Quality and sustainability of social services in the Czech Republic: Current situation and future perspectives

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Abstract: This article addresses the current situation in the field of social services in the Czech Republic, focusing on key challenges and opportunities that affect the quality and accessibility of these services. We discuss financial constraints, the shortage of qualified personnel, the implementation of quality standards, technological innovations, and the need for service integration across different sectors. Special attention is given to legislation, which after nearly 20 years brings changes and necessitates adaptation to new conditions. The article emphasizes the importance of coordinated efforts at all levels to ensure sustainable and high-quality social services that effectively support vulnerable population groups.

Keywords: finance, legislation, quality of care, social services, staffing

Introduction

The topic of social services, i.e., care for those in need, has accompanied the entire history of humanity in a broad sense. With a high degree of generalization, we can say that each era brought different conceptions of this care, whether in terms of responsibility for care, its form, or the definition of the group of people to whom social services should be provided.

In the following text, we will specifically focus on the current conception of social services in the Czech Republic, particularly emphasizing their functioning according to Act No. 108/2006 Coll., on Social Services, which is set to undergo significant reform. However, to understand the groundbreaking significance of the current legislative framework and the related transformations not only of the social services system but also of the philosophy of their provision, it is necessary to look back into the relatively recent past.

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In the Czech Republic, a paternalistic regulation of the social sector prevailed for a long time, with roots deeply embedded in the communist era. As early as the 1950s, there was a significant transformation of the social security system, which until then had largely mirrored the Western European model. The Institute of Domicile Rights, which had been in place since the 19th century and determined the municipality's obligation towards its members, was abolished. This institute was replaced by Czechoslovak citizenship, and the responsibility for those in need shifted from local resources to the state level, leading to significant centralization and a reduction in the range of care providers – practically eliminating the non-state non-profit sector, including church institutions, which had previously played a significant role in this area. Emphasis was placed primarily on institutional care, home care services, which were essentially the only provided field service, and counseling. Although we can find areas that developed positively, such as union care for employees in large industrial enterprises or specific types of counseling services, clients were predominantly seen as passive recipients of services, and the responsibility for their adverse life situations was shifted from their shoulders and those of their relatives to the state sphere. Although the state provided care within the built system, it lacked the necessary individualization or efforts to promote their independence and increase their competencies aimed at reintegration into society (see, for example, Matoušek & Pazlarová 2018; Ibid. 2019).

A major turning point in the transformation of social services came in 1989, when the social care system had to respond to the new conditions of the changing social order. In the early 1990s, a reform of the entire social system began, emphasizing the concept of the so-called social safety net (Mertl 2023). However, the area of social services had to wait for its new legislative framework until 2006, when Act No. 108/2006 Coll., on Social Services, came into effect, bringing a necessary range of new rules and measures. These aimed primarily at equalizing the relationships between providers and users of social services towards their equality, voluntariness, a strictly individual approach, and efforts to avoid excluding recipients of social services from their natural environment, from society (Čámský, Sembdner, Krutilová 2011). The fundamental changes brought by this legislation include: assistance is intended for persons in adverse social situations, emphasis is placed on the individualization of services and support for users' independence, a new categorization of social services in the

form of a clear typology of types and forms of services is established, the contractual principle of providing social services is set, a system of registration and control of social service providers is established, and the prerequisites for the performance of social services are also set.

Current research shows that an individualized approach and support for independence have a positive impact on the quality of life of social service users. For example, Novák and Svoboda (2018) in their qualitative research with 200 respondents found that individualized care plans led to a significant improvement in the quality of life of seniors, especially in areas of satisfaction with care, psychological well-being, and social engagement. Research by Dvořáková and Kovář (2019) showed that support for independence through training programs and assistive technologies led to higher levels of independence and life satisfaction. Similarly, a study by Horák and Malá (2020) found that personalized support, which takes into account individual needs and goals, significantly improved the quality of life of homeless people, especially in areas of housing, employment, and social relationships. It is also important to mention that effective provision of social services requires continuous education and supervision of social service workers, which is crucial for ensuring high-quality care (Musil 2019).

