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Všude dobře, doma nejlépe?
Parametry poskytování pečovatelské služby z perspektivy konceptu stárnutí v přirozeném prostředí

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2. PLASOVÁ, B., KUBALČÍKOVÁ, K. Balancing acts: Family care strategies and policy frameworks in the Czech Republic. In: SIROVÁTKA, T., VÁLKOVÁ, J. (Eds.). *Understanding Care Policies in Changing Times: Experiences and Lessons from the Czech Republic and Norway.* Brno: Centre for the Study of Democracy and Culture, 135-160.

3. KUBALČÍKOVÁ, K., HAVLÍKOVÁ, J. 2016. Current Developments in Social Care Services for Older Adults in the Czech Republic: Trends Towards Deinstitutionalization and Marketization. *Journal of Social Service Research*, 42(2), 180-198.

4. KUBALČÍKOVÁ, K., HAVLÍKOVÁ, J. 2015. The potential of domiciliary care service in the Czech Republic to promote ageing in place. *European journal of social work*, 18(1), 65-80.

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6. KUBALČÍKOVÁ, K. 2012. Podpora neformálních pečovatelů v podmínkách poskytování sociálních služeb pro seniory v ČR: příklad Pečovatelské služby. *Sociální práce|Sociálna práca*, 12(4), 89-101.

PART A – COMMENTARY

1. Theoretical approach of previously published scholarly works

The presented texts deal with the topic of providing social assistance to senior adults in their home environment. The instruments of social assistance include, among other ones, also domiciliary care service, which in the Czech Republic is part of the system of social services. The common thread of these texts is the aim to establish whether this type of service has the potential to help support senior adults in their home environment, in view of the internal parameters of the service as well as its external determinants (the macro and micro level). It is not the aim of this commentary to define the key concepts of the individual texts. Nevertheless, as the term 'social service' is central to all the texts, I consider it relevant to briefly introduce at least his term. The term 'social service' is defined in several ways in the context of the welfare state. It may denote the services provided to citizens under the various policies of the given welfare regime (it is then equivalent to the term 'public service'), or the activities performed by social workers under the various policies of the given welfare regime (then it is equivalent to the term 'social work service'), and finally, it may refer to the organisations or agencies providing services or packages of services to individuals, groups, families or communities. As a general rule, support is provided also by other helping professionals alongside social workers. In some literature these organisations are referred to as personal social services or human social services (in order to differentiate them from other types of services). In all the submitted texts the term 'social service' is consistently used to denote an organisation or agency providing assistance and support in difficult life situations.

Evidence of the provision of support to vulnerable individuals and groups can be found in the earliest historical sources. The protection of the vulnerable was initially driven by solidarity and cohesion at the level of the family, group and later also community and municipality. The processes of industrialisation, urbanisation, professionalisation of social work, alongside the formation of the welfare state, contributed to institutionalisation of social services and emergence of formal social services providers. Nevertheless, there are still also informal sources of assistance and support in all European countries. In some welfare regimes they still play a dominant role. Overall, the sector of social services in European countries is characterised by substantial variability in terms of governance, funding, legal form, ideological basis, as well as the level of support and integration with the informal sector.

Social services have come a long way in Europe. The current mechanisms of the functioning of social services are still significantly influenced by the transformation process (also referred to as modernisation), started in the 1980s with the end of "golden age" of growth

and welfare state expansion as a consequence of several transformative pressures (Ferrera, 2008). On the one hand, there were bottom-up pressures, coming from social movements and users' claims for greater recognition, better choice, more customised services and, generally, more democratic and accountable governance system, in contrast to the existing bureaucratic and standardised public services. On the other hand, there were top-down pressures related to a fiscal crisis with consequent attempts at curbing public expenditures and increasing the efficiency of welfare spending. The onset of the financial crisis in 2008 then exacerbated social needs, while placing further pressures on public spending and determining, in many countries, dramatic cuts in the public support of social services, through various ways (Martinelli, 2017:17). In addition to the above-stated factors, Walker (1996:58) also highlights the socio-demographic determinants or, in other words, the profound demographic transformation of the European population, which is associated with increased pressures to secure social services coming from the aging adults and their relatives.

In the context of the above-mentioned factors the principle of ageing-in-place has become the cornerstone of European eldercare policy in the recent two decades. This term is usually defined as the possibility to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level. The concept of ageing-in-place is theoretically rooted in environmental (or ecological) gerontology, humanistic gerontology and critical gerontology. And it is critical gerontology that is crucially important both for the formulation of social assistance and support, and for the operation of helping professions in the area of eldercare. The approach taken by critical gerontology is a view that old age is social rather than a biologically construed status. Alan Walker elaborated this perspective with his concept of the 'social creation of dependency' in old age, and Peter Townsed used a similar term when he structured dependency of older people. This dependency was seen to be the consequence of the forced exclusion of older people from work, the experience of poverty, institutionalisation and restricted domestic and community role (Phillipson and Thompson, 1996:14).

