



**Caritas CARES!**  
**country report 2019**

# Czech Republic

**Access to services by vulnerable groups:  
barriers, obstacles and good practices**

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# What this report is about

**Caritas Organisations are essential actors in the fight against poverty and social exclusion, and for social justice. They do so by assisting and providing services to people in need, as well as by presenting alternatives to address unfair structures, policies and measures.**

The Caritas CARES country reports are an important instrument in this endeavour. Caritas informs local, regional, national and European authorities and formulates recommendations, based on its daily work with people experiencing poverty.

The country reports have been compiled on the basis of a questionnaire, designed in consultation with the participating member organisations. It will ensure that the voice of the weakest members of our societies is heard and it will support the advocacy efforts of Caritas at national and at European level.

This report is focused on the analysis of availability, accessibility, affordability and adequacy of services addressing poverty and the promotion of social inclusion and activation in European countries, and it attempts to identify concrete causes of non-access to services by the most vulnerable members of our society.





# About Caritas in the Czech Republic

**Caritas Czech Republic provides 815 social services: in social prevention, social care and counselling services, but also healthcare and other social support services and programmes. The main beneficiary groups are families with children, the elderly, people with disabilities and homeless people; most of whom are female due to the fact that women are more at risk of poverty and that they have a longer life expectancy, which means that they would be more likely to use the services of social care and do so for longer than men.**

In 2018 the total number of beneficiaries reached by Caritas was 146,000, mainly between 31-64 years old and 65+. The most frequent users of Caritas services are people of working and senior age because of the structure of services provided by Caritas. According to the Social Services Act, receiving a social service is tied to the conclusion of a contract. Beneficiaries are therefore considered and counted only among those having signed the contract. For other services Caritas provides only estimates that haven't been considered in these figures.

Caritas Czech Republic also plays a relevant role in promoting the debate on emerging social issues in the country: through its stable system of collegiums (platforms for the exchange of information) it learns about problems directly from grass-roots experience and can analyse information on the evolution of the social context. They closely observe and make comments and objections on planned changes in relevant legislation. Caritas Czech Republic also uses various types of questionnaire surveys for obtaining information, combining expert data and statistical data.

The data considered in this report were collected using two types of questionnaire surveys: a questionnaire filled in directly by the users of the Caritas services with the assistance of social workers (a total of 504 respondents, and their composition reflects the types of Caritas social services and the users), and an questionnaire for professionals filled in by 237 Caritas social workers from all over the Czech Republic, working in various types of social services. The results of the questionnaire surveys have been discussed with colleagues with significant expertise.

## Recent publications

The publications are available at the link below:

- Annual report 2018 <https://www.charita.cz/res/archive/025/002855.pdf?seek=1561625036>
- Study on minimum income <https://www.charita.cz/res/archive/024/002710.pdf?seek=1524474962>
- Survey on young people and poverty (following on a previous Caritas CARES report) <https://www.charita.cz/res/archive/024/002731.pdf?seek=1531400009>
- Study on pathways to prosperity – Migration and development in the Czech Republic <https://www.charita.cz/res/archive/025/002832.pdf?seek=1557957569>

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# Executive summary

Between 2009 and 2018 the population in Czech Republic remained more or less stable but **an important change in its composition occurred**: data show that **while the working age population decreased, the percentage of children and elderly people increased considerably**. The Czech Republic is a country with a rapidly increasing dependency ratio which will require adequate policies to afford its consequences in the near and long term future, including providing access to quality public services.

The **employment** rate of the total population 20–64 years old has progressively increased over the years and **unemployment** has almost disappeared. Labour shortages are becoming an acute problem in the country. This **socio-demographic and economic evolution** implies new emerging needs in terms of the care provided to the dependent groups of the population (the elderly and children) that will require more social workers and other care professionals, and the society and care services should be prepared to include these professionals in the labour market.

Concerning **poverty**, the Czech Republic has the lowest rates of population at risk of poverty or social exclusion (AROPE) in the EU, nevertheless the situation remains critical for specific target groups of the population, as differences across the population groups and regions have increased<sup>1</sup>.

On analysing the access to main social services it has emerged that:

- Public Employment Services do not offer an individual approach.
- Private and public housing options are inadequate for vulnerable groups of people.
- Early Childhood Education and Care is only partially accessible and adequate for children from disadvantaged backgrounds, in particular Roma families.
- Healthcare services are generally accessible in acute situations, but access is complicated in cases needing long-term care and treatment.
- Services for the homeless are insufficiently available in relation to the need.

**Two good and innovative practices**, that have proved to be particularly successful, have been recently implemented by Caritas Czech Republic. The first project, called **Community Work in Osada Miru**, is focused on the activation of community members; the second initiative is called **Caritas Rescue Network of Diocesan Caritas Brno**, which delivers social services, healthcare services, income support and housing in areas not covered or to users unable to use social services themselves.

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<sup>1</sup> Eurostat, 2019.



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## Recommendations

Caritas Czech Republic recommends that the national and European authorities promote changes and reforms, in particular in the following areas:

- Recommendation 1:** Improve the adequacy of services provided by the Employment offices by implementing a more tailor-made individual approach in order to address the specific needs of people. Promote the supportive role of Employment offices.
- Recommendation 2:** Develop a comprehensive policy enabling access to housing for vulnerable groups of citizens.
- Recommendation 3:** Tackle problems that people living in poverty and social exclusion face in accessing healthcare and social care.
- Recommendation 4:** Continue to increase accessibility of childcare facilities, especially for vulnerable families.
- Recommendation 5:** Tackle the dysfunctionality of systems of assistance to people in material need.
- Recommendation 6:** Caritas recommends the Czech Republic ratifies the Revised European Social Charter and accepts Articles 9, 10, 23, 30 and 31.

## 1. The evolution of the socio-economic context

Between 2009 and 2018 the **population in the Czech Republic grew by 1.8%** with an increase of 184,272 people. Even though the population has remained more or less stable, **an important change in its composition occurred**: data show that **while the working age population decreased** by 6.7%, the number of **children increased by 13.1%**, thanks to a high child birth rate, **the number of elderly (>65) increased by 31.1%** (+483,834) **and the over 85s by 47.9%**.

It is a country with a rapidly increasing dependency ratio which will require adequate policies to afford its consequences in the near and long term future. This **socio-demographic evolution** implies new emerging needs that will require more social workers and other care professionals, and the society and care services should be prepared to include them in the labour market.

The Czech Republic **economy is growing but it has just begun to slow down**: after a strong expansion of GDP in 2017 (by 4.3%), in 2018 it slowed to 2.9%.<sup>2</sup>

The **employment** rate of the total population aged 20-64 years old has progressively increased over the years and it reached 79.9% in 2018, an increase of nine percent points in comparison to 2009.<sup>3</sup> **Unemployment** has almost disappeared: after a peak of 7.3% in 2010, it reached 2.2% in 2018, well below the EU 28 average (of 6.8%).<sup>4</sup> These figures show that

performance of the labour market is very good and this has had a positive impact on wages, but now labour shortages are becoming an acute problem in the country.