The results of the research indicate that an individualized approach and support for independence have a positive impact on the quality of life of social service users. These approaches increase satisfaction with care, psychological well-being, and social engagement. An individualized approach and support for independence are key factors for improving the quality of life of social service users in the Czech Republic. The mentioned research shows that these approaches lead to higher satisfaction, independence, and overall life well-being. Social service providers should implement individualized care plans and support users' independence through training programs and assistive technologies.

In Western European countries, the issue of the quality of social work and its services began to develop more significantly from the 1980s onwards, and in the Czech environment at the turn of the 20th and 21st centuries. In the early stages of the development of the examined issue, quality models from the business sector were fully adopted and are still being developed in many countries today. However, considering the specific characteristics of social work and social services, it is evident that specific methods have been

developed. Often, the mentioned commercial quality models served as inspiration, but their content was adapted to the needs of social work.

Pillars of the system of social services in the Czech Republic

In this section, the basic rules governing the operation of social services according to Act No. 108/2006 Coll., on Social Services, and Decree No. 505/2006 Coll., which implements certain provisions of the mentioned Act on Social Services, will be presented.

Authorized persons in the field of social services are citizens of the Czech Republic, citizens of EU member states, and also citizens of other countries if they have legal long-term residence in the territory of an EU member state. Users of social services are those who have entered into a contractual relationship with an authorized provider of social services. Providers are obliged to conclude such a contract with each user if they agree on its content. A contract cannot be concluded, for example, with a user who demands an unfeasible form of service delivery due to technical, financial, capacity, or personnel reasons. The contract can be concluded either in writing or orally (Čámský, Sembdner, Krutilová 2011).

There are several ways to categorize social services in the Czech Republic. We base our categorization on the most well-known, practical, and logical division. According to the mentioned Act on Social Services, there are three basic types of social services:

Social counseling, which can be further divided into basic social counseling, which all social service providers are obliged to provide regardless of who asks for advice, and specialized social counseling, which is provided by specialized counseling centers that profile either according to a specific issue (e.g., domestic violence) or according to the target group (people with disabilities, seniors, foreigners, etc.).

Social care services, which are aimed at helping people ensure their physical and psychological self-sufficiency. They offer assistance in managing self-care tasks and support independence. To ensure the provision of these services, a care allowance can be used, which will be discussed in more detail in one of the following sections of the chapter. Social care services can be further divided based on the specific content of the provided care services into:

- Day care centers;
- Day service centers;
- Emergency care;
- Guide and reader services;

- Home care services;
- Homes for people with disabilities;
- Homes for seniors;
- Homes with special regimes;
- Personal assistance;
- Respite services;
- Sheltered housing;
- Social services in healthcare facilities providing institutional care;
- Support for independent living;
- Weekly care centers.

Social prevention services, which focus on phenomena and situations that can lead to social exclusion and are not caused by an inability to care for oneself due to age or health condition. They primarily focus on the area of so-called "socially negative phenomena" such as crime, homelessness, substance abuse, family crises, etc. Social exclusion is discussed by Daněk and Klugerová (2023). Who note that this is a major issue that modern society is attempting to address. It has negative impacts not only on a local level but also on a national, European, and even global scale. In today's interconnected society, it is important to recognize that social exclusion issues in other countries or on other continents will have an impact on us. Therefore, it is crucial to strive for the elimination, prevention, and combat of social exclusion through all possible means. Social prevention services are also further divided according to their specific content into:

- Contact centers;
- Crisis assistance;
- Early care;
- Field programs;
- Follow-up care services;
- Halfway houses;
- Interpreting services;
- Low-threshold centers;
- Low-threshold facilities for children and youth;
- Night shelters;
- Shelters;
- Social activation services for families with children;
- Social activation services for people with disabilities and seniors;
- Social rehabilitation;

- Social therapeutic workshops;
- Telephone crisis assistance;
- Therapeutic communities.

