



SURVEY ON COMPETENCES - DRAFT

Health and Social Care

As European society ages, health and related social care services are becoming increasingly important. This growing demand for services, provided by the public sector in many Member States, is creating unprecedented pressures on health and social care systems. To cope with these pressures, the sector needs a workforce with the right skills and competences ⁽¹⁾. Today, the health sector in the European Union (EU) employs almost 10 % of the total workforce and corresponds to almost 9 % of gross domestic product (GDP) ⁽²⁾.

Research findings ⁽³⁾ on generic skills required in the health and social care sector show that for front-line social care workers and managers for example, these are empowerment, brokerage skills, multicultural skills, transdisciplinary teamwork, knowledge management skills, leadership, etc.

The following two occupations based on Isco88 have been selected for analysis:

1. **Aid dental** within INSTITUTION-BASED PERSONAL CARE WORKERS (5132) who perform simple tasks to assist medical, nursing, and dental professionals or associate professionals.
2. **Social worker associate professional** within SOCIAL WORK ASSOCIATE PROFESSIONALS (3640) who provide guidance to clients in social and related matters enabling them to find and use resources to overcome difficulties and achieve particular goals.

⁽¹⁾ <http://www.cedefop.europa.eu/EN/about-cedefop/projects/identifying-skill-needs-in-sectors-and-enterprises/identifying-skill-needs-in-sectors-and-enterprises.aspx>

⁽²⁾ OECD. Immigrant health workers in OECD countries in the broader context of highly skilled migration. In International migration outlook 2007, Chapter 3, p. 161-228. Paris: OECD, 2007. Available from Internet: <http://www.oecd.org/dataoecd/22/32/41515701.pdf>

⁽³⁾ Cedefop Research Paper (2010). Quality assurance in the social care sector – The role of training. http://www.cedefop.europa.eu/EN/Files/5507_en.pdf



QUESTIONS TEMPLATE

Your country.....Czech Republic.....

Your name: ..Martina Kaňáková.....

Your e-mail:martina.kanakova@nuov.cz.....

Your telephone:00420724652226.....

Selected sector: **X** Health and social care Renewable energy