Concerning **poverty**, the Czech Republic has one of the lowest rates of population at risk of poverty or social exclusion (AROPE) in the EU: in 2017 at 12.2% versus an EU average of 22.4%.<sup>5</sup> Nevertheless, the situation remains critical for specific target groups of the population as differences across population groups and regions have increased. Homelessness is increasing due to a lack of affordable and quality social housing and the personal indebtedness of certain socioeconomic groups, in particular Roma people and the inhabitants of socially excluded localities.<sup>6</sup>

The **expenditure for social protection benefits** in the Czech Republic has only moderately increased over the years, and it remains well below the EU average: it increased from €2,706 per inhabitant (at constant prices) in 2008 to €3,054 in 2016 (the latest available data) in comparison to €7,377 at EU level (in 2008 it was €6,488). Besides this low level of social expenditure, the **impact of social transfers (excluding pensions) on poverty reduction<sup>7</sup> is one of the highest in the EU. Social expenditure has reduced poverty by 42.41% while the EU average is 33.98%.**

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<sup>2</sup> Commission 2019 Winter Forecast.

<sup>3</sup> Eurostat, 2019, Employment – annual data.

<sup>4</sup> Eurostat, 2019, Unemployment – annual average.

<sup>5</sup> Eurostat, 2019, People at risk of poverty or social exclusion by age and sex.

<sup>6</sup> The Czech Republic European Semester country report, [https://ec.europa.eu/info/publications/2019-european-semester-country-reports\\_en](https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en).

<sup>7</sup> Reduction in the percentage of the at-risk-of-poverty rate, due to social transfers (calculated by comparing at-risk-of poverty rates before social transfers with those after transfers; pensions are not considered as social transfers in these calculations). The indicator is based on the EU-SILC (statistics on income, social inclusion and living conditions).

## 2. Characteristics of the welfare system

The social system in the Czech Republic consists of social benefits, both “based on social security” and “non-based on social security”. Non-social-security-based social benefits are, for example, those of the system of assistance in material need and the state social support system (mainly family benefits).

The Social Services Act defines the system of social services: they are provided by the State and local governments (as contributory organisations) and non-governmental non-profit organisations (such as Caritas). Municipalities play a relevant role in providing care and support to its citizens, as governed by the Act of Municipalities.

To mention some identified weaknesses, it needs to be said that some elements of the system haven’t been updated for a long time, which means that they are no longer adequate (to list one – minimum living and subsistence threshold, which also limits eligibility for some other benefits). From the field experience of Caritas, we are aware that there are groups/individuals who are not covered by adequate forms of assistance – for example, people with specific combinations of disabilities or problems, and people with autistic spectrum disorders. Some services don’t have the capacity to satisfy the needs of all who need help – as is often the case regarding services for the elderly.

## 3. Access to key social rights and to services by people experiencing poverty or social exclusion

The main goal of this Caritas CARES country report is to analyse if and how living in poverty or experiencing social exclusion hinders people’s access to social rights and to services.

Several EU initiatives have been promoted in recent years to tackle inequality, poverty and social exclusion, both in general terms and for specific target groups. The European Parliament, the European Council and the European Commission have taken several policy initiatives to strengthen the social dimension of the European Union, and the most recent initiative in this context is the European Pillar of Social Rights (EPSR). The Pillar states the right of all persons (independent of their socio-economic conditions) to access some specific rights related to equal opportunities and access to the labour market, fair working conditions, access to social protection and inclusion.

The **European Pillar of Social Rights** sets out 20 key principles and rights to support fair and well-functioning labour markets and welfare systems. They are fully described [here](https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en).<sup>8</sup> Several of the rights cited by the European Pillar of Social Rights specifically relate to the conditions of people in poverty and social exclusion. This is particularly the case of PRINCIPLE 4 – Active support to employment; PRINCIPLE 11 – Childcare and support to children; PRINCIPLE 14 – Minimum income; PRINCIPLE 16 – Health care; PRINCIPLE 19 – Housing and assistance for the homeless; and PRINCIPLE 20 – Access to essential services.

Another highly relevant instrument is the (revised) **European Social Charter (ESC)** of the Council of Europe. The most relevant articles of the European Social Charter related to access to services are listed below (Box 1).

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<sup>8</sup> [https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en).

## Box 1 – Ratification and implementation of the Revised European Social Charter (1996) related to access to services and minimum income

The Czech Republic has signed, but not yet ratified, the 1996 Revised European Social Charter.

The following articles, of which some are not yet accepted by the Czech Republic, could have an impact on access to services and minimum income:

- The right to vocational guidance (Article 9)
- The right to vocational training (Article 10)
- The right to protection of health (Article 11)
- The right to social and medical assistance (Article 13)
- The right to benefit from social welfare services (Article 14)
- The right of the family to social, legal and economic protection (Article 16)
- The right of elderly persons to social protection (Article 23)
- The right to protection against poverty and social exclusion (Article 30)
- The right to housing (Article 31)

The Czech Republic has accepted the Additional Protocol providing for a System of Collective Complaints.

More information on the provisions accepted by the Czech Republic can be found in the [Country Factsheet](#).

Most of the evaluated services were ranked 3 – 3.5 on average, so they are considered as moderately accessible, whereas the assessment of concrete aspects and barriers varies. Access to housing, ranked 2 on average, is the service with the most limited accessibility for people living in poverty and social exclusion.

The main problems described refer in particular to the fact that homeless people, people with physical or mental disabilities, Roma people and people with addictions face stigmatisation and instability in their living conditions, which complicates their access to services.



## 4. An assessment of the availability, accessibility, affordability and adequacy of key services and benefits in the Czech Republic

Caritas Czech Republic asserts that, within this complex set of measures and services, different groups of vulnerable people face considerable barriers and obstacles in accessing them. The most affected vulnerable groups are persons with physical and intellectual disabilities, persons with addictions, the homeless and the Roma.

In this section the main strengths and weaknesses of the access to five important services are described. Three services selected for analysis are common to all European country reports (**public employment services, housing policies and early childhood education services**) and two have specifically been chosen by national Caritas as particularly relevant in the Czech Republic: **healthcare services and services for the homeless**. These two services have been selected for analysis as they respond to issues of particular relevance in the Czech Republic currently: accessibility to healthcare by people living in poverty and social exclusion, as this is perceived as problematic, especially in relation to the so-called social care-healthcare borderland. Services are not adequately designed to address the needs of people who need both social and health care. The other selected service is the support provided to the homeless as Caritas Czech Republic has a lot of experience in this field and the analysis can contribute to optimising the system, as well as emphasising the importance of the development of social housing.

Services are analysed under four main criteria: adequacy, accessibility, availability and affordability:

**ADEQUACY:** the service is of good quality and is satisfactory: it is able to respond to the needs of the user;

**ACCESSIBILITY:** the service can be reached or obtained easily, and it is easy to understand and to use;

**AVAILABILITY:** the service exists and it is available for those who need it;

**AFFORDABILITY:** the service is cheap enough for people who need it to be able to afford it.

The survey results are based on a scale ranging from 1 (the lowest mark meaning that the service is completely inadequate, or inaccessible, or unavailable or unaffordable) to 5 which means that it is completely positive.

The policy/services generally have a score between 3-3.5 on average, while those ranked as the most problematic are housing policies (with a rating of 2). Note that the accessibility of ECEC services was evaluated for children older than three years of age.

According to the assigned ratings, on average, the majority of the criteria seem to be quite similar, but they are highly differentiated when one enters into the details of each service. The services were ranked as moderately accessible, but some significant barriers for vulnerable people were identified.