The mentioned types of social services can be provided as residential, outpatient, or field services. Residential services include accommodation in social service facilities. Outpatient services are those that a person visits or is accompanied to the social service facility, with accommodation not being part of these services. Field services are provided to individuals in their natural social environment.

One of the key areas regulated by Act No. 108/2006 Coll., on Social Services, is *the staffing of these services*. For the first time in history, it is legislatively defined who is a social worker and what competencies they have. In addition to social workers, social service workers, leading social service workers, and also educational and healthcare workers can operate in social services. The activities of the last two mentioned groups of workers are not governed by the Act on Social Services but by other departmental regulations, i.e., educational and healthcare regulations. This situation reflects the persistent departmentalism, i.e., the responsibility of various ministries for specific areas of the social sphere, which sometimes complicates the daily practice of social service providers.

Professions in the field of social services are defined with an emphasis on the activities they perform, i.e., the prerequisites and competencies needed to perform the profession. A social worker conducts social investigations, manages social agendas, including solving socio-legal problems in facilities providing social care services, provides socio-legal counseling, performs analytical, methodological, and conceptual activities in the social field, professional activities in facilities providing social prevention services, detection activities, provides crisis assistance, social counseling, and conducts social rehabilitation. The prerequisites for performing this profession include legal capacity, integrity, health fitness, and professional competence, which means a university or higher vocational education with a social focus (the law specifies specific study fields), or completed accredited educational programs with a minimum of 200 hours and five years of field practice, provided that the person has completed university education in another field.

Social service workers have limited competencies and can perform some activities only under the supervision of a social worker. This also reflects lower educational requirements, as these workers can have

only basic or secondary education and completed a qualification course. Similarly to social workers, they must meet the requirements for legal capacity, integrity, and health fitness.

Research shows that the quality of staffing in social services has a direct impact on the effectiveness and quality of the provided services. For example, a study conducted by Musil (2019) emphasizes the importance of continuous education and supervision of social workers to ensure high-quality care. Furthermore, research conducted by Mátl (2018) shows that a higher level of education and professional training of social workers correlates with better outcomes in social rehabilitation and integration of clients into society. Other research, such as a study by Krejčí, Novák, and Svoboda (2020), points out that interdisciplinary collaboration between social, educational, and healthcare workers can significantly improve the comprehensiveness and effectiveness of provided services, although the current state of departmentalism often complicates this collaboration.

Along with the development of society, the *quality* of the product is gaining more importance. One of the basic prerequisites and pillars of a quality product is the quality of the material intended for its production. In the service segment, where the level is directly tied to the human factor of the service provider, the quality is largely dependent on the personality of the person providing the service. In the case of social work and social services, this rule applies doubly, as the quality of social services is determined by the mutual relationship between the social worker and the recipient of social services. However, the requirement to ensure quality is reflected not only in the staffing of social services but also in other components and contexts – it concerns, for example, the environment and conditions in which social services are provided, the legal regulation of the relationship between the social service provider and its recipient, the course of social services, and so on.

Quality in social services is a key topic that affects the lives of millions of people worldwide. Social services encompass a wide range of activities, from care for seniors and people with disabilities to support for families in crisis and assistance to homeless people. The quality of these services is crucial for ensuring a dignified and fulfilling life for their users. This text will focus on the issue of quality in social services from a global perspective, with an emphasis on research conducted in the Czech Republic, Europe, and other parts of the world.

Users of social services consider a quality service to be one that meets their individual needs, both material (e.g., food, housing, clothing) and immaterial (e.g., being part of a community, showing genuine interest, effort, and a healthy degree of helping the recipient of social services, maintaining the dignity and autonomy of the recipient of social services), with the ability and degree of meeting the need by a specific social service being assessed individually by the recipient. Dvořáková (2020) in her work states that the most common attributes of quality social services from the users' perspective are those that are: accessible, visible (users know about the social service), financially affordable, enriching, and integrating into society among "normal" people. Therefore, there is significant pressure on the quality of the service from the consumers themselves, who demand that their needs be met with the highest possible quality.