The strategy of social policy based on the principle of ageing-in-place should make it possible for older persons to continue living independent lives in their homes by providing services and products to compensate for loss of strength and mobility. Ageing-in-place must be seen as a complex process, not merely referring to attachment to a particular home but a process where the older person is continually reintegrating with places and renegotiating meanings and identity in the face of dynamic landscapes of social, political, cultural, and personal change

(Wiles at all, 2012:358). Ageing-in-place is usually viewed as a positive approach to meeting the needs of the older person, supporting them to live independently in their (own) home and out of a care institution, or with some assistance, for as long as possible. Nevertheless, it must be understood that ageing-in-place requires services and facilities to be located close to the homes of older adults, affordable and know to potential users through clear information (WHO, 2007). Similarly, Horner and Boldy (2008:358) have noted that to enable the older person to "ageng-in-place" services must be available to meet their needs and to assist them to live independently, so as to avoid or prevent a costly, often traumatic and inappropriate move to a more dependent facility. This means that services need to maximise the person's level of independence through support, management and physical adaptation and respond to increasing dependency over time. Delivering intervention in the context of ageing-in-place presents social services with new challenges, in terms of revision of the values, skills and knowledge, on which social workers base the delivery of help and support to the elderly (Ray, Bernard and Phillips, 2009).

The philosophy of ageing-in-place is underpinned by the European Union´s Charter for fundamental rights, which declares that ´The Union recognises and respects the rights of older adults to lead a life of dignity and independence and to participate in social and cultural life´ (European Parliament, 2012).

A concept closely related to ageing-in-place is de-institutionalization of care provision. De-institutionalisation can be defined as a policy emphasising care in or by the community rather than care within institutions, but it also refers to the prevention of institutional placement. Although the de-institutionalisation movement was mobilised by criticism addressed at mental health institutions, it expanded to also include the care of children, persons with disabilities and older people (EEGTICC, 2012).

De-institutionalisation is usually a complicated and lengthy process and may assume many forms. It may include the avoidance of such institutions that need not be established and subsequently maintained; the search for and development of suitable alternatives in the area of housing, care, training, education and physiotherapy in the community setting, targeted at persons who do not need residential care; and improving the conditions of care for those individuals who do need care and support in the residential setting (Karan and Greennspan, 1995; Anttonen and Karsio, 2016). An important precondition for a successful process of de-institutionalisation is a thorough preparation, be it preparation of the users themselves, the professionals, users' close ones or preparation of the community environment. Otherwise, the

process of de-institutionalisation may be accompanied by negative social phenomena, such as for example an increase in homelessness among people with disabilities, unavailability of support, mental health issues accompanying failure to leave a residential care home, or non-acceptance by others, especially in environments where there is a deep-rooted cultural and historical tradition of residential care (Fine, 2007).

De-institutionalisation is a widely used concept and policy option and is a subject of the Common European Guidelines (EEGTICC, 2012). In the context of eldercare, the concept of de-institutionalisation has several dimensions. These include de-medicinalisation, that is elimination of biological reductionism in tackling the challenges faced by older people; de-professionalisation, that is participation of informal providers in the provision of assistance and support; de-sectorisation, that is a comprehensive approach to handling the real-life situations faced by older people; and integration of social and health care providers, which is generally referred to in literature as long-term care (LTC). Long-term care in general remains a fragmented area: there is lack of shared definition within and between European countries, and in many countries, it is only just beginning to emerge as an idea at the interfaces between formal and care and between health care and social care services (Billings, Leichsenrign and Wagner, 2013). In the context of de-institutionalisation, long-term care means access to home-based social and health care for older people in the given community, usually provided through homecare services (it usually includes medical and nursing care to help with physical and mental health problems) and domiciliary care services.

As Doyle and Timonen note, the terms "home care" and "domiciliary care" may have a different meaning in different systems. Several models of governance have been observed: both services may be offered as part of a package of services provided by a single agency, or as two distinct types of service still provided by a single agency, or as separate services provided by different agencies. Domiciliary care can generally be defined in terms of the clients' needs for assistance and support. Persons who require domiciliary care service usually have a limitation in activities of daily living (ADL) such as washing, dressing or eating, and/or in instrumental activities of daily living such as shopping or meal preparations. Doyle and Timonen have defined this type of social service according to Cullen's typology of social care provision (Cullen in Doyle a Timonen, 2007:5). The parameters of domiciliary care service can be broken down into four categories: providing practical help, providing personal care, monitoring/supervision and care management.

