

## 22. SOCIAL SECURITY

Data on social security are taken mostly from administrative sources of the Ministry of Labour and Social Affairs, for certain selected indicators also from the information system of the Czech Social Security Administration.

The **social security scheme** includes pension insurance, sickness insurance, state social support benefits, foster care benefits, material need benefits, providing of social services (including the care benefit), and other systems of benefits and allowances. The pension insurance scheme provides old-age, disability, widows', widowers', and orphans' pensions. Before 2009 disability pensions were provided as full and partial ones. Effective since 1 January 2010 full disability pensions were partly transformed into disability pensions, third level and partly were subdivided into disability pensions of first level and second level depending on percentage of the working ability reduction of the insured person due to long-term adverse condition. Data starting from 2010 show, on the contrary to the previous years, the numbers of recipients, average monthly amount of old-age pensions, partial old-age pensions (shorter insurance period) from other standpoint. They are newly based on the Ministry methodology, in which partial pensions granted pursuant to Section 29 2) of the Act No 155/1995 Sb on pension insurance, are strictly classified as partial old-age pensions. In the approach applied to that time they were classified as a part of the old-age pensions. Furthermore, since 2010 disability pensions paid on the day when 65 years of age is reached are converted into old-age pensions on that day. Average old-age and disability pensions are given in as a single-received pension, that is not combined with widow's or widower's pension.

The **sickness insurance** system of benefits comprises four **benefits**, namely sickness benefit, carer's allowance, maternity benefit, and pregnancy and maternity compensation benefit. Sickness insurance benefits are provided per calendar day of a given period of time. The sickness insurance of the self-employed without employees is voluntary. The self-employed without employees are entitled to two of the benefits only – the sickness benefit and the maternity benefit. Job applicants are not sickness insured, but they are paid the maternity benefit from sickness insurance. Tables relating to sickness and pension insurance do not include data concerning the armed forces of the Ministry of Defence, the Ministry of the Interior, and the Ministry of Justice.

The **state social support system** provides for targeted assistance to families with dependent children in determined social conditions, which the families are not able to cope with using their own resources and strength. Some of the **state social support benefits** are paid as applicant and jointly assessed persons income tested benefits, i.e. child allowance, housing allowance, and birth grant. Other are provided as non-income-tested benefits as parental allowance and funeral grant. **Foster care benefits** has been regulated by a separate legal regulation since the beginning of 2013 and have not been included into state social benefits. They are used to contribute to needs related to care of a child, whose parents may not or does not want to care of and who is in foster care; since 2013 these benefits have included new established allowance at the foster care termination.

**Material need benefits** serve as an aid to natural persons, who have insufficient income, providing for their basic living conditions. The benefits meaning is to motivate persons to make active efforts to acquire finances to satisfy their basic living needs and to prevent their social exclusion. The system of material need benefits involves living allowance, supplementary housing allowance, and extraordinary immediate assistance. Care benefit is for persons older than 1 year who for reasons of long-term adverse health conditions are in need for assistance of other natural person when managing their basic life needs in the extent as determined by law. The persons may, upon their own free will, reimburse professional social services or use it to cover inevitable expenses while providing the care needed within the family.

In context of the adoption of the Act No. 108/2006 Sb. on social services, as amended, in 2007 a change was carried out to classification of **social services** provided and the Register of Social Service Providers was established. Before 2007 the data were collected for respective social service establishments when the establishment reported detailed figures solely on the prevailing type of the social service provided and merely additional information on other provided social services. Since 2008 a different methodology approach has been applied consisting in the observation of data on each registered social service in a separate statistical report. This approach has enabled to obtain more detailed and precise data on the registered social services provided. For this reason, some data for the years from 2007 to 2009 are not comparable with the data for the previous years and, moreover, the data for 2007 cannot be compared to those for the following years. Data on capacity of social service establishments are based on actual allocation of the services provided. Data on social care establishments in table for regions and districts (Table 22-6) may not correspond to regional data given elsewhere (Tables 22-1 and 22-101) due to the source data were generated on different dates.