A large amount of literature focused on the issue of quality in social services and healthcare deals with the general definition of the term quality itself and the discussion of various approaches to quality. For example, Křivohlavý (2003) reminds us that the word "quality" is derived from the Latin "qualis," which in turn comes from the root "qui" – "who?" meaning "who is it?" or "what is it like?" We consider what is individual, tailor-made, to be of higher quality. Quality is a category that describes the level of a product or provided services in quantitative and qualitative terms. Therefore, quality consists of two parts – one part is quantitative, measurable, and the other is qualitative and based on the value system. Quality is a relative, not an absolute category (Holmerová 2014). Theory has not yet agreed on a definition of "quality" (Novák, Svobodová 2022). Possible definitions include meeting or exceeding the expectations of clients and employees (Dvořáková 2020), the level of excellence characterizing the provided service based on accepted standards, or objectively defined measurable benefit expressed by standardized necessity and the expected, usual outcome of the service by experts (Matoušek, Pazlarová 2021).

Quality in social services is therefore often defined as the extent to which services meet the needs and expectations of users. This includes not only the effectiveness and efficiency of the provided services but also their availability, accessibility, safety, and respect for human dignity. Quality is thus a complex concept that encompasses various aspects from organizational structures and processes to individual user experiences.

In the Czech Republic, the issue of quality in social services became the subject of intensive research, especially after the adoption of Act No. 108/2006 Coll., on Social Services. This law introduced new quality standards and control mechanisms aimed at improving the level of provided services.

A study conducted by Mátl (2018) showed that an individualized approach and support for independence have a positive impact on the quality of life of social service users. The research also emphasized the importance of continuous education and supervision of social service workers to ensure high-quality care (Musil 2019).

In Europe, quality in social services is often measured using various standards and indicators set at national and international levels. For example, the European Union has developed a set of quality indicators for social services, which include aspects such as availability, accessibility, efficiency, and user satisfaction.

Research conducted in Germany (Schneider et al. 2016) showed that the quality of care in nursing homes is strongly influenced by personnel factors such as the number and qualifications of employees. The study also emphasized the importance of user participation in decision-making processes as a key factor for improving the quality of services.

In the United Kingdom, quality in social services is often assessed through inspections and audits conducted by independent bodies such as the Care Quality Commission (CQC). Research conducted by CQC (2018) showed that regular inspections and transparent evaluations can significantly contribute to improving the quality of provided services.
Globally, the issue of quality in social services is becoming increasingly important, especially in the context of an aging population and the growing number of people with chronic illnesses and disabilities. The World Health Organization (WHO) and other international organizations are developing various initiatives and programs to support quality in social services.

European and global perspectives on quality in social services are crucial for ensuring that citizens receive effective and dignified care. Significant research, such as QUIP, E-Qalin, and studies by ESN, provide valuable insights and tools for improving the quality of services. The Quality in Personal Social Services (QUIP) project (European Commission, 2015) focused on developing and implementing tools for assessing the quality of personal social services in Europe. The aim was to create a unified framework that would allow

for the comparison of service quality across different countries. The research showed that key factors for ensuring high quality are an individual approach, continuity of care, and user involvement in decision-making processes. E-Qalin (2010) is a European quality model developed specifically for social service facilities. This model includes various tools and methodologies for assessing and improving service quality. The implementation of E-Qalin leads to significant improvements in the quality of care and increased user satisfaction in facilities that have adopted this model. The European Social Network (2018) conducts regular surveys and studies focused on the quality of social services in various European countries. These studies provide valuable information on best practices and challenges faced by social service providers. Research by the European Social Network emphasizes the importance of service integration, professional development of workers, and community involvement for ensuring high-quality services.