Practical help means help with domestic tasks such as preparing a meal, cleaning the house and doing shopping. Personal help includes washing and bathing, help with getting

dressed and providing continence care. Monitoring/supervision typically concerns persons with dementia who may be confused when using appliances or in danger of wandering. It may also be relevant for other users who may require a more consistent day-time support, or may require support repeatedly several times a day, due to reduced self-sufficiency. Domiciliary care can provide customised equipment to support people to remain living at home, when they are not eligible through any other source. Care management means that carers may also provide support through management activities such as liaising with health professionals, co-ordinating care services and organising other formal and informal carers (if they are present).

De-institutionalisation of eldercare, in the sense of emphasising the importance of provision and integration of social and health care in the community setting, according to Payne (2009:23-24) developing two aspects in which social work became to be the dominant profession. The first one is expansion and institutionalization of caring within residential and day settings as separate occupational group and the second one is the development of care management in organizing packages of services provision in community settings. These developments provide a renewed and redirected focus for social work. For the first time in social work, they emphasize the importance of both caring tasks and also effective service provision as part of social work.

The policy analysis findings from many European countries suggest that the actual implementation of the concept of de-institutionalisation is hampered by numerous obstacles. The main ones include lack of clear governance and financial mechanism, increasing reliance on untrained migrant care workers, poor coordination between services, the burden on informal carers, and the lack of user involvement in care (Billings, Leichsenrign and Wagner, 2013). Similarly, Bode (2017) also considers the unclear division of competences between individual governance levels as one of the causes of the unfulfilled expectations. He speaks about disorganization (e.g. poor response to acute needs by welfare bureaucracies) of social services provision as a result of a new governance model. Disorganisation makes itself felt in the interplay among the many collective actors involved in the contemporary welfare states. One facet of this movement consists of devolving responsibilities to for-profit service providers that tend to create and restructure activities according to what turns out to be lucrative in a given market context (Bode, 2017:103-104). This 'disorganisation' is apparent both at the vertical and the horizontal levels of decision-making in eldercare. National governments delegated the responsibility for care for older people to subnational units, that is, to regional and local authorities. However, this decentralisation of responsibility has not been accompanied by a corresponding transfer of economic resources to the local and regional level. Regarding the

horizontal perspective, in most countries both social welfare agencies and health care providers are involved in the provision of care services, helping people in old age to manage their daily activities. In many European countries, the health sector and the social sector have major difficulties in their collaboration, do not manage to provide integrated help (Ranci and Pavolini, 2013).

The above-described difficulties have resulted in a growing trend to marketisation in eldercare. Referring to modernization and re-structuring social services, described above, the ideological position of marketization is to increase flexibility in the social care market as this would bring about equilibrium of demand and supply in the market. Individuals and groups at different positions on the political spectrum have promoted the idea of users´ rights to exercise choice in their use of public services. Marketization significantly centred on issues of cost efficiency, consumerism, and responsibilities and cost savings (Ugwumadu, 2011). The adoption of the market-like mechanism shapes social care institutions, care-related responsibilities and production of care in the public sphere of the state and local administration. Anttonen and Meagher (2013:16-17) use the definitional framework of marketization, which has two dimensions: whether or not market practices and logic are used in organising services and whether or not private sector, particularly for-profit companies, are involved in providing service. Marketization is defined by market rationalities and practice and takes place when competition is used to organise services provision and private actors are involved.

As has already been said, social services represent a specific segment of social policy. The day-to-day practice of social services provision is shaped by a number of factors. Sirovátka and Válková (2017:30-31) refer to macro/meso-level factors and micro-level factors, of which both can be classified into three main groups: structural, cultural and institutional factors. Research studies examining social services usually focus on the socio-economic factors of service provision at the macro-level or, on the contrary, on the analysis of cultural factors and relationships at the micro-level. Using the example of a specific type of social service (primarily studied as part of analysis of organisational culture) I sought to capture the cultural and structural determinants defining the potential of this service to fulfil the objectives of the strategy for ageing population and old age policies.