	Adequacy	Accessibility	Availability	Affordability	AVERAGE
Public employment services	3	3	4	4	3.5
Housing policies	2	2	2	2	2
Early childhood education/ECEC	4	3	4	3	3.5
Healthcare services	3	3	3	3	3
Services for the homeless	3	4	3	3	3.25
AVERAGE	3	3	3.2	3	-

#### a. Public Employment Services do not offer an individual approach

Public employment services help unemployed people find a suitable job and employment through career re-orientation or to switch jobs. These services are provided by Labour Offices, an institution that also provides the administration and payment of benefits that are not based on social security benefits, including, for example, an allowance for care services.

55% of the beneficiaries of services of social prevention and counselling also needed the services of Employment Offices during the past 3 years, and 96% of them stated that they had used it. On the other hand, only 54% of them said that the Employment Offices had helped them with what they needed (22% said they weren't helped, and 24% didn't know if they'd been helped).

The access to employment services is hindered by bureaucratic procedures and a lack of support provided by counselling staff at the desks, which can be also understood as insufficient HR management of the offices themselves, because the offices are understaffed, employees can often be overloaded and the staff turnover is high.

According to Caritas, registration at labour offices is often a problem for people living in poverty and social exclusion as, from the perspective of the user, the system is complicated, and employees of the Employment Office do not offer enough support explaining their procedures and presenting to the client his rights and duties. Many clients experience fear and shame when dealing with these offices, and some refuse to re-register after a bad previous experience. The sanction of elimination from the register is particularly problematic, as after that, the clients cannot access the service (as well as social benefits, for 6 months), which also happens because of some requirements that the client is unable to fulfil.

It is all too common that clients are offered options that are not actually relevant to them (like jobs or retraining that they won't be able to handle due to health limitations, general skills level or family duties). Since 2016, the amount of money dedicated to active employment policies (job creation, subsidised employment and retraining) has been decreasing<sup>9</sup> and partially replaced by programmes financed from the ESF (for Operational programme Employment), which have more restrictive rules for accessing this type of support in terms of eligibility criteria<sup>10</sup> and the offer of retraining, even

<sup>9</sup> Find the official statistics here: <https://portal.mpsv.cz/sz/stat/vydaje>.

<sup>10</sup> A subsidy for employment in "Community work" (Veřejně prospěšné práce) is only for those who have been registered at the Labour office for at least 12 months if they are 55+ or have health limitations, and 24 months for others, which is a significant obstacle.

for those who cannot actually use it. As a result, active employment policies are less accessible for those who need subsidised employment, especially over-indebted employment seekers. Without these policies, the progress that the beneficiaries achieve in collaboration with social services (for housing, efforts to repay their debts or debt-relief, or the renewal of working skills and habits) can be lost.

The main problem is that **the labour office lacks an individual approach and works mainly as a control function, not a support function.**

The vulnerable groups most affected by these barriers/obstacles are persons with physical and intellectual disabilities, the homeless and the Roma.

Service provision by the public employment service was regarded as largely available and affordable (ranked 4 out of 5) and moderately accessible and adequate (both rated as 3). Lacking an individual approach, the service doesn't offer specific support to solve the client's unique situation. Procedures are often complex and hard to understand by the clients. In addition, some offices require the applicants to refer themselves only to employment offices where they have their official permanent residence.

**While access to the labour office service is free, the problem is that the client often does not have the resources needed for the registration, nor the funds to reach the office** (re transportation costs) and to obtain all the necessary documents.

**In the last few years the performance of the service has largely remained the same or even worsened in terms of adequacy:** the main concern is the growing tendency to issue sanctions by eliminating clients from the register (for example, in May 2019, 8,689 persons<sup>11</sup> were sanctioned, representing 4.1% of all people registered), but also constant changes to the rules make the system even more difficult to understand, plus the fact that employees of Employment Offices sometimes actively discourage clients from registering. On

the other hand, the offices are more active in supporting (and at the same time pressing) clients to reintegrate into the labour market.

A testimony can help to illustrate the access to the service:

*Anna - a young woman - had to go to the Labour Office every week. She was getting a lot of job offers, albeit, unfortunately, often unsuitable for her. For example, in a restaurant they required experience that she did not have. She talked to us about her feelings: the labour office employee made her feel like she was incapable and annoying. This scenario was repeated several times (and other of our beneficiaries have reported very similar experiences). As a result, the young woman let herself be eliminated from the register, and now she takes care of her disabled child and works a few hours a day without a contract.*

(Diocesan Caritas Hradec Králové)

**b. Private and public housing are inadequate for vulnerable groups of people**

**Housing is a significant problem for people experiencing poverty or social exclusion.**

Caritas Czech Republic runs 67 emergency shelters. These houses provide temporary shelter for homeless people, normally for a maximum length of one year. An integral part of this service is cooperation with social workers on improving one's life situation, including finding suitable housing, which is often a problem. In 2018:

- In emergency housings for individuals, only 11% of beneficiaries went into a standard rental apartment after leaving the emergency shelter,

<sup>11</sup> Monthly Unemployment statistics of the Employment Office, <https://portal.mpsv.cz/sz/stat/nz/mes>.

4% went to a social apartment, 23% into private lodgings, and 16% to another emergency shelter

- Almost a half of them (46%) took another option, such as a different type of social service, healthcare facility, accommodation with family or friends, a return to rough sleeping, and some of them left without even informing the emergency shelter.
- In homes for mothers with children, the situation was slightly better – 31% went into a standard apartment, 3% to social housing, 8% into lodgings, 24% to another emergency shelter and 33% chose various other options (e.g. living with family/friends, or moving-in with a partner).

Almost 1/3 of users of social prevention and social counselling services who have housing say that it is not suitable: 13% of them believe that they are in an insecure position (e.g. facing a threat of eviction, having only short-term or no contract, confronting domestic violence), 16% state that their house is of sub-standard quality (e.g. a caravan, unhygienic or otherwise unsuitable housing, an over-crowded flat).

In 2018 the Platform for Social Housing published an analysis<sup>12</sup> showing that, in total, 54,000 households were in need of housing, of which 17,900 were in lodgings and 9,000 were in unsuitable over-crowded flats. Half of them were concentrated in 14 administrative units (i.e. a Municipality with extended powers – ORP).

According to Caritas social workers, if the family/individual, who was previously facing a housing need, does not have sufficient support from social services or social workers of their municipality to sustain their new housing, in many cases they risk losing their home, therefore, a comprehensive approach is needed.

**Private and public housing is considered as quite inadequate, inaccessible, unavailable and not affordable by people experiencing poverty and social exclusion** (all criteria were ranked as 2 out of 5). **While there are apartments available on the private market, they are often inaccessible to these clients. At the same time there is very limited availability of social apartments and supportive measures to sustain the housing policies.** The main target groups affected by these barriers/obstacles are persons with physical and intellectual disabilities, the homeless and the Roma.

A substantial share of the people experiencing poverty or social exclusion are dependent on emergency shelters or housing that is not suitable. **Private (commercial) housing is often not accessible to these people also because they face discrimination on the basis of their socio-economic situation and ethnicity**, and private landlords are often unwilling to rent to them.

Apart from the discrimination, housing is also financially inaccessible because of high rents and deposits, as well as the new restrictions for supplements for housing. In substandard forms of housing (e.g. lodging houses or non-residential premises, the supplement for housing (the social benefit that is part of the minimum income system) can cover expenses no higher than 80% of normative costs for housing – this means that the beneficiaries have to cover the rest from other sources that would ordinarily be intended for food and other basic needs. In some localities (“zones with higher occurrence of negative social phenomena”, or “no-supplement-for-housing” zones declared by certain municipalities), the new residents are not eligible for the supplement for housing at all. The negative consequences of these restrictions are both loss of housing

<sup>12</sup> Platforma pro sociální bydlení (Platform for Social Housing), Zpráva o vyloučení z bydlení za rok 2018 (Report on exclusion from housing in 2018), <https://socialnibydeni.org/wp-content/uploads/2019/04/Zpr%C3%A1va-o-vylou%C4%8Den%C3%AD-z-bydlen%C3%AD-za-rok-2018.pdf>.



and indebtedness of people dependent on the supplement for housing.