These initiatives highlight the importance of an individual approach, continuity of care, and user involvement in decision-making processes, which are key factors for achieving high standards in social services. There are several models for measuring and improving quality in social services that are also available in the Czech Republic. Some models require external implementation, control, or certification, while others are based on self-assessment, self-examination, observation, planning, and control. For some models, it is sufficient to familiarize oneself with the logic of evaluation and work with quality indicators, and then start using these models or their tools in everyday practice. The decision to implement a specific model, certification, or control is not simple and requires consideration of available resources, which can be financial or human. Some facilities have an abundance of human resources, while others, especially those using external models, need sufficient financial resources. The potential for improvement exists for all individuals and organizations. However, only some have the determination and courage to utilize this potential.

We have mentioned quality standards several times above. Quality standards are one of the key elements introduced by Act No. 108/2006 Coll., on Social Services. These standards generally define what quality provision of social services should look like. Specifically, it is a set of measurable and verifiable criteria that set the minimum level of quality of social services in the Czech Republic in three main areas: personnel security, operational security, and relationships between the

provider and users of the service. There are a total of 15 quality standards containing 49 criteria. Of these criteria, 17 are considered essential, and their non-compliance can lead to the cancellation of the provider's registration for the given social service. Compliance with these standards is verified through social service inspections. Now we will look at the individual standards in more detail. Procedural standards are the most important of these standards. They establish what the provision of the service should look like, what to pay attention to when dealing with a service applicant, and how to adapt the service to the individual needs of each person. A large part of these standards is devoted to protecting the rights of service users and includes creating protective mechanisms such as procedures for filing complaints and rules against conflicts of interest.

The individual procedural standards are:

1. Goals and methods of providing social services – The service is obliged to define the goals, mission, and principles of service provision and the target group it focuses on.
2. Protection of individuals' rights – The service has rules for protecting the basic human rights and freedoms of individuals and describes the procedure in case of their violation.
3. Dealing with a service applicant – The service applicant is clearly informed about the possibilities and conditions of providing social services, and their requirements and expectations from the service are discussed with them.
4. Contract for providing social services – A contract is concluded with the user, with the provider ensuring that the person understands the content and purpose of the contract. The scope and course of service provision are planned with regard to the personal goal and possibilities and wishes of the person.
5. Individual planning of social services – The basis of individual planning is dealing with the applicant, identifying their needs and goals, according to which the provider continuously evaluates their fulfillment.
6. Documentation on the provision of social services – The provider establishes rules for processing, maintaining, and recording documentation on service users. This standard is particularly important in relation to protecting clients' rights.
7. Complaints about the quality or method of providing social services – The provider has rules for filing and handling complaints about the quality of service provision and informs users about this possibility.
8. Continuity of the provided service with other available resources – The service does not try to replace other public services and, on the contrary, enables clients to use them. It thus supports maintaining contacts and relationships with the natural social environment.

(Cf. Novák, Svobodová 2022)

Personnel standards focus on the staffing of services. They are based on the logical assumption that the quality of the service is directly dependent on the staff – their skills and education, leadership and support, and the conditions they have for work. These include:
1. Personnel and organizational security of social services – Establishes the mandatory organizational structure of employees, their rights and obligations, and qualification requirements.
2. Professional development of employees – This standard sets the methodology for employee evaluation, their financial and moral appreciation, and the way information is exchanged.

Personnel management is an important part of the provided service, especially due to its strong connection to user satisfaction. Quality and pleasant staff are one of the main sources of positive service evaluation by clients. The staff is also dependent on the quality fulfillment of other standards, such as the protection of individuals' rights, dealing with applicants, or individual planning.

Finally, operational standards define the conditions for providing social services. They focus on the premises where services are provided, availability, economic security of services, and quality development. Operational standards are:
1. Local and temporal availability of the provided service – For the use of the service, the chosen place and time of provision are crucial. This depends on the type of provided service and the target group to which the service is provided. Poorly designed place and time of provision can result in non-use of the service, despite its high quality. Different times of provision will be for field services compared to residential ones, which usually operate continuously. The needs of users can also change over time, so good practice is to continuously check whether the place and time of provision still suit the clients (Cf. Čámský, Sembdner, Krutilová 2011).
2. Information about the provided social service – The provider has developed a set of information about the provided service in a form understandable to the group of people to whom the service will be provided. Only if the service applicant has enough information can they be convinced that they made the right choice when selecting the service (Cf. Čámský, Sembdner, Krutilová 2011). When choosing the form in which the public will be informed about the service, the target group plays a crucial role. For example, the elderly who are the subjects of this work cannot rely on the use of the Internet, and due to