2. Summary of results of previously published scholarly works

The period of transformation of social services started after 1990 resulted in the adoption of new legislation. Since 2007, the social services system in the Czech Republic has been regulated by Act No. 108/2006 Coll., on Social Services, and by the Decree of the Ministry of Labour and Social Affairs No. 505/2006 Coll., implementing some provisions of the Social Services Act. The adoption of this law marked a major change in the overall conception and system of social services in the Czech Republic and introduction of a whole new set of principles of organisation and funding of services. The Social Services Act offers the fundamental instruments like a direct payment via social security benefit (care allowance), standards of quality, registration of care providers, individual planning, care agreement between providers and user, users´ participation in the decision-making processes in their municipality or region (Matoušek at all. 2007).

The law was amended several times during the past decade. Especially relevant in respect of domiciliary care service provision were the amendments adopted in 2011, which widened the spectrum of providers by including so called care assistants, and in 2015, which gave more powers over the funding of social services to regional authorities and, even more importantly, introduced guarantees of a minimal network of social services within the region.

Social services are defined by this Act as provision of support and assistance to persons in adverse social situation in a manner that preserves their human dignity and respects individual human needs, while bolstering the possibility of social inclusion of every individual in his or her natural social environment at the same time. As a result, social services represent the aggregate of the specialised activities helping a person to overcome his/her adverse social situation. In line with this legal definition, social services are classified into three basic areas by the Social Services Act: social counselling, social care services and social prevention services. They are also classified according to the place where they are provided: field-based services are provided at a person's place of residence; in order to receive non-residential services, users must visit specialised facilities such as day care centres; residential services are provided in facilities where a person lives year-round at a certain stage of his/her life. These mainly include homes for the elderly and homes for disabled persons.

The issues of aging are reflected in a number of policy documents approved by the Czech government The most important among them are: *The Concept of Transition From Residential Services Towards Other Types of Social Services Delivered to the Users in Their Home Environment and Promoting Their Social Integration (2006)*; *National Report on*

Strategies for Social Protection and Social Inclusion 2008-2010; Quality of Life in Old Age: National Program of Preparation for Aging 2008-2012; *Priorities for the Development of Social Services for 2009-2012*; *The National Action Plan to Support Positive Aging for 2013-2017*. The principles, as expressed in all these documents, underlying the delivery of aid and support services to older people include, in particular, promotion of active aging, integration of older people in the common life of the community, and promotion of the notion that older persons with care needs (recipients of long-term care) should remain living in a place that they know well, i.e. preferably in their own homes. These national priorities underline the importance of domiciliary care service, which is meant to form the pillar of the whole system of social services for older people, as it is the only common and widespread field-based social care service in the Czech Republic.

The tradition of homecare delivery to older adults reaches far into the past in our territories. After the formation of Czechoslovakia as an independent country, this tradition was taken over by the Czechoslovak Red Cross. It was initially restricted largely to healthcare provision, but later extended also to housekeeping assistance, cooking and personal hygiene help. After the coordination of homecare services was taken over by the state health authorities in the fifties, it was reduced to merely nursing care and sick care, whilst social care was channelled to residential services. The next change came two decades later. Domiciliary care service became part of the social security system as a social care service (Vítová, 2010).

At present, the provision of domiciliary care in the Czech Republic (that is the scope of services, charges and payment methods, and personnel requirements) is regulated by the above-specified Act and Decree. In 2016, domiciliary care service served more than 106 thousand adult citizens, who were, almost as a rule, over 65 years old. In the total population over 65 years old, 5.3% citizens were served in 2016. In the total population over 65 years old, 1.9% were residential home users in 2015 (1.8% in 2016) and 0.8% were users of a special-regime home in 2015 (with the same proportion in 2016). More see below.

Table 1

Social Care Services for Older People in Numbers, 2015-2016

Type of social service	Year	
	2015	**2016**
Domiciliary care services		
Number of adult users	110,956	106,601
Homes for older people		
Number of facilities	496	514
Number of adult users	35,944	35,829
Special regime homes		
Number of facilities	276	307
Number of adult users	14,781	16,856

Source: MoLSA, 2015 -2016

Table 2

The Annual State Expenditure per User in Selected Services, 2015-2016

Type of social service	Year	
	2015	**2016**
Domiciliary care services		
Expenditure per user	22,384	24,681
Homes for older people		
Expenditure per user	313,770	323,654
Special regime homes		
Expenditure per user	348,493	362,382

Source: MoLSA, 2015 -2016

Table 3

The unsuccessful applications in Selected Services, 2015-2016

Type of social service	Year	
	2015	**2016**
Domiciliary care services		
Unsuccessful applications	1,336	1,654
Homes for older people		
Unsuccessful applications	64,058	65,764
Special regime homes		
Unsuccessful applications	18,782	21,334