Another aspect of inaccessibility is inadequate legal awareness by vulnerable groups of people of their rights and duties. For example, they cannot recognise if the documents, such as contracts, are valid or conform to the legislation, which leads them to accept conditions that are very disadvantageous for them, and they are unable to protect themselves from abusive practices of the so-called slum landlords, and they are constantly threatened by the loss of their housing.

In the last few years **the access to housing has worsened**. The prices of private rental housing have increased substantially, but the government has not taken adequate action, on the contrary, housing benefits have been partially cut. There are some projects implementing Housing First programmes in municipalities (we can find examples of good practices in Brno, Pilsen and Ostrava), but we still lack a comprehensive system

of social housing and support in order to secure sustainable housing.

Putting into force the “Social Housing Act” has become one of the biggest topics of the public debate on social policies over the past years, and although the legislation was prepared by the Government in the previous election term, it did not pass through the entire legislative process. Social housing is, unfortunately, subject to many misconceptions and prejudices towards the target beneficiaries of these policies. The current government has declared an intention to prepare an “Affordable Housing Act” which should ensure comprehensive housing policies, targeting not only the vulnerable groups, but also tackling the growing unaffordability of housing, which is a widespread phenomenon. Nevertheless, at the moment, it still remains an intention and the necessary steps are not being taken. There is a new investment programme called “Construction” in order for municipalities to finance social and affordable housing, but the allocated resources



are far from being sufficient and it doesn't provide the coordinated approach that is necessary. Also, the subsidy criteria of the Ministry for Regional Development are often under the Services of general economic interest (SGEI) regime – de minimis. This effectively limits access to these resources by municipalities and bigger NGOs.

A testimony can help to illustrate the access to the service:

*A couple, Pavel and Marie, with two children (aged 3 and 5), live in a flat (one room and bathroom), without running water, the interior is very old, damaged and dirty. They asked the landlord for an improvement, without any result. The landlord is pushing the family to send their parental allowance directly to his account, or he will evict them. The family is actively looking for better housing, but without success – nobody wants a Roma family. This is just one family, but there are problems for the whole district – the landlord has decided to rebuild the apartments, so he won't extend the contracts of the current inhabitants. For them, it is very hard to find new housing – they move to other parts of the city, but also other towns nearby, which is also a problem, because there are "no-supplement-for-housing zones". We sometimes feel like the municipalities would like them to disappear from the earth, rather than re-integrate them into society. They are constantly moving from one place to another, ending up in lodgings or emergency shelters, and in the worst cases, on the streets.*

(Diocesan Caritas České Budějovice, Diocesan Caritas Ostravsko-Opavská)

### **c. Early Childhood Education and Care is inadequate for children from disadvantaged backgrounds, in particular Roma families**

The Czech Republic is repeatedly criticised for low participation in early childhood education and care for children younger than three (4.7% in 2016)<sup>13</sup>, which is linked to the lower labour market participation of women. It is estimated that only a third of Roma children aged four participate in ECEC<sup>14</sup> (even if places in kindergarten are guaranteed for children of this age). Regarding the problem of low availability of ECEC for children younger than three, in the following section, we will focus on barriers that are specific to the vulnerable families that Caritas works with.

Among Caritas Czech Republic users, about 17% need early childcare services like kindergartens, and this is particularly the case for those in emergency housing and those involved in social activation services for families. The **main barriers to access are the cost, and the fact that the service does not respond to the beneficiaries' needs. Even though parents living in poverty do not have to pay tuition fees** (if they are defined as being "in material need"), **they often do not have money for lunches and other expenses connected with kindergarten.** Moreover, **sometimes kindergartens are full** and this is especially a problem during the school year for families who have to move often. Apart from this, there is also a subjective factor, an insufficient awareness about the importance of pre-school education.

It is very positive that **there is now a wider range of possibilities** (children's play groups, micro-nurseries), **but these are usually not very accessible to people living in poverty or social exclusion.** Moreover, kindergartens are usually accessible to children older than three years of age, which is perceived as the standard age for this service (and also there is the guarantee of a place for children of four years and older). **For**

<sup>13</sup> Country Report Czech Republic 2019, European Commission, 27.2.2019, page 25.

<sup>14</sup> Country Report Czech Republic 2019, European Commission 27.2.2019, page 31.





**younger children there is still a lack of affordable options.** The vulnerable groups most affected by these barriers/obstacles are people who move often (because they don't have stable housing), ethnic minorities and single women with children.

Caritas Czech Republic has established that the ECEC services are regarded as quite adequate and available for children aged four and older (ranked 4 out of 5), but only moderately accessible and affordable (both rated 3). Kindergartens in fact are generally of a good quality, but **have relatively strict rules that are not always easy to follow for people living in poverty and social exclusion** (for example, regarding opening hours of the kindergarten). **Roma families in particular can face discrimination.** Sometimes they are told that there are no places available even if this is not the case. Another problematic aspect is the financial dimension, especially if the family is not defined as "in material need", as in this case they have to pay the full tuition fees.

**In the last few years availability of the service has improved because there are more places in kindergartens, a wider range of options, a guaranteed place for children older than three years, and a final pre-school year in kindergarten has become compulsory. Nevertheless, this doesn't erase the obstacles that vulnerable families face.**

As an example of good practices, we would like to mention the Church elementary school and kindergarten of Přemysl Pitter in Ostrava, set up by the Bishopric of Ostrava and Opava, which promotes an inclusive approach and systematically accepts pre-schoolers and school children both from advantaged and disadvantaged backgrounds, such as Roma children. The idea of this school is to provide maximum individual support to each child in order to develop their skills, as well as support collaboration and respect between the children themselves.

A testimony can help to illustrate the access to this service:

*Our beneficiary, Theresa, has two children aged 4. When she joined the emergency shelter she was in a job. Now she is dealing with a critical situation as she is not able to drive the children to kindergarten near their original home because the journey is more than an hour. Kindergartens nearby are full and unable to accept other children. This situation has forced the client to quit her job because she is unable to safeguard her children during working hours.*

#### **d. Healthcare services are accessible in emergency situations, but access is complicated in cases of long-term care and treatment**

Interviews with Caritas beneficiaries, conducted in 2019 show that:

- 25% of them have serious health problems, and 44% have some health problems, which limit them in their activities.
- 47% of them state that they needed to use a healthcare service during past 3 years, and **only 3% of them state that they weren't able to use it.** Of those who used the service, 8% cannot clearly say that it responded to their needs.

To compare this with data for the whole population, 0.5% respondents reported an unmet need for medical examination and care (2017), compared to 1.7% as the EU average).<sup>15</sup>

However, social workers of Caritas identify substantial barriers in accessing healthcare for their beneficiaries, thus illustrating a more negative picture compared to the above mentioned figures. It is likely that many of our beneficiaries, living long

term in situations of social exclusion, are not fully aware of their rights as patients and don't have a clear idea about good healthcare standards. This can lead to a discrepancy between their self-reported evaluation and an expert's point of view.