their reduced self-sufficiency or ability to understand, they may not even understand leaflets or brochures.
3. Environment and Conditions – The service ensures appropriate material, technical, and hygienic conditions. The influence of the environment is another important criterion for evaluating the service by users, especially in residential facilities.
4. Emergency and Crisis Situations – The provider has written procedures for handling emergency and crisis situations, and these are communicated to both staff and users.
5. Improving the Quality of Social Services – The provider continuously monitors and evaluates whether the method of service provision aligns with the defined mission, goals, and principles of the social service and the personal goals of individual users. Additionally, the provider has established rules for assessing user satisfaction with the provided service. This standard is interconnected with all previous ones and culminates the provider's efforts to achieve a high level of service quality. The tool for achieving quality in this case is continuous verification and evaluation (Cf. Čámský, Sembdner, Krutilová 2011).

Current situation and issues in the field of social services

Social services are a key element of social policy that ensures support and care for various population groups, including seniors, people with disabilities, families in crisis, and homeless individuals. The current situation in the field of social services is influenced by several factors, including demographic changes, economic conditions, and legislative adjustments. This text will focus on summarizing current issues and problems in the field of social services, with a particular emphasis on financing, the shortage of qualified workers, and legislative changes.

Demographic and Social Changes – One of the main factors affecting social services is the aging population. According to data from the Czech Statistical Office (2021), the proportion of people over 65 years old in the Czech Republic is continuously increasing, which places growing demands on the capacity and quality of social services. A similar trend can be observed in other European countries, requiring adaptation and development of new forms of care and support.

Aging is a natural physiological process that involves a number of changes affecting the organism. Changes in the physical field are reflected in education primarily by worsening resistance to adverse and disruptive influences, loss of energy, by reducing sensory capacity (Cf. Špatenková, Smékalová 2015).

Financing of social services is one of the biggest problems faced by providers of these services. In the Czech Republic, social services are financed from several sources, including the state budget, regional and municipal budgets, and also from user contributions. However, as shown by a study conducted by the Association of Social Service Providers of the Czech Republic (2020), these sources are often insufficient to cover the growing costs of providing quality services. The lack of financial resources leads to problems with the sustainability and development of social services. Providers often face financial constraints that prevent them from investing in the modernization of facilities, increasing employee salaries, and expanding capacities. This situation negatively impacts the quality of provided services and user satisfaction.

Another serious problem is the shortage of qualified workers in social services. According to research conducted by the Association of Social Service Providers of the Czech Republic (2023), one of the main reasons for this shortage is the low attractiveness of the profession in social services, caused by low salaries, high workload, and insufficient career growth opportunities. The shortage of qualified workers has a direct impact on the quality of provided services. Higher workload and lack of personnel often lead to employee burnout, which can negatively affect their ability to provide quality care and support. This problem is particularly serious in the context of the growing demand for social services due to the aging population.

The legislative framework for providing social services is constantly evolving to reflect changing needs and conditions. In the Czech Republic, the key legislative document was Act No. 108/2006 Coll., on Social Services, which introduced new quality standards and control mechanisms. However, as shown by an analysis conducted by the Institute for Social Policy (2020), further legislative adjustments are needed to effectively address current problems in the field of social services. One of the main goals of legislative changes is to improve the financing of social services. This includes not only increasing financial resources but also introducing more effective mechanisms for their distribution and control. Another important goal is to improve working conditions and the attractiveness of the profession in social services, which should include increasing salaries, improving working conditions, and developing career growth opportunities.