Source: MoLSA, 2015 -2016

As for the investigation into the parameters of this type of social service as anticipated by Doyle and Timonen (2007), resp. Cullen. The ´practical help´ parameter is relatively widely represented in domiciliary care service and explicitly defined in the Social Services Act. According to the law, the term 'practical help' involves food provision or help with food provision, which in practice means ensuring a supply of food corresponding with the specific dietary needs at old age - the delivery of hot meals, help with the preparation of meals or drinks, or the preparation and serving of meals and drinks. Another form of practical help is the assistance given to the users with the maintaining of their household. The provision of these

activities is covered by the employees of the provider organisation, namely social care workers. The parameter ´assistance with self-maintenance´ is also explicitly defined in legislation. It involves activities, such as assistance with serving food, dressing, transferring from bed to wheelchair and help with spatial orientation. Similarly, part of the domiciliary care service comprises assistance with personal hygiene, hair and nail care and continence care. These activities are also covered by social care workers, and it is important to point out that, even on the part of social care workers, the issue of ensuring help with self-maintenance is not an easy topic, with the exception of those workers who have gained some kind of nursing experience in the past. Most social care workers have not been systematically trained to cope with the specifics of performing activities of this kind. As for parameter ´monitoring/supervision´, help provision in the form of supervision or concurrent monitoring of the user's life situation is not explicitly defined in legislation as a projected parameter of domiciliary care service in the CR. Some items of service, such as accompanying clients to medical appointments or public institutions, could be regarded as a kind of supervision as these are included in the legislation. The long-term supervision of users with reduced self-sufficiency, for example, can be provided by domiciliary care service in the form of 'facultative activity'. In other words, it is not part of the service according to legislation, but it can be offered to clients at the discretion of the founder. The parameter ´care management´ is not a codified part of domiciliary care service. In spite of that, during the research, we identified some ad hoc efforts to seek solutions for the urgent needs of a particular client, which are difficult to cover within the range of services offered by the domiciliary care service agency. The Social Services Act, however, implies the systematic planning of care strategies by means of an individual assessment of the old person's needs and the individual arrangement of care. The provider has the statutory duty to establish an individual care plan for every user. Within the environment of the agency examined, there is a tendency to formalise the individual planning practice, with particular emphasis placed on the forming of the document rather than the process of the assessment of the client's situation. The assessment of the client's life situation is generally conducted by social workers, particularly during the introductory negotiations over the launch of the service provision. A review of this document is carried out more or less ad hoc, or more likely when the users' life situation has undergone an unexpected change. Making changes in individual plans, as well as making use of them in practice, has been fully delegated to social care workers, who simultaneously fill the role of key workers. Underestimating the value of social work may be considered a factor that strengthens the prevailing orientation of domiciliary care service to the mere provision of practical help. (For more details on this topic, see *´KUBALČÍKOVÁ, K.,*

HAVLÍKOVÁ, J. 2015. The potential of domiciliary care service in the Czech Republic to promote ageing in place' included among the previously published scholarly works [4] in part B of this thesis).

An analysis of the parameters of the domiciliary care service in the CR revealed the limited potential of this type of service for collaboration with family caregivers, which is one of the prerequisites of the concept of de-institutionalisation. The identified patterns of domiciliary care service provision leave family caregivers with limited options. The formal provider offers ready-made solutions (e.g. the time of the day when the service can be provided, the scope of assistance) and gives the family caregivers the possibility to opt out or presents a selection of available or pre-defined forms of assistance, from which the user or family caregiver can choose. Admittedly, there are differences in how the relationship between domiciliary care service and informal caregivers is understood by social workers and representatives of the founders (municipality). While social workers tend to perceive the role of the informal and formal sectors as synergetic, with both parties complementing each other, representatives of the founder show a clear inclination toward the compensatory model, where the formal sector only comes into play once the possibilities of the informal sector have been exhausted. This confusion in terms of the strategy of the domiciliary care service inflicts insecurity on the communication between the care workers and the users' families and their other close ones, as well as with the users themselves, particularly in situations where the social fabric is not entirely functional (for more details on this topic, see *'KUBALČÍKOVÁ, K., 2012. Podpora neformálních pečovatelů v podmínkách poskytování sociálních služeb pro seniory v ČR: příklad Pečovatelské služby.'* [Support to informal caregivers in the conditions of social services provision for the elderly in the CR: domiciliary care service case study] included among the previously published scholarly works [6] in part B of this thesis).

