability of social services in their territory and comply with the medium-term social service development plan. Regions ensure the availability through a network of social services, having full competence over their structure, while considering information on the needs of the population obtained from the municipalities in the region. For the fulfilment of this obligation, the Ministry of Labour and Social Affairs of the Czech Republic ("MoLSA" or "Ministry") provides subsidies. A subsidy may only be used to finance common expenditures connected with the provision of the basic types and forms of social services within the scope determined by the basic activities within the individual types of social services. To be eligible for a support for the provision of social services, one has to be part of the network of the social services specified in the medium-term social service development plan of a given region.

For a given year, the MoLSA announces Subsidy Priorities reflecting the selected needs of the Czech Republic and thereby defines the aid to social services which, for instance, ensure the care for specific target groups (e.g., persons with autism spectrum disorders). The Subsidy Priorities also take into account the funding of a given type of services, such as in the context of other sources of funding which is not continuous (e.g., social prevention services, which are partially funded from the resources of structural funds). The MoLSA Priorities are published in the "Call for applications for a subsidy from the national budget submitted by regions and the capital of Prague".

The national budget subsidy is intended to finance common expenses on social services, except for health care, despite the fact that in some social services the provision of health care is the central activity. In this respect, the provision of a subsidy is restricted because the funding of health care in the Czech Republic is ensured strictly from the funds of health insurance companies.

Education of employees in social services

Education for the social services sector in the Czech Republic is regulated by the Social Services Act. This legislation applies to all types of social services regardless of their focus (target group of clients). The Act also regulates the education of social workers, but here it goes beyond the domain of social services and applies also to social workers employed by municipalities and regions or in other services using social workers (such as health care). Legislation distinguishes two levels of education:

- Qualification education – education which an employee must complete to be able to perform a job in social services
- Further education



Qualification education of social workers

The basic activities of a social worker include, for example, social investigation, handling social agenda, which includes resolving social legal issues in facilities providing care for the elderly. Social workers also carry out screening activities (screening for persons at risk of social exclusion), provide crisis assistance, social counselling and social rehabilitation, provide for the needs of the inhabitants of a municipality, and coordinate the provision of social services at community level.

Legislation also assumes that social workers acquire their qualification through study at:

- a higher vocational school in fields focused on social work and social pedagogy, social law activities, social and humanitarian work, charity and social activities;
- university-level education acquired in Bachelor's, Master's or doctoral degree programmes focused on social work, social care, social policy, social or special pedagogy, social pathology, or social law.

Further education of social workers

The acquisition of qualifications for the performance of a profession is only the beginning of a life-long process of education and self-improvement. By law, in the Czech Republic an employer is obligated to ensure for social workers further education to the minimum extent of 24 hours per calendar year. Law also stipulates the forms of such further education. These specifically include:

- specialized education provided by universities and higher vocational schools following up on the professional skills acquired for practising the profession of a social worker;
- participation in accredited courses;
- traineeships;
- participation in trainings;
- participation at conferences.

Education of workers in social services

In contrast to social workers, workers in social services are a more differentiated group. Legislation distinguishes four groups of workers in social services. In general, a worker in social services may be defined as a person who provides direct service to persons in outpatient or stay-in facilities. Direct service involves the training of simple daily activities, assistance with personal hygiene and dressing, handling of objects of everyday use, support for self-sufficiency, and satisfaction of psycho-social needs. The same applies to cases where the users live in their own homes. In this case, added to the above-given activities is also a comprehensive care for client's household and personal assistance. Under the supervision of a social worker, a worker in social services may also carry out other activities, such as screening, educational, mobilisation and other activities involving the provision of assistance during the assertion of rights and legitimate interests of users.

To be able to perform their job, workers in social services must satisfy the qualification requirement of the minimum of basic education and the completion of an accredited qualification course. The content of the course is defined by the Implementing Decree No. 505/2006 Coll. and consists of a general and a special part.