The issue of financing and the shortage of qualified workers is not specific only to the Czech Republic but is also relevant in other

European and global countries. For example, in the United Kingdom, the issue of financing social services has become the subject of intense public debate, especially in the context of an aging population and rising care costs (Care Quality Commission 2018).

In Germany, the government is trying to address the shortage of qualified workers through various initiatives, including increasing salaries and improving working conditions (Schneider et al. 2016). Similar initiatives can be observed in other European countries, highlighting the need for a comprehensive and coordinated approach to solving these problems.

Among the priorities or possible, necessary changes, according to Stárek and Zpěvák (2024), we can include:

Support for informal care – Adding caregivers as a target group of the law, including a legal definition.

Care allowance – Adding the obligation for care allowance applicants to provide the account holder's name to which the allowance will be sent. Adding the obligation for the Regional Branch of the Labour Office of the Czech Republic, which controls the use of the care allowance, to apply the control procedure.

Changes in the types of social services – Adding subsidiarity to the basic principles of the law. Defining community-based social services. Merging residential social services (homes for seniors, homes with special regimes, and homes for people with disabilities) into a new social service "social care home." Expanding the basic activities of home care services to include "assistance in ensuring safety and the possibility of staying in the natural social environment," expanding shelters to include people with substance dependencies, and some other services to include the activity "training skills for obtaining housing..." Expanding the range of people provided with home care services free of charge, expanding the target group of specialized social counseling to include people at risk of dependencies and victims of gender-based violence. Adjusting respite services (defining a transitional period).

Establishing a standard for material-technical and personnel security of social services - a legal regulation will contain a closer adjustment of the standards.

Introducing a valorization mechanism for maximum fees for social services - Increasing for the calendar year according to legally defined conditions.

Changes in the quality of social services - Revising the obligations of social service providers (a revision of the quality standards of social services in the implementing regulation will follow) + adding obligations aimed at protecting the rights of vulnerable clients. Following the change in obligations, adjusting offenses and creating a new offense in the area of client rights protection + adjusting the definition of legal quality.
Changes in measures restricting the movement of persons - Abolishing the mandatory sequence of using partial measures to reduce client aggression and respecting an individual approach. Adjusting the obligation to record the use of measures. Removing the measure (administering a medicinal product in the presence of a summoned doctor).
Changes in the registration of social services - Introducing a preliminary step for those interested in registering a social service. Adding the obligation for the registrar to issue a decision on changing the registration without a prior request from the provider in case of changes in relevant data in the basic registers. Adjusting the registration process, including making changes contained in the register. The changes will concern the registration procedure for social services, the provider's application for social service registration, data recording, and the provider's application for registration change. Adjusting the definition of the register and its content, including dividing the register into a public and non-public part.
Changes in the scope of ensuring social services + Ensuring social work - Defining the performance of social work activities by social workers of the municipal office of type III, including adding the term social worker – social curator. The obligation of the authorized municipal office to actively search for entities providing social services without authorization.
Changes in the qualification for performing social worker activities - Clearly specifying that the performance of social work activities is ensured by the regional office through social workers. Adding and specifying the exhaustive list of social worker activities based on practical experience, including new areas of social work activities. Adjusting study fields due to changes that have occurred since the law came into effect. It is proposed to add the area of performance of leading workers in social services.

Discussion

The current situation in the field of social services is influenced by a number of factors, including demographic changes, economic conditions, and legislative adjustments. The main problems are the lack of financial resources and qualified workers, which negatively affects the quality of provided services. Solving these problems requires a comprehensive and coordinated approach that includes improving financing, working conditions, and the legislative framework. International experiences show that it is necessary to seek innovative and effective solutions that will reflect the changing needs and conditions in the field of social services.

Despite progress in the quality of social services, many challenges remain. These include, for example, the shortage of qualified personnel, financial constraints, and the need for better coordination between different sectors and services. Research also shows that there is a need to focus more on the individual needs and preferences of users and to improve user participation in decision-making processes.