On the other hand, the survey among family caregivers has shown a straightforward expectation that the domiciliary care service should be flexible in handling the users' different life situations; there is an implicit expectation of a service with adequate spatial and temporal coverage, and responsive to the users' individual needs. The family caregivers have high expectations especially in areas corresponding with the above-described parameters 'monitoring/supervision' and 'care management'. They place most emphasis on the need for temporary or more consistent daytime surveillance, in combination with assistance in managing basic needs. There is also a growing demand for coordination of care involving a combination of different services, e.g. social and health services or physiotherapy. The demand for

coordination of care by a formal provider may be associated e.g. with the family caregivers' older age and their own health issues, high workload, or also poor understanding of the system of support. In the survey, the family caregivers gave sometimes explicit, but mostly implicit accounts of a low potential of field-based services to provide comprehensive assistance and support to elderly clients with a wider spectrum of needs to care for. Those family caregivers for whom field-based or outpatient services are not available find themselves in the most complicated situation and under the greatest pressure. In these cases, accommodating the elderly relative's needs requires either intensive involvement of other family members, or changing a job to allow for regular day care, switching to part-time hours at work, giving up one's job, or a combination of all of the above. Where these measures fail or where coordination of care among family caregivers and professional providers fails, the usual strategy is to secure a place in a residential facility (for more details on this topic, see *'PLASOVÁ, B., KUBALČÍKOVÁ, K., 2017. Balancing acts: Family care strategies and policy frameworks in the Czech Republic.'* included among the previously published scholarly works [2] in part B of this thesis).

The unresolved role of municipalities in implementing the concept of de-institutionalisation can be seen as a more general phenomenon, rather than a problem specific to the municipality examined in our case study of domiciliary care service. The results of the survey of local municipalities in the territory of the selected municipality with extended powers imply a rather low level of preparedness of the municipalities to assume an active role in securing or mediating assistance for elderly citizens whose self-sufficiency is compromised. On the one hand, elderly citizens are seen as potential beneficiaries of assistance, but on the other hand, the municipalities have no targeted systems in place to monitor unfavourable developments in the social area. Local representatives proceed intuitively in this regard and tend to be guided by their own personal experience with informal caregiving. The observations made by the elected representatives show an underlying tendency to perceive the family as a decisive, if not the only source of caregiving. Or, alternatively, it is the "state" that is held responsible for ensuring availability of care (for more details on this topic, see 'KUBALČÍKOVÁ, K., 2013. *Obce a jejich participace při poskytování péče o seniory se sníženou soběstačností - Aktivní hráč, nebo přihlížející?'* [Municipalities and their participation in the provision of care for elderly people with reduced self-sufficiency – active players or bystanders?] included among the previously published scholarly works [5] in part B of this thesis).

It is important to understand the above-described attitudes of local representatives as part of a wider context of the national policy and its regional and local implications. The expert panels, as well as the survey of stakeholders, the detailed analyses of national, regional and local strategy papers and their comparison with the findings of the domiciliary care service case study have all shown that implementation has only been partial. Similar conclusions about the relationship between the national and local level were reached by Repková (2016) when she examined social services in Slovakia (2016). The provision of intensive domiciliary care has not so far become the municipality's policy priority. In situation when the municipality covers a major part of the domiciliary care service budget, the municipal policy has a marked influence on the conception of this service agency. However, the policy priorities do not allow that the agency could take care of a greater number of older people with the need for a more intensive care. The implementation of the national policy priority of deinstitutionalization was not supported by appropriate financial incentives from the national or regional government. Although the state contributions towards the funding of the domiciliary care services in question have risen over time, direct allocation of these funds towards the restructuring of support in favour of more intensive care is still missing. We are thus witness to a coincidence of two trends. On the one hand – in compliance with the national strategy – the support to encourage emergence of new residential facilities has been restricted; at the same time, however, the potential of the domiciliary care service to meet the needs of elderly people or family caregivers is not being developed either. In reality, the concept of de-institutionalisation is replaced with the concept of marketisation. Some elderly citizens find themselves excluded from the sector of public social services and their needs have to be satisfied through for-profit providers (for more details on this topic, see 'KUBALČÍKOVÁ, K., Havlíková, J. 2016. *Current Developments in Social Care Services for Older Adults in the Czech Republic: Trends towards Deinstitutionalization and Marketization.*' included among the previously published scholarly works [3] in part B of this thesis).