The prescribed minimum scope of the course is 150 lessons, of which the special part must make up at least 80 lessons. Just like for social workers, employers must ensure further education to the



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minimum extent of 24 hours per calendar year also for workers in social services, in order to renew, enhance and supplement their qualifications.

Social dialogue in social services

Social dialogue in social services can be divided into bipartite and tripartite. The partners include the HSCU, the UEA, or the APSS, and the Ministry of Labour and Social Affairs of the Czech Republic.

Partners in social dialogue

Each of the three social partners in social services has different interests, issues and attitudes. The major objective of social dialogue is to accommodate their needs and find a consensual solution. The topics and suggestions are divided in two groups depending on whether the social dialogue takes place at the macro-level, the national level, or in individual organisations.

Social dialogue in social services at the national level

The Ministry of Labour and Social Affairs of the Czech Republic (MoLSA)

The interests and goals of the Ministry change with the political leadership and the Policy Statement and the Legislative Work Plan of the government in power. The main goals and objectives of the current government in social services are the following:

- Transferring the funding of social services from the state to regions
- No reduction of the amount of state subsidies in 2014 and subsequent years
- Growth of pensions
- Tackling unemployment
- Support to families with children
- Social life

The interests and goals of unions are constant in time and are subject to tripartite and bipartite dialogue both with social partners – the state, as well as employers:

- Growth of salaries in social services. This group is among the second lowest paid workers in the Czech Republic. They perform demanding, much needed and specialised professions. Payment of fair adequate rewards is covered by the investments for the upcoming demographic changes.
- Preservation and partial change of the remuneration system in the Czech Republic to ensure that workers are rewarded with view to the difficulty of their jobs and the number of years of active working life (e.g., cancellation of the tier-based remuneration).
- Kick-starting a new model of financing social services accompanied with adequate funds from public budgets.
- Other topics (such as occupational safety, collective bargaining, benefits for employers, etc.)

Union of Employers' Associations of the Czech Republic (UEA)

The UEA is a member of the Council of Economic and Social Agreement of the Czech Republic and participates in the creation of legislation and sectoral development plans, prepares standpoints and recommendations for the public administration at all levels, develops activities of and collaboration among member associations, and promotes social dialogue.



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Thirty-six of its current member associations are classified in eight sections by their field of specialisation:

1) Industry and Transport Section, 2) Civil Engineering Section, 3) Insurance and Financial Services Section, 5) Public Healthcare Section, 6) Education and Culture Section, 7) Social Services Section, and 8) Non-profit Non-governmental Organisation Section. Each section is headed by a Section Director. Currently, the UEA represents over 9,000 organisations with almost 800,000 employees.

The UEA is the largest and the strongest employers' organisation representing public services in: healthcare, social services, culture, and other areas.

In its Social Services Section, the UEA associates 5 organisations:

- Association of the Providers of Social Services of the Czech Republic (1,246 member organisations)
- Czech Council of Social Services (some 100 member organisations)
- Confederation of Social Services Providers (some 200 member organisations)
- Caritas Czech Republic (some 300 member organisations)
- Diaconia of the Evangelical Church of Czech Brethren (some 40 member organisations)

Constant attitude in time in relation to most topics. Sometimes, differing interests may arise in certain areas among the individual groups of employers. This fact is given primarily by the two main groups of employers: public institutions (owned by public authorities) and non-profit or private organisations (firms). The main topics are the following:

- Kick-starting a new model of financing social services, funding accompanied with adequate financial means from public budgets.
- Promoting legal acts facilitating day-to-day life in organisations (reduction of bureaucracy, restriction of unnecessary rules and procedures, etc.).
- Change in the quality management and quality control systems.
- Gradual increase of the number of workers in social services (particularly in homes for senior citizens).