Technological innovations offer new possibilities for improving the efficiency and quality of social services. For example, the use of telemedicine, digital platforms for care management, and other technological tools can facilitate communication between providers and clients, improve the monitoring and evaluation of services, and reduce administrative burdens. However, the implementation of these technologies requires investments and training, which can be challenging for some organizations.

Effective provision of social services often requires collaboration between different sectors, including healthcare, education, housing, and employment. An integrated approach can ensure that clients receive comprehensive support that takes into account all aspects of their lives. Creating partnerships and coordination between different service providers is the key to achieving this goal.

It is also necessary to mention the COVID-19 pandemic, which had a significant impact on social services. Increased demand for services, restrictions on personal contact, and the need to adhere to hygiene measures presented new challenges. Organizations had to quickly adapt their procedures and find new ways to provide support, such as through online services. The pandemic also highlighted the importance of social services and the need for their adequate funding and support.

In the future, it is important to continue developing and implementing quality standards that will reflect the changing needs and expectations

of users. It is also necessary to support research and innovation in the field of social services to continuously improve the quality and efficiency of provided services.

Conclusion

The concept of quality in social work and social services is closely linked to the everyday reality of services provided in nursing homes, counseling centers for people in need, children's homes, or day care centers. When we enter these facilities as clients, we expect a friendly approach from the staff, competent advice or service, and a pleasant environment. These expectations shape our opinions on whether the services are of high quality or not. On the other hand, providers and service commissioners also emphasize other factors, such as economic outcomes, which can be crucial for ensuring a sufficient number of staff and their satisfaction. The quality of social work is a complex area where the interests of many actors intersect. For social workers, an interest in quality and its development can be a tool to make their work more transparent and professional. However, the concept of quality can also have negative connotations, for example, in connection with the intrusion of management and efforts to economize social work, which can lead to the perception of social work as a commodity and the client as a customer in the commercial sector. Quality requirements can mean increased administrative burden, overload, and less time for direct work with clients for social workers. For clients, this can mean unclear outcomes or higher financial co-payments for services.

Social work organizations today find themselves in a difficult situation, characterized by the reduction of public spending on the social sector. They face competition in the contests for public funds or clients and must demonstrate their results. Clients of social workers often become more active partners and want to co-create the shape of services. When monitoring client satisfaction, it is important not to forget the satisfaction of social workers. It is increasingly important for organizations to provide services in a quality and economical manner. Social workers must learn to describe, plan, develop, and cost services. Social work organizations must develop quality standards for their services and manage the demands of inspections or audits. Knowledge in the field of quality management can help manage these demands, but it is not a solution to all the problems of social organizations. The topic of quality in social work is part of broader social, economic, and

political contexts. This publication can provide readers with orientation in the basic tools for ensuring and developing the quality of social work and social services. The actions of social workers should be based on current knowledge, which should be reflected from the perspective of experience and practice.

In the Czech social work environment, the prevailing opinion is that the quality of social work equals the quality standards of social services. This narrow concept of the quality of social work also prevails in Czech professional literature. However, in Western European countries, there is a broader view of quality that includes other aspects besides professional standards. It will be interesting to see how this development of various quality methods will influence the current socio-economic development and whether social work organizations will manage to overcome financial difficulties without compromising the quality of services. The current situation rather suggests a reduction in the development of social work and social services, although adverse conditions may stimulate the emergence of new work methods or forms of social work organizations.

The conflict between professional approaches and approaches from the traditionally market area within quality is present throughout the professional discussion and in this publication. The relationship between these two areas is constantly evolving. On the one hand, the topic of quality and quality management in social work contributes to higher client satisfaction and awareness and to the positive development of the organization, but on the other hand, it can lead to the reduction of social work to counting time spent with clients or the capacity of facilities.

The current situation in social services is complex and requires coordinated efforts at all levels – from government policies to individual service providers. Ensuring sufficient financial resources, supporting qualified personnel, implementing technological innovations, and improving cooperation between different sectors are key steps to ensuring high-quality and sustainable social services. Discussion on these issues is essential for finding effective solutions and ensuring that social services will be able to fulfill their mission in the future.

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