The marketisation of eldercare has relatively specific features in the Czech Republic and does not exactly fit the above-described definition of this concept (Anttonen and Meagher, 2013). In the case of some providers, the credit for the apparent efforts to better target the needs of elderly people and family caregivers in the provision of domiciliary care should, to some extent, be given to personal initiatives of the individual care workers. Furthermore, for-profit social services, that is registered commercial services, have become increasingly influential. Nevertheless, the dominant feature of the "Czech model" of marketisation is the rise of the

"shadow economy" in the provision of care. This concerns activities carried out outside the legal framework of social services and without registration, and thus also with no possibility to ensure protection of the user. Similar conclusions were made e.g. by Vávrová and Dořičáková (2016) in their local survey in the sector of social services (for more details on this topic, see 'KUBALČÍKOVÁ, K., Havlíková, J. 2016. KUBALČÍKOVÁ, K., SZÜDI, G., SZÜDI, J., HAVLÍKOVÁ, J. 2017. *The de-institutionalisation of care for older people in the Czech Republic and Slovakia: national strategies and local outcomes.*' included among the previously published scholarly works [3] in part B of this thesis).

In conclusion, the marked shift from the concept of de-institutionalisation to the concept of marketisation in the practice of care provision at the local level has direct implications for the performance of social work. As described above, Payne (2009) has suggested that de-institutionalisation strengthens the role of social work, especially at the level of coordination and care management, while meeting the principles of ageing-in-place. The results of our analyses suggest that the "Czech model" of marketisation results in stagnation in the performance of social work or, more precisely, in elimination of social work. This perspective in the development of Czech social work in the context of the processes of modernisation and restructuring was adopted e.g. by Chytil (2007) who suggested the notion of "colonisation of the public sphere by private interests". This situation has a wider relevance as it also relates to social work in general, providing an insight into the practice of social work and illustrating the potential consequences of the legally insecure position of social workers in the CR. It demonstrates that in the absence of a relevant legislative delineation of social work, its practice may be more strongly influenced by the policy formulated at the municipal level rather than by national priorities, notably if the implementation of the priorities is not accompanied by the change of allocation of financial resources.

3. Relevance of previously published scholarly works for the author's professional profile

The topic of social services, and the question of delivery of social services to elderly people in particular, has in the long term been part of my research and teaching activities and professional interest.

The initial project in this area was a case study of a selected domiciliary care service conducted between 2002 and 2003 under an institutional project of the Research Institute for Labour and Social Affairs, led by prof. Libor Musil. The project's primary research interest was

in organisational culture and its impact on the performance of social work services and on approach to clients. Between 2010 and 2012, the project team carried out a follow-up study of a domiciliary care service, again in the form of a case study and under the framework of the institutional project of the Research Institute for Labour and Social Affairs. This project was unique in terms of its timing shortly after the adoption of the above-mentioned Act on Social Services, and especially in terms of the opportunity to join the same service provider organisation anew. The goals of this project were articulated in broader terms. The performance of social work and approach to clients were examined not only in relation to the organisational culture, but also in the context of implementation of new principles of the national policy in social services (introduction of standards of quality, new qualification requirements and new funding conditions, in particular). Such research concept enabled greater insight into the inherent mechanisms underlying the functioning of the given organisation, and notably also identification of a range of external factors that determine basic parameters of domiciliary care service provision. The repeated choice of this type of social service as the research setting was guided, in addition to the above factors, also by the national strategy in the area of social services development in the context of ageing and old age (emphasis on supporting the elderly in their home environment, applying the principle of deinstitutionalisation, and accentuating the role of field and homecare services). The research findings made it possible to discuss also the possibilities and limitations of the domiciliary care service as a potential alternative to residential care.

The findings and conclusions from this case study were further developed in the project funded under the COST scheme of the Ministry of Education, Youth and Sports "Modernization and restructuring of social services in the Czech Republic: the studies of selected areas", as part of an international project COST ACTION IS 1102 "Social services, welfare state, and places. The restructuring of social services in Europe and its impacts on social and territorial cohesion and governance". Acting as principal investigator I conducted this project in the period 2013-2015 under the Faculty of Social Studies MU, Institute for Public Policy and Social Work. The project's focus was on the provision of homecare services for elderly citizens in the context of the demographic transformation of the Czech population, on the definition of priority areas of the national policy of social services, and also on the possibilities to run international comparative analyses. The project provided an opportunity to build up the knowledge of the context in which domiciliary care services are provided, to understand the trends in this sector

of social policy in other European countries (such as increasing personalisation of services and marketisation) and to keep pace with state-of-the-art international research in the field.

Many of the findings yielded by the above-mentioned projects in relation to the actual practice of domiciliary care service provision concerned not only the elderly service users themselves, but also family caregivers providing care in the home environment on their own or in collaboration with a formal care provider. I took the opportunity to examine in more detail the perspectives and strategies of family caregivers and their attitudes to the parameters of homecare service provision as a research team member in the project "InnCARE: Governance, social innovation and social investments in care services in the Czech Republic and Norway" funded under the Czech-Norwegian Research Programme of the Ministry of Education, Youth and Sports and carried out between 2014 and 2017 under the Faculty of Social Studies MU, Institute for Public Policy and Social Work and leadership of prof. Tomáš Sirovátka.