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3. ASSOCIATION OF SOCIAL CARE PROVIDERS OF THE CZECH REPUBLIC

Association of Social Care Providers of the Czech Republic (APSS CR) is the largest professional organization that associates social care providers in the Czech Republic – over 1 319 organizations (2 949 registered social services): residential and daily care homes for elderly, for people with disabilities and with special needs, homeless shelters, services for addicted people, daily centres for children and youth etc. Its main objective is development and improving the quality of social services. APSS ČR is also the biggest Educational Institution in the country. It is a member of European Ageing Network (EAN), European Social Network (ESN), Federation of European Social Employers and European Federation of National Organisations working with the Homeless (FEANTSA). APSS ČR carries out a wide range of national and international projects and contracts, which is mainly improving the quality of social services, education of employees of member organizations, social dialogue, and international cooperation.

<https://www.apsscr.cz/>

Internal structure

14 regional organisations and 9 expert departments:

- Department of home social services
- Department of ambulant and daily social services
- Department of asylum houses
- Department of facilities and services for children at risk
- Department of social services for addicts
- Department of corporation providers of social services
- Department of social services for family
- Department of foster care and child protection
- Department of supra-regional social service providers

2 Unions of work professions in social services:

- Professional union of the social employees in the social services
- Professional union of the medical employees in the social services



Profesionální svaz
zdravotnických pracovníků
v sociálních službách



PROFESNÍ SVAZ
SOCIÁLNÍCH PRACOVNÍKŮ
V SOCIÁLNÍCH SLUŽBÁCH

4 Working groups:

- Transformation, deinstitutionalization and humanization of social services
- Long term Care
- Psychotherapeutic
- Quality of Social services



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Our activities and mission

- To represent and defend interests of our members by the government and not government institutions.
- To mediate and spread abroad scientific and research knowledge into social care providers activities, passes home and foreign experiences, educates and informs.
- To provide legal services, organise national and international congresses, professional conferences, educational programmers and campaigns.
- To organise traditional activities like „Week of social services of the Czech Republic“, „Happy age in the eyes of children“, „Caregiver of the Year“.

Membership

APSS CR had a total of 2,030 members by 19. 10. 2023, of which 1,319 organisations (providing a total of 2,949 social services) and 711 members of professional unions are members of APSS CR.

APSS CR provides 5 levels of membership:

- **minimum** (annual fee 85 EUR)
- **reduced** (annual fee 125 EUR)
- **basic** (annual fee 165 EUR)
- **extended** (annual fee 270 EUR)
- **associated** (annual fee 85 EUR)

Within membership our members have several benefits, such as: magazine of Social services, Intranet, mobile application Social services, newsletter, membership in expert departments and discount to our events, books, and education.

Intranet

Intranet is a space for only our members. The intranet is a rich and useful database of important documents, statements, studies, analyses and other practical information for social service providers. For easier overview, the information on the intranet is divided into a national section and a regional section. The intranet also includes a discussion forum that members can use to ask questions and discuss topics such as education, social work, etc.



Mobile application Social services

APSS CR has developed a special Social Services mobile app to provide faster information service to its members. Thanks to this app, we are able to deliver up-to-date and relevant information almost immediately. The app also includes an overview of conferences, events, current issues of published magazines and educational events.

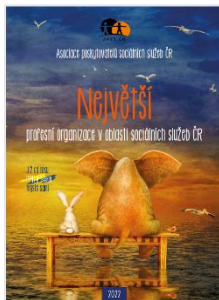
The number of accesses depends on the type of membership, which are as follows:

- Minimum and Associate Membership - 1 access
- Reduced membership - 2 accesses
- Basic membership - 3 accesses
- Extended Membership - 5 accesses

The Social Services mobile app is available in the App Store (iPhone) or Google Play Store (Android). We currently have 524 active users.



Approaching new members



APSS CR reach out to new potential members through direct email outreach and in person at conferences, seminars and other events. Thanks to the registration system for our events, we know whether the registered organization (or its representative) is our member or not. If the organisation is not a member, we will prepare an information pack for them on what APSS CR can offer them as a member and the benefits of being a member. This package includes, for example, an information brochure about APSS CR, an education catalogue, a magazine of Social services, etc.