The main barriers in healthcare services are insufficient capacity of the doctors' diaries, financial problems, and lack of information associated with non-compliance with treatment regimens and recommendations. **Doctors' appointment books are often full and doctors can no longer accept new patients. Going to another city to visit a doctor is expensive for a lot of Caritas beneficiaries, in addition to payment for medicaments.**

**Due to the unstable living conditions of many Caritas beneficiaries (due to homelessness or addictions), they are not able to maintain a healing regimen, and the doctors are aware of this and it demotivates them.**

**In general, healthcare is accessible in emergency situations, but it is complicated in cases of long-term care and treatment, as well as prevention.**

The most vulnerable groups affected by these barriers are persons with physical and intellectual disabilities, the homeless and persons with an addiction.

**For people from vulnerable groups, even basic communication with the doctor is sometimes hard.** They are afraid of being refused or stigmatised, access to healthcare is also complicated for those with financial problems and debts on health insurance, even if their insurance is still valid. General healthcare provision is covered by health insurance, but to visit a specialised doctor, patients need to have a prescription from a general practitioner (GP) and this is a barrier for those who do not have a GP. In addition, there are financial barriers in accessing healthcare due to the fact that part of the medicaments, physiotherapy etc. have to be paid by the patient,

<sup>15</sup> Eurostat, Statistics of SDG 3 – Healthcare and wellbeing, 2017, <https://ec.europa.eu/eurostat/web/sdi/good-health-and-well-being>.





and for people with very low income this is difficult to afford, on top of the transportation cost to visit a doctor in a different town, which is often needed.

**In the last few years the availability and accessibility of the service has worsened:**

according to the experience of Caritas social workers, the number of doctors accepting new patients has decreased and it is hard to find a GP, as well as a specialist. According to available data, there are 3.87 physicians per 1,000 inhabitants in the Czech Republic, and their average age is relatively high – this means that soon the Czech Republic will be threatened by a lack of physicians

to ensure quality and accessible healthcare.<sup>16</sup> With 8.1 nurses per 1,000 people, the Czech Republic already lacks sufficient healthcare professionals.<sup>17</sup>

In recent years, there has been subsidised support for ambulances set up in facilities for homeless people, which are even able to provide the healthcare for those who are not covered by public health insurance. Also, there is a positive development in terms of strengthened collaboration between different actors (regions, municipalities, social services providers, hospitals, etc.) to optimise the system of support for vulnerable people on a local level.

<sup>16</sup> OECD (2019), Doctors (indicator). (Accessed on 17 June 2019) <https://data.oecd.org/healthres/doctors.htm>; Zdravotnický deník (Healthcare Daily), 2016, Počty lékařů budou po roce 2018 klesat kvůli stárnutí, MZ a MŠMT proto chtějí zvýšit kapacity fakult o čtvrtinu <http://www.zdravotnickydenik.cz/2016/09/pocty-lekaru-budou-po-roce-2018-vyrazne-klesat-kvuli-starnuti-mz-a-msmt-proto-chteji-zvysit-kapacity-fakult-o-ctvrtinu/>.

<sup>17</sup> OECD (2019), Nurses (indicator). (Accessed on 17 June 2019).

A testimony can help to illustrate the access to such services:

*Our social care service is about to accept a new client, a woman who has been hospitalised in a psychiatric hospital for about 20 years. She doesn't want to live in her place of permanent residence. The psychiatrist does not want to accept her because of this, because she should have one place of permanent residence. The doctor, during the communication, then "threatens" the client with spending a long time in the waiting room (it seems like he wants to discourage her). In addition, the transportation cost to the place of permanent residence is expensive for her.*

(Diocesan Caritas of Brno)

**e. Services for the homeless are not sufficiently available in relation to the needs**

**During some seasons of the year, the capacity of the facilities for homeless people is insufficient. In some regions there is an absolute lack of services for this target group and many of them also struggle to find enough staff.**

The most vulnerable groups affected by these barriers are the elderly, persons with physical and intellectual disabilities, and persons with addictions. A serious concern, in fact, is related to **the situation of persons with problems related to addiction**, especially alcoholism, because addicted clients who cannot abstain, cannot be admitted to emergency housing or to night shelters, and alternative services for them don't exist. The situation is similar in the case of those who suffer from short term or long term illness. An example from one Caritas emergency shelter shows that up

to 40% of beneficiaries suffer from some of the above mentioned conditions.

According to the Caritas Czech Republic assessment, the service is evaluated as moderately adequate, accessible and affordable (ranked as 3.25 out of 5). Nevertheless, the system requires improvements in order to address the needs of all people without shelter. Social services for homeless people, whose activities are regulated by the Social Service Act, do not adequately address the individual needs of the beneficiaries, and, at the same time, beneficiaries can have difficulties adapting to the services' rules. For those who also need care (as explained in the previous paragraph), the problem is that emergency shelters normally don't provide it. Services for homeless people are more available in bigger towns and cities, not in small towns, and the facilities are often full. Also, from our point of view, the best option is if the Emergency shelter is complemented with a Night shelter and a Day Centre, which are services with a lower threshold, because they facilitate access for the target group, and thus promote the beginning of the collaboration between beneficiary and service provider. Unfortunately, these complex services are not provided in all the facilities. Emergency shelters have fees to be paid from the supplement for housing, but due to the new restrictions on this social benefit, the amount is not always sufficient, and the beneficiaries face difficulties when applying for it.

**Nonetheless, in recent years the availability and accessibility of the service has improved:** the social services network has been enlarged, and collaboration with the municipalities is improving.

Here follows a testimony to illustrate provision of this service:



*Miroslav, a 67-year-old man, is receiving an old-age pension. He lost his housing and he has been living on the street for several years. His health problems are now serious. He is not entitled to get a social nor municipal apartment. He has repeatedly tried to stay in lodgings or emergency housing, but this did not work out because the accommodation had reached its full capacity.*

*(Diocesan Caritas of Brno)*



## 5. Use of minimum income as a measure of inclusion and activation

Principle 14 of the **European Pillar of Social Rights** states that:

*“Everyone lacking sufficient resources has the right to adequate minimum income benefits ensuring a life in dignity at all stages of life, and effective access to enabling goods and services. For those who can work, minimum income benefits should be combined with incentives to (re)integrate into the labour market.”*

According to the approach put forward by EU initiatives (in particular the Recommendation on the active inclusion of people excluded from the labour market, promoted in 2008 by the European Commission<sup>18</sup>), minimum income schemes have to be viewed through the perspective of the **active inclusion approach**: they are expected to be universal and to provide integrated support in the form of adequate cash benefits, effective access to enabling goods and services, and to include an activation component for beneficiaries.

Minimum income is implemented in the Czech Republic and it is named **“Systém pomoci v hmotné nouzi”**: **System of assistance in material need**.

It is considered a financial support in line with the active inclusion approach. This measure is contributing to support vulnerable people, but it seems to make only a partial contribution to reducing poverty. It is composed of three types of benefits – an allowance for living (a minimum amount of living or subsistence allowance – the amount has not been increased since 2012), a supplement for housing (the amount is based on the normative costs of housing) and an extraordinary immediate assistance benefit (obviously meant for extraordinary or emergency situations).

The minimum income, an important safety net of all social systems, is often under-estimated and under political pressure. The Czech minimum income, a system of assistance in material need, has deteriorated significantly during last 2 years.