In addition to academic research studies, I also conducted an applied research project in the area of service provision for the elderly under the Faculty of Social Studies MU, Department of Social Policy and Social Work in cooperation with public authorities. The project involved a survey of all the contracting authorities and providers of social services in a selected municipality with extended powers.

On top of the research projects directly linked to the submitted texts, reference should also be made to other projects in which I participated in the past years. Although these research projects were essentially targeted at other areas of social or public policies, the findings and knowledge they generated have deepened our insight into the context of domiciliary care service provision and the potential of this social service to help sustain elderly people in their home environment. These projects include the study "Application of social survey findings in social work with applicants for care allowance" funded under the programme Omega TAČR and conducted in 2014-2015 under the Research Institute for Labour and Social Affairs. Another project was the "Study in the interaction and synergies between delegated and autonomous operation of public bodies in securing the availability of social services and social work" funded from the programme Beta TAČR and conducted in 2016 under the Research Institute for Labour and Social Affairs.

4. Methodological approach of previously published scholarly works

Another common thread in the submitted texts is the methodological approach to the research topics. All the research projects to which these texts relate were based on qualitative research. In terms of the typology of research objectives as presented by Veselý, our primary objective was the exploration of the topics in order to get a better insight (especially in the case of early projects) and, subsequently, the understanding of the context and the actions of individual actors (typically in the case of the case studies and the survey of family caregivers that we carried out). The third type of objective was explanation, in the sense of capturing and identifying a broader complex of relationships and mechanisms (Veselý, 2011:29-30). Primary data was gained using a range of data collection methods and techniques (see Rubin and Babbie, 2001; Hendl, 2016), including mainly case studies, individual qualitative interviewing (in-depth interview, semi-structured interview, standardized interview), focus groups, expert opinion, and expert boards. Qualitative data was analysed using the software Atlas/ti. Qualitative data was validated by means of triangulation of research techniques or communication partners. In most projects, primary data was supplemented with secondary data, mostly obtained as desk research through analysis of administrative records (official statistics, registry data of service providers, data provided by municipalities etc.).

In connection with the above-described methodological approach and in the context of the thematic focus of the submitted previously published scholarly works also another important unifying factor must be mentioned, and that is the compactness of data region-wise. The data generated under all the projects whose research findings inspired the presented texts was collected within the same region. In terms of the discussion of the potential of domiciliary care services to help maintain elderly people in their home environment, regional authorities are important policy actors in social services, as has already been discussed in more detail above.

5. Notes on the formal aspects of previously published scholarly works

In compliance with Masaryk University Directive No. 7/2017, in the version in force from September 1, 2017, section 6, subsection 1, letter b, this habilitation thesis is submitted as a collection of previously published scholarly works with commentary.

The submitted collection includes 6 scholarly works. Of these, 2 scholarly works were initially published in the form of distinct chapters in international English-language publications. Other 2 scholarly works were published in an international English-language peer-reviewed impacted

journal. Finally, 2 of the scholarly works were published in a professional national journal, which at the time the work was published was listed among national peer-reviewed journals (at present, it is covered in the Scopus database).

In view of the fact that the Directive does not regulate the format of the submitted scholarly works, the authentic texts of the works are presented here. This means that the scope, content and wording of the submitted works are identical to the published versions after editorial modifications. In order to comply with the licence agreements between the author(s) and the publisher(s) the previously published scholarly works are here submitted without post-publication modifications. The format of the texts presented in this habilitation thesis is identical to that of the electronic version of the published scholarly works, as provided by the publisher(s).

The citation standards of the submitted previously published scholarly works respect the citation standards of the publishers of the individual papers. The commentary to the submitted collection of previously published scholarly works follows the citation standard of the journal Social Work (Sociální práce/Sociálna práce), which is currently included in the Scopus database.

My authorship of those of the previously published scholarly works that were written by a team of authors can be expressed as follows:

- Chapter "Balancing acts: Family care strategies and policy framework in the Czech Republic" (40%).
- Chapter "The de-institutionalisation of care for older people in the Czech Republic and Slovakia: national strategies and local outcomes" (50%).
- Paper "Current developments in social care services for older adults in the Czech Republic: trends towards deinstitutionalization and marketization" (70%).
- Paper "The potential of domiciliary care service in the Czech Republic to promote ageing in place" (70%).

The texts submitted as part of this habilitation thesis and included in the collection of the previously published scholarly works with commentary were not used to acquire any other academic title.

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