Unity between members

The unity among members is especially enhanced by their participation in events organized by APSS CR. APSS CR regularly organises 3 annual events and approximately 10 two-day management seminars. These events include a gala evening or social evening where participants have the opportunity to share experiences and discuss topical issues. These events are very supportive of networking thanks to the informal social evenings.



We also use surveys among our members to identify their views on current issues and obtain data from them to negotiate at the government level. Their participation in questionnaire surveys helps us to address the issues in the relevant places that are currently of the most concern to them. The average return rate for questionnaire surveys is 20%. Here are examples of some topics we have addressed in our questionnaire surveys:

- Covid-19 (protective equipment, testing in social service settings, vaccinations, etc.)
- Numbers of clients/workers of Ukrainian nationality in social services in the context of the migration wave caused by the war conflict in Ukraine
- Availability of medical care in residential social services
- Shortage of workers in social services



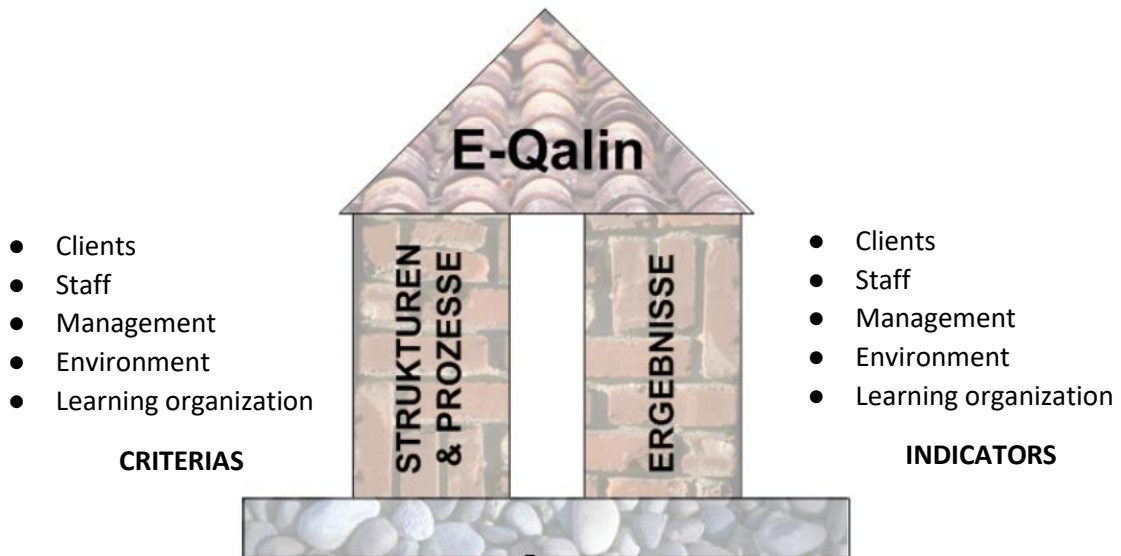
Quality in the social care and APSS CR's activities in this field

E-Qalin^{®4}

E-Qalin[®] is a European internal quality assessment model in social services focused on the care environment for the elderly and disabled. E-Qalin[®] has been successfully implemented in Germany, Austria, Slovenia and Italy as part of the European Leonardo da Vinci pilot project. It is a user-friendly model that focuses on everyday practice

and on the needs of clients, their relatives and staff. It examines and controls the different processes in the organisation as well as the results with regard to the satisfaction of all stakeholders. E-Qalin[®] demands and promotes through self-assessment and learning within the organisation, thus giving way to innovative potential for improvement and quality enhancement. E-Qalin[®] Model is divided into two areas and allows for a critical perspective of the organisation from 5 different perspectives.