If the minimum income scheme doesn't respond to its role (guarantee of a life in dignity for all), it leads to indebtedness/over-indebtedness and to the fact that many beneficiaries (as described in the previous chapters) cannot afford basic goods, even if they have reduced fees based on the fact that they are in material need. This causes further problems for the beneficiaries (like homelessness/sleeping rough, the impossibility of affording proper medication and treatment for their health problems, etc.), which generate unnecessary costs for public budgets.

34% of Caritas beneficiaries' households receiving services of social prevention and counselling are dependent on minimum income benefits. 64% of them state that they are not able to cover their monthly expenses from their income. As minimum income is a last-instance system, that should ensure everyone sufficient resources, this statistic shows the inadequacy of the current system.

From the point of view of Caritas Czech Republic, the system includes activation measures, but these are based mainly on the so-called negative activation principle (pressure/sanctions), rather than on positive motivation (incentives). These activation measures include obligatory individual plans, public service (unpaid work, which in theory is voluntary, but if somebody refuses to participate, it would mean a lowering of the minimum living allowance to the minimum subsistence level), coupons

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<sup>18</sup> Commission Recommendation of 3 October 2008 on the active inclusion of people excluded from the labour market, <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32008H0867>.



received instead of money, rigid planning of meetings at the employment office, and sanctions such as elimination from the register. The restrictions put on the supplement for housing were described in previous chapters. The extraordinary immediate assistance benefit is often not as accessible as it should be and the rules for eligibility for this benefit are not transparent.

Testimony:

*Our beneficiary, Clara, a young woman, a mother of one child, attended a meeting at the employment office as scheduled, where she learned that her key officer was on sick leave. She was told that after his return, the officer would call her and schedule a next meeting.*

*Later on, when she went to the Department of Social Benefits, she was told that she was about to be eliminated from the register for not attending the scheduled meeting. She hadn't received the letter with the information about the date, while the office assumed she had received it because it had been sent (the "fiction of assumed receipt"). They could have called her, as she was expecting this, but didn't do it. The mistake wasn't on the side of our beneficiary, but the results were severe – 6 months without income plus increased expenditures (as she is no longer "in material need" from a legal point of view).*

## 6. The progress made towards achieving EU and national social targets

The **Europe 2020 strategy** sets the EU's agenda for growth and jobs for the current decade, having as its main objective the promotion of smart, sustainable and inclusive growth as a way of overcoming the structural weaknesses in Europe's economy and tackling significant European inequalities. The Strategy sets out the EU TARGETS to give an overall view of where the EU should be by 2020, based on key socio-economic parameters. The EU targets are then translated into national targets so that each EU Member State can check its own progress towards each goal. The ones particularly relevant for this study are those referring to employment, and poverty and social exclusion.

In relation to **EMPLOYMENT**, the target set at EU level is that, by 2020, 75% of people aged 20–64 are expected to be in work. For the Czech Republic this indicator has also been set at 75%. In 2009 the employment rate among the overall population 20–64 years old was 70.9%. In 2018 it was at 79.9%. These stats show that the target has been reached and exceeded.

Concerning **POVERTY AND SOCIAL EXCLUSION**, the EU target foresees a reduction, by 2020, of at least 20 million people in or at risk of poverty or social exclusion. In 2017, in the Czech Republic, the number of people at risk of poverty and social exclusion was

about 1,267,000 persons (12.2% of the population<sup>19</sup>). The expected target, to be met by 2020 is 100,000 fewer people at risk of poverty and social exclusion compared to 2007. In 2017 the reduction was in fact 299,000 persons. In this case too, the results show that the target has been reached and exceeded.

According to Caritas Czech Republic, the EU2020 goals regarding poverty and employment have been reached, but they reflect the reality only partially, as many of the problems are worsening. The Czech Republic has indeed achieved high employment rates and a significant decrease of households with low work intensity, but the Caritas Czech Republic's beneficiaries are dramatically affected by the growing inaccessibility of housing and especially by property enforcements, which prevent access when actual income is very low.

The problem is that these statistics, based on representative samples, do not reflect people living in poverty and social exclusion adequately, and consequently, more in depth analysis is needed.

To achieve these targets, the Government of the Czech Republic has promoted over the years programmes and reforms in line with the EUROPE 2020 Strategy.

- Within this framework the evolution of the socio-economic context in Member States is described each year within the Commission Staff Working Document European Semester Country Report.<sup>20</sup> In 2019, in the area of poverty and social exclusion, the report identified a positive trend in terms of reduction of poverty and social exclusion but also the remaining challenges to be tackled:

The share of people at risk of poverty or social exclusion (AROPE) is low but differences across population groups and regions have increased. Among the elderly (aged 65+), the AROPE share has increased from 10.1% to 12.6%. Regional differences are high, with the highest levels seen in the Moravskoslezský and the Severozápad regions.

There is also a worsening trend in these regions on other indicators, such as education outcomes, the number of socially excluded localities and persons living in them, and access to health care.

The increase in private indebtedness could potentially increase the risk of poverty. When taking into account enforcement proceedings and insolvencies, the proportion of poor people would increase by about 4 percentage points (or 300,000 adults).

Over-indebtedness and property seizures have multiple causes, notably unpaid/unpayable mortgage loans. High mortgage loans related to rising housing costs (see Section 3.2), high consumption on credit, failed business projects, lack of social capital, poor financial literacy, and loss of income from economic activity are among the causes on the debtor side.

There is a growing number of socially excluded localities. Housing exclusion and homelessness, high indebtedness and unemployment affect the most vulnerable groups, including Roma people.

Housing exclusion and homelessness are increasing among low-income households, while related policies are lacking implementation.

<sup>19</sup> Eurostat, 2019, AROPE.

<sup>20</sup> European Semester Country Report, 2019. [https://ec.europa.eu/info/publications/2019-european-semester-country-reports\\_en](https://ec.europa.eu/info/publications/2019-european-semester-country-reports_en).

According to Caritas Czech Republic the situation and problems described in the COUNTRY REPORT reflect the reality of poverty and social of the country relatively well.

- In May each year the European Commission assesses the progress made and issues **COUNTRY SPECIFIC RECOMMENDATIONS** (CSRs) in order to propose new actions. The recommendations provide policy guidance tailored to each EU country on how to boost jobs and growth, while maintaining sound public finances. The recommendations focus on what can realistically be achieved over the next 12-18 months. In 2018 the Recommendations issued for the Czech Republic and referring to social inclusion were the following:

1. **Improve the long-term fiscal sustainability, in particular of the pension system.** Address weaknesses in public procurement practices, in particular by enabling more quality-based competition and by implementing anti-corruption measures.
2. (...) **Strengthen the capacity of the education system to deliver quality inclusive education, including by promoting the teaching profession. Foster the employment of women, the low-skilled and disabled people, including by improving the effectiveness of active labour market policies.**

The **2019 the CSRs** are also interesting, in particular no.1 and 2:

- 1: **Improve long-term fiscal sustainability of the pension and health-care systems. Adopt pending anti-corruption measures.**
- 2: **Foster the employment of women with young children, including by improving access to affordable childcare, and of disadvantaged groups. (...)**

The reforms suggested are considered moderately adequate and implementable (both ranked 3 out of 5). From an economic point of view, the Czech Republic is currently performing very well, and the recommendations reflect this and are focused on improving long-term fiscal sustainability as well as inclusive employment policies. According to Caritas Czech Republic, the priority should be on inclusive measures that would guarantee a life in dignity for all, including the vulnerable groups. From the previous chapters of this report, we can deduce that this cannot be achieved without the necessary investments, but “improv[ing] long-term fiscal sustainability” is generally a synonym for austerity measures. We would like to emphasise that the balance of public budgets should be achieved primarily by fair taxation (tackling tax avoidance and tax havens, establishing digital taxes, etc.), not by cuts in social spending.

- Within the **NATIONAL REFORM PROGRAMME**,<sup>21</sup> each country describes the reforms intended to reach the targets set at EU level. Many **reforms** are anticipated, or were already being implemented in 2018, to tackle the key social inclusion, social protection and health challenges, such as the following:

<sup>21</sup> Here you can download the most recent available reforms, [https://ec.europa.eu/info/2018-european-semester-national-reform-programmes-and-stability-convergence-programmes\\_en](https://ec.europa.eu/info/2018-european-semester-national-reform-programmes-and-stability-convergence-programmes_en).

– Actions to promote sustainability and efficiency of the **health sector**, securing of funding to raise health professionals' wages and salaries. The public health insurance system will be enhanced and social health services, facility-based drugs and after-care will all be developed.

– **Housing support programmes**: investment aid for social rental housing has been channelled via Housing Support, a programme run by the Ministry of Regional Development. Actions will focus on low-income groups of the working-age population with no disability (e.g. single parents with multiple children) who are still not adequately supported under the housing policy, on Community Buildings for Seniors, and on Barrier-free Multi-family Buildings.

– **Active employment policy**: actions will be developed to tackle and prevent long-term unemployment and to promote efficiency of the public employment services, and support for young people on the labour market will be implemented.

– **Actions to promote affordable, locally available and high-quality childcare services** will be adopted, also including the basic parameters of non-commercial childcare services.

– **Actions dealing with problems of over-indebtedness and social exclusion** will contribute to the greater inclusiveness of the labour market, thereby increasing the availability, quality and sustainability of basic resources and services, including a dignified income, housing and education.

– **Actions to enhance the quality of social work** in order to guarantee the pro-client approach to users of social work and actions to **develop social services**.

– **Actions to support active ageing, long-term health and social care**.

– **Actions to promote the system of care for children at risk**.

Caritas priorities are present in the priorities of the above mentioned reforms to a great extent. For Caritas the priorities are accessibility of housing, adequacy of income (minimum income, minimum wage and deductions from income because of the seizures) and the amendment of seizures legislation, as well as development of quality social work and social services. On the other hand, we fear that just the fact that there are multiple positive elements in the strategy doesn't always mean that the objectives are reached. Often, the government presents a solution that doesn't bring the desired outcome, ignoring objections from expert and civil society organisations.

For example:

- Replacing the Social Housing Act by the Subsidy programme "Construction". The programme is not well designed (it is focused only on the technical part) and the budget of this programme is very low and would only satisfy the current need for social housing after decades.
- Applying the "15 principles of tackling the business of poverty" defined in an ad hoc fashion by the Mayors of selected municipalities.
- Amendment of unenforceable amounts, which only increase the maximum amount that a debtor can keep, but not the minimum amount, so there will still be those who will dispose of amounts lower than minimum living allowance/ lower than minimum income.
- Amendment of the Insolvency Act, which maintains some of the barriers to debt-relief that were supposed to be removed, so its real impact is difficult to predict.

The most relevant **policy reforms** related to the social inclusion/social protection system implemented in Czech Republic in the last 2 years, and considered as **having had mostly a positive impact** on the reduction on poverty and social exclusion, is the **increase of the minimum wage and guaranteed minimum wages**. On the other hand, the most relevant policy reform considered as having had **mostly a negative impact** concerns

**the Amendments of the system of assistance in material need (especially the “no-supplement-for-housing-zones”).** This reform addresses income

support/minimum income and the institution responsible is the Czech Parliament (Chamber of deputies).

## 7. The use of EU Funds 2014–2020

In the multiannual financial framework 2014–2020 the fight against poverty and social exclusion is considered as being on an equal footing with other EU targets and objectives. In the regulations adopted for this new period, more efforts have been put in place to ensure that the challenges around social inclusion are addressed: 20% of the European Social Fund (ESF) should be dedicated to policies and measures aimed at promoting social inclusion, and a specific fund has been implemented to

support Member States in the fight against poverty and social exclusion: the Fund for European Aid to the Most Deprived (FEAD).

Caritas Czech Republic has been directly involved both in the implementation of the ESF and of FEAD. Caritas Czech Republic considers that both ESF and FEAD resources have adequately been used to fight poverty and social exclusion.

## 8. Caritas Czech Republic promising practices

Two good and innovative practices, that have proved to be particularly successful, have recently been implemented by Caritas Czech Republic. The first project is focused on the activation of community members, and the second on a Rescue Network delivering social services, healthcare services, income support and housing.

- The first programme is called **Community Work in Osada Míru**. The project aims to activate the community of inhabitants in the socially excluded locality of “Osada Míru Ostrava – Kunčičky” (approx. 750 inhabitants) where the population is mainly composed of a Roma ethnic group. The inhabitants of socially excluded communities are often in a situation that does not motivate them to actively focus on their neighbourhood and the common environment. Their life situation and life failures have a negative impact on their self-esteem and on their ability to have higher life goals. There is also a lack of interest in things beyond their closest private sphere.

The project’s activities include **contacting people,**

**mapping problems, building and supporting a leadership group; plus activities to improve their housing; activities to improve relationships as well as contacting external subjects; in addition to evaluating the community work process and its results.** So far, the project has supported 28 active people, who are long-term participants. They prepare and organise the activities for the benefit of the community of Osada Míru or they negotiate with external partners to do so. These are mainly members of the leadership group.

**In total 376 inhabitants of this socially excluded locality have been involved in individual project activities or have otherwise benefited from ongoing community work.** By the end of the project, we plan to be supporting a total of 500 socially excluded localities.

The innovative feature of the project is that community social work has become popular in recent years as one of the more effective ways of securing social inclusion. More experts are trying to describe the principles and methods



of community work in the Czech Republic. Community work is not supposed to replace individual social work; rather, they work together in parallel. Community work is interested in influencing the affairs of the group, its members want to participate in solving common problems and presenting their solutions. Members of the community lose their sense of despair and gain a concrete idea of their rights and responsibilities. For more information please refer to this initiative webpage ([Link](#)).

- The second initiative is called the **Caritas Rescue Network of Diocesan Caritas Brno**: it is a project which **aims to help people who are not reached by the system of social services, either because some of the social services do not cover the area or the need itself, or because the users are unable to access social services themselves**. The Caritas Rescue Network responds to gaps in the social services system and needs that are not covered by the services of other institutions. From Caritas experience, there is a relatively large number of people who cannot find a solution due to their difficult life situations, or there is no suitable service that could help them in their situation. In general, Caritas Rescue Network is there for people in the most difficult of situations. **In 2018, the Caritas Rescue Network**

**helped and supported 873 people in acute need.** However, the actual number is higher because this statistic does not include the families of the users and others who have been impacted directly or indirectly by the service. Food and material aid to people in need has been repeatedly given to several thousands of people. The main innovation of the service is the concept of integrated service provision. A network of collaborating institutions and organisations has been created and they provide help to people in difficult situations in a coordinated way. The service is based on individual assistance to each beneficiary (there's not a specific target group or specific core activities), and responds to very individual needs. For more information please refer to the following webpages:

- <https://jihlava.charita.cz/zachranna-sit/>
- <https://zdar.charita.cz/vyhledavani-v-adresari/?s=charitni-zachrannasitl#directory-detail>
- <https://tisnov.charita.cz/sluzby-och-tisnov/pomoclidem-v-nouzi/>
- <https://trebic.charita.cz/charitnizachranna-sit/>







# Conclusions

The access to some social rights remains difficult: in particular **housing and assistance for the homeless** is considered not completely accessible and adequate. The main problems refer, in particular, to the fact that homeless people, people with physical or mental disabilities, Roma people, and people with addictions, all face stigmatisation and/or instability in their living conditions which complicates their access to services.