E-Qalin[®]



Structures and processes can be thought of as the procedures, instruments and policies/principles of an organisation. It is necessary to answer the questions WHO, WHERE and HOW. Structures and processes are analysed using the PDCA-cycle (plan, do, check, act), which in the case of E-qalin[®] is complemented by an assessment of the participation of people in the processes. In addition to planning, implementation, control and improvement, the active participation of all those involved is

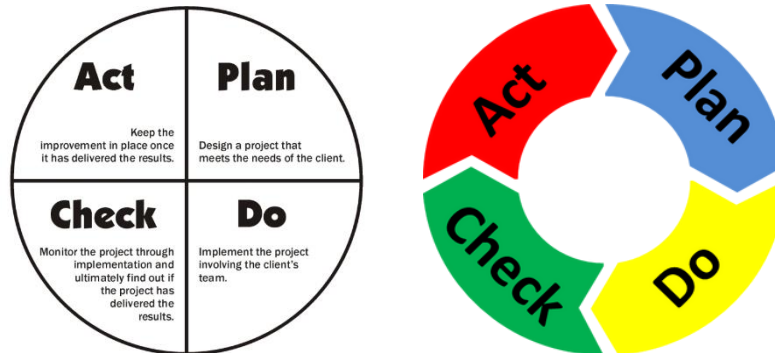
⁴ Měření kvality v sociálních službách (<https://www.apsscr.cz/media/sluzby/knihovna/odborna-publikacni-cinnost/dokumenty/mereni-kvality-v-socialnich-sluzbach.pdf>)



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continuously required and evaluated. In contrast, the results obtained from these activities, which are quantifiable by numbers.



E-Qalin[®] measures individual processes as well as the results derived or generated from them.

E-Qalin[®] is based on respect to the client with respect

- The art of getting along
- The art of growing old
- The art of working
- The art of dying

E-Qalin[®] is a comprehensive, innovative and dynamic quality management system for residential and nursing homes. The already described PDCA principle is complemented by the integration of the "Involve" element i.e., the persons responsible for the process. The lack of these people in the processes itself means a reduction in quality or at least leads to it. It is based on fundamental human rights principles and subscribes to the "European Charter on the Rights and Freedoms of Persons in Residential Care Settings" (E.D.E., Maastricht 1993). In its tolerance of ideological and religious views, E-Qalin[®] is open to the individual philosophies of the individual facilities and their founders. Ethical principles and values such as respect, honour, tolerance, empathy, readiness for problem solving and conflict resolution and dialogue, freedom and self-determination and personal integrity are the unified basis for E-Qalin[®] and at the same time the guarantor for a dignified life in residential social service facilities. E-Qalin[®] is oriented towards a continuous development in the areas of biocompatibility of its own environment and culture and enables national cultural biocompatibility and differentiation. As a dynamic and adaptable model, E-Qalin[®] can serve as a model for other social service providers.

Brand of quality in social services



The Quality Mark in Social Services (ZQ) is since 2011, a system of external evaluation of social service facilities based on the award of points and the resulting allocation of stars. The system evaluates all important aspects of social service providing from the user's point of view.

The idea is to provide users, those who are interested in the service and their family members with clear information about the quality of life they can expect from the facility.



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- ZQ is focused on what is quality from the user's perspective.
- Since 2013, ZQ has been part of the government's Czech Quality Programme, which guarantees the objectivity and independence of quality labels on the Czech market.
- More than 120 facilities have been certified within the ZQ.

For which social services the certification is intended:

- A nursing home for older adults and a home with a special treatment regime
- Day care services
- Outpatient services for people with disabilities (day care centres, day service centres, social therapy workshops)

Basic principles of the system

- **Transparency** – each facility knows in advance what criteria it will be evaluated by and how it will be evaluated, and can familiarize itself with the individual quality criteria.
- **Voluntary** – each facility can voluntarily decide whether to apply.
- **Accessibility** – The Quality Mark is a non-profit product; the cost of certification is calculated at cost and is therefore affordable for every facility in the country.

Evaluation methodology

A number of experts in the field of care for the older adults and quality from a number of professional institutions and organisations were involved in the development of the system. The evaluation criteria were defined by an expert working group taking into account the Czech environment, culture and the current situation in social services, but also taking into account how the quality of services is seen and evaluated in the Czech Republic.

Stars are awarded based on both - the final evaluation and on partial evaluations in individual areas. The ratings are expressed in terms of points and percentages, which correspond to a scale of stars from one to five. The total score is divided according to the weight of the criteria ranked in each area. Each criteria evaluated has a different point value according to its importance from the service user's perspective. If a facility does not reach one star on the rating scale, it cannot be rated.

Validity of Quality Mark certification

The Quality Mark is awarded for a period of 3 years from the date of acceptance of the award at the first certification in the form of a "gold" plaque, written certificates for the sub-areas assessed and a summary assessment report. Validity of the second and each further certification lasts for 4 years.





Palliative care certification



Based on the Swiss model, the APSS CR has developed a system of Certification of Palliative Approach in Social Services, which focuses on setting up a palliative approach in residential social services at the level of general palliative care and providing quality of care at the end of life, with an emphasis on fulfilling the bio-psycho-socio-spiritual needs of clients of social services.

The aim of the system is to support the improvement of the quality of services provided in residential social services facilities, to provide expert feedback to the facilities that are certified, to support the facilities in the implementation of the activities arising from the expert feedback, and to help them to set up procedural steps in the implementation of the palliative care concept. At the same time, the system aims to raise awareness of the issue, leading to a change in society's attitude towards death and dying and to raise awareness among specific target groups.

Certification of palliative approach in social services offered by APSS CR is a whole set of the following services:

- **Supporting consultations**

We offer 2 types of support consultations:

- with an external auditor
- with a doctor

The aim of supportive consultations is to provide the facility with advises and recommendations in order to implement the palliative care concept in the facility.

- **Education**

Palliative care brings a new perspective on the care of the dying and a new approach to the topics of dying and death. This new philosophy and the resulting practice of care and support need to be taught to the workforce. Those interested in actual certification must demonstrate systematic education of staff. The content of the training courses is designed to ensure that each worker, upon completion, will have the necessary information and competencies for his or her position to be able to apply the values and practices of palliative care to his or her daily work in a high-quality, effective and safe manner.

- **Palliative Access Certification**

The key service we offer is to complete the actual evaluation at the facility. Supporting consultations and education are only part of preparation phase for the certification itself. There are 2 levels of certification, which differ in their entry criteria.

Input criteria for **basic** certification

- education of 50 % of staff at least

Input criteria for **advanced** certification

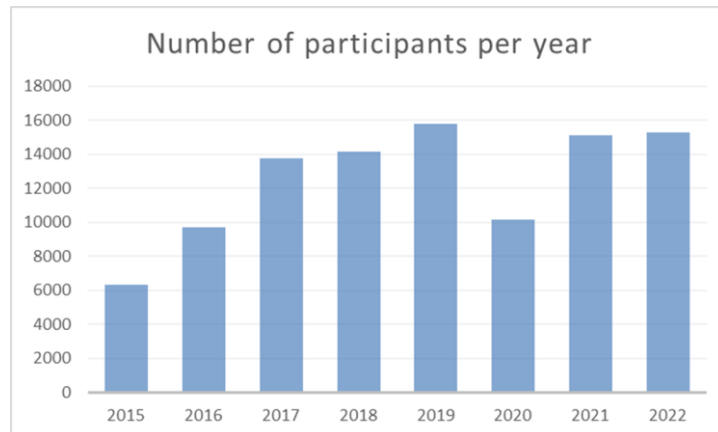
- education of 50 % of staff at least
- Experience with a client for whom palliative care was indicated



- In the case of a client with palliative care indicated, a 24-hour nurse presence in the facility must be ensured

Education in Social Services in CZ

The APSS CR Institute of Education was established in 2010 and is the largest educational institution in the Czech Republic in the field of additional education of social service workers. It conducts more than 250 open seminars and 700 "turnkey" seminars throughout the Czech Republic each year. Since 2011, more than 100,000 participants have been certified.