Analysing the access to selected services for people living in poverty and social exclusion, it has emerged that:

- **Public Employment Services do not offer an individual approach:** the service doesn't offer specific support to solve the client's situation. Procedures are overwhelmingly complex and hard to understand by the clients.
- Private and public **housing options are inadequate** for vulnerable groups.
- **Early Childhood Education and Care is inadequate and difficult to access** for children from disadvantaged backgrounds, in particular Roma families and those who don't have stable housing. The situation would be described as significantly worse if we were to take into account children younger than three years old.
- Healthcare services are accessible in acute situations, but **health care access is complicated in cases of long-term care and treatment.**
- **Services for homeless are insufficiently accessible and adequate** in relation to the needs that are present.

According to Caritas Czech Republic, new policy reforms are needed to address poverty and social exclusion. These, in particular, refer to:

- **The affordability of housing:** decent housing is inaccessible not only for people living in poverty and social exclusion, but also for other groups (young people and families, seniors, low-income professionals). The Czech Republic should implement a set of complex measures to make the housing market sustainable in the long-term.
- Tackling the "business of poverty": the so-called business of poverty should be tackled through the **provision of social housing and the implementation of a robust system of minimum income** that can prevent uncontrolled indebtedness, as well as legal action against individuals and companies who based their business on this.

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# Recommendations

Caritas Czech Republic recommends to national and European authorities the promotion of changes and reforms, in particular, in the following areas:

## At local and national level

- Recommendation 1:** **Improve the adequacy of Public Employment Services** by implementing a more tailor-made individual approach, in order to address the specific needs of people furthest from the labour market.
- Boost the supportive role of the Employment offices, make the procedures and applications more user-friendly for the clients, improve the HR management of the employment offices itself, including ensuring enough employees and their adequate training and support that will enable them to work with very demanding clients with complex needs, reduce the sanction of elimination from the register, focus on proposing only those options that are actually relevant for the clients. Ensure adequate financial resources for Active Employment policies and set eligibility criteria according to the real conditions of the employment seekers.
- The Czech Republic can collaborate with EU institutions on redefining the active inclusion approach.
- Recommendation 2:** **Improve accessibility and availability of decent housing for vulnerable groups of citizens.**
- Enact new legislation to ensure accessibility of (social) apartments, as well as support to sustain standard, as well as social, housing through social work and counselling in order to prevent loss of housing. A combination of these measures is needed, as well as the development of affordable housing, to ensure a comprehensive housing policy.
- Pilot programmes for Housing First showed a high functionality of this approach, great benefits for the supported persons/families, and also savings for the public budget.<sup>22</sup> It would, based on our experience, also improve many problems and gaps of the current social system and provide solutions for situations that are today very hard to solve.
- A system of social housing is, in our eyes, the proper solution to homelessness, and could decrease the demand for social services. Nevertheless, the capacities need to be flexible and always adjusted to the local needs in order to respond to the real needs that homeless people have (in relation to addictions, health problems, age, etc.).
- Some municipalities already perform good practices of provision of social housing, but a comprehensive system is needed to fulfil the right to housing by all. Nevertheless, the current good practices can serve as a role model for the future system.
- Regarding the financial support needed to develop the fund for social flats, it is necessary to re-evaluate the criteria of the Services of General Economic Interest – de minimis aid, to ensure that municipalities (and NGOs) will be able to access the fund according to the identified needs.

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<sup>22</sup> Ripka, Štěpán Černá, Eliška, Kubala, Petr, Ostravská univerzita, Závěrečná evaluační zpráva projektu, Rapid Re-housing (Final Report on the Rapid Re-housing Project).

**Recommendation 3: Improve accessibility and availability of healthcare in particular for patients living in poverty and social exclusion, and accessibility of social care services for homeless people.**

The Czech Republic needs a strategy to ensure a quality and sustainable healthcare system. Nevertheless, we would like to make some suggestions that would increase the accessibility of healthcare for our beneficiaries and other people in similar situations.<sup>23</sup>

- Create a network of doctors willing to accept new patients, including those from vulnerable groups,
- Verify the reason of each refusal of a new patient (the patient can be refused only for those reasons defined by the law),
- Implement and support streetwork medicine,
- Bring a comprehensive solution of the social care–healthcare borderline,
- Support the accessibility of social care and healthcare in services for the homeless, including conditions for after-treatment (including the creation of new types of social services and ambulances connected to facilities for homeless people).

**Recommendation 4: Continue to increase accessibility to childcare facilities, especially for vulnerable families.**

The limited availability of kindergartens for children under three years of age, causing low labour market participation of mothers of small children, is criticised, for example, within the European semester process. The government is currently working on improvement of this situation. We recommend continuing this effort and implementing a guaranteed place for children aged two and older in a kindergarten, children's playgroup or a micro-nursery.

To achieve the goals of the provision of these services, they have to correspond to the needs of its users, including the most vulnerable ones. Thus, the flexibility needs to be increased – regarding the possibility of signing-up at a different time than at the beginning of the school year, having opening hours that respect the working hours of the parents, etc. What is more, we suggest that the support of alternative, inclusive approaches should be strengthened (in terms of expert, legislative and financial support).

**Recommendation 5: Improve adequacy and accessibility of minimum income.**

We suggest the following changes to the system:

- Erase the discriminative and repressive aspects of the system (the supplement for housing could be a maximum 80% of the normative costs for non-standard forms of housing, remove the no-supplement-for-housing zones, include community service, the payment of an allowance for living in the form of coupons),
- Adjust the amounts of benefits to an adequate level (a new calculation of normative costs for housing based on the real prices of housing, increase the minimum living allowance to the price level of 2019/2020, in line with minimum wage policies and increasing the non-enforceable amount),
- Boost the aspects of the system that positively motivate people to work/reintegrate into the labour market, and ensure that the benefits will be always delivered in a timely manner.

In addition, a European Directive on Minimum Income would be useful.

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<sup>23</sup> Find a policy paper of Caritas Czech Republic on this topic here: <https://www.charita.cz/res/archive/025/002885.pdf?seek=1566481752>.



**Recommendation 6: Ratification of the Revised European Social Charter.**

The Czech Republic is one of last few European countries that has not yet ratified the Revised European Social Charter,<sup>24</sup> a Council of Europe treaty that guarantees a broad range of social and economic rights. The implementation of the rights can be reclaimed through the Collective Complaints procedures.

Caritas recommends that the Czech Republic ratifies the Revised European Social Charter and accepts Articles 9 (vocational guidance), 10 (vocational training), 23 (social protection of elderly persons), 30 (protection against poverty and social exclusion) and 31 (right to housing). This would ensure progressive realisation of access to these rights.

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<sup>24</sup> Council of Europe, Revised European Social Charter – Signatures and Ratifications, <https://www.coe.int/en/web/european-social-charter/signatures-ratifications>.



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