The APSS CR Training Institute offers 170 trainings accredited by the Ministry of Labour and Social Affairs. These are one-day trainings with a duration of 8 hours.

Topics:

- Care for the elderly
- Care for people with disabilities
- Dementia
- Palliative care
- Ethics in social care
- Therapies and activation
- Communication
- Management
- Quality of social care
- Psychology
- Legislation
- Addiction

Types of seminars

1. Open trainings

There are 4 education centres in the Czech Republic that offer open trainings. These trainings cover a variety of topics and are held throughout the year. Additionally, since the COVID-19 pandemic, online courses have become increasingly popular, some accredited courses are now offered online.

In total, there are approximately 160 seminars per year that are available to anyone who wishes to attend.

2. Turnkey trainings

For organisations that prefer to have more personalised trainings, it can also be arranged specifically for their staff. These trainings take place directly in the organisation's facility and are tailored to their needs.



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In 2022, a total of 660 trainings were organised specifically for various organisations. This demonstrates the popularity of customised training options that can be delivered directly to the workplace.

Unique seminars

At the Institute of Education, we are always trying not only to prepare new topics, but also to use new and interesting forms of education. Unique seminars are based on the same principle: We made several educational films focused on the topic of the seminar. The lecturers use the films and discuss the situation with the participants in order to teach them how to deal with the client correctly.

Examples of seminars based on this principle:

- **Communication with people with dementia:** learn how to communicate correctly with a client with dementia, how to recognize and meet his needs = prevention disturbed or problematic behaviour of the client.
- **Ethics in images:** practical work ethics focused on care, help, support, needs and values of a specific client (seniors, children, homeless people...)
- **Emotions in images:** the seminar is aimed at the staff themselves and their ability to manage and regulate their own emotions.
- **Life with disabilities in images:** we aim at topics such as client autonomy, perception of his needs and life story influenced by many years of life in a residential facility.
- **Age Simulation Suit:** our training program also includes the use of an Age Simulation Suit, which consists of several parts designed to simulate the physical limitations associated with ageing such as a tremor simulator to simulate Parkinson's disease. Other parts of the suit include simulation glasses for eye diseases, overshoes to simulate an unsteady gait, knee and elbow wraps for mobility restrictions, and weights to reduce coordination skills. The suit is designed to help train and educate individuals working in social services about the physical limitations and challenges that elderly people may face, in order to better understand and provide for their needs.
- **Virtual reality – dementia:** the aim of this workshop is to better understand dementia from the perspective of the consumer through an Educational Dementia Immersive Experience (EDIE). EDIE uses virtual reality technology to increase your knowledge of the impact of dementia and to develop a support plan to enable a couple living in the community - Edie and his wife to live more confidently with dementia.

APSS's PR and publishing activities

Publishing activities

We publish two specialised magazines, Social Services and Social Worker.

Social services magazine

The first of them is published monthly i.e., ten per year, during the summer it is published as a double issue. The magazine is intended for everyone who works in social services or is interested in this area. The average circulation is approximately 4,000 copies and it is distributed to approximately 30,000 readers, primarily among founders, providers and employees of social services, but also to experts, public administration workers, students, teachers, users of social services and their relatives in the Czech Republic and Slovakia.



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Topics are focused on the management of social services, various therapies such as canister therapy, music therapy, we also have topics from psychology, physiotherapy, etc. We have a regular section devoted to statistics, good practice of social service providers, news from the association and about 25% of the content of the magazine is advertising.

We also conducted a survey of our members to determine readership, as well as topics that readers would like to have in the magazine.



Social Worker magazine



Our second magazine is called Social Worker, until last year it was called Social work sheets. The magazine is published quarterly and has a circulation of 1,200. The target group is social workers in all areas in which social work is implemented (social services, health care, social work in education, justice, public administration, social and legal protection of children, methodology and innovation, etc.), as well as persons interested in social work and its development (management of entities implementing social work, professions related to social work, students, etc.).

The magazine is published in cooperation with the Ministry of Labor and Social Affairs and, from the new year, also in cooperation with representatives of cities and municipalities, educators and other experts.

Books and studies

During the year, we publish a number of professional publications, studies and manuals. In the editorial office, we do language proofreading and prepare materials for graphics.

Example of published books:

- Welcome to the chat, you can start writing... Chat advice for the helping professions
- Management and quality of social services
- When dementia comes into your life / A practical guide to taking care of people with dementia not only at home
- Long-term care not only in the Czech Republic
- Palliative care in residential services





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Example of published studies:

- Long-term care reform for the Czech Republic
- Collection of examples of good practice in the field of social dialogue and staffing of social services
- Handbook for working with quality indicators in social services
- Pandemic Covid-19 and social services in the Czech Republic 2020-2021
- Analysis of the potential of digitalization and process improvement in social services in the Czech Republic



PR activities

The editorial office is also responsible for media campaigns, over the past 4 years we have implemented 4 media campaigns that focused on the support of social services, on the support of social services in the time of covid, on the support of workers in social services and we are preparing a campaign to support vaccination.

- **We may need them. Social Services. (Můžeme je potřebovat. Sociální služby.):** to raise the general public's awareness of social services while systematically emphasising the key role of the non-profit sector in their provision.
- **Covid campaigns:** to support social sector and covid vaccination promotion campaign.
- **Powerful stories (Silné příběhy):** to say thanks and support people working in the helping professions who had to deal with more than just the covid-19 pandemic in recent months
- **Campaign to support vaccination:** to raise awareness and support the vaccination of employees and clients of social services; to reduce negative public attitudes towards vaccination; to refute misinformation.



APSS CR also focus its activities to raising awareness about the social services in another ways. For example, every year APSS announce Social Services Week or National Award for Social Services of the Czech Republic.

National Award for Social Services of the Czech Republic

The National Social Services Award is announced in cooperation with Diakonie Czech Republic. The National Award has been organised since 2003, since 2012 in cooperation with the APSS CR. The National Award for Social Services includes the Caregiver of the Year competition. The aim is to raise



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the visibility and appreciation of the work of individuals - social service workers and to increase the prestige and social recognition of these professions.

The purpose is to promote positive motivation of employees in this difficult profession and through them to develop and improve the quality of social services in the Czech Republic. The main criterium of the competition is an above-standard, innovative or exceptional approach in the daily practice of providing social services or long-term, exceptionally high quality, dedicated and responsible work.



The award is announced in the following categories:

- Worker in social services (residential, field, ambulatory)
- Social worker
- Manager of the Year

The winners are decided annually by an independent expert committee including representatives of the awarding organisations, representatives of the Council for the Development of Social Work and a representative of the Ministry of Labour and Social Affairs of the Czech Republic.

The Social service week

Every year in cooperation with the Ministry of Labour and Social Affairs APSS CR also announces Social Services Week. Its aim is to promote social services as a natural and necessary part of every modern society. In this week, dozens of different activities are held aimed at the public as well as employees, employers and other experts in the field of social services (conferences, congresses, workshops, exhibitions, meetings, national open day of social service providers). For example, the association organises a two-day congress where experts speak on various current topics.

We print a poster that social service providers display in their facilities. Each year has a different motto, e.g. “We fly in it together”, “You are not in it alone”.

The aim is to publicise social services as a natural and necessary part of every modern society. This week is an opportunity for social service providers, state, county, city and municipal representatives and many other professionals to meet to discuss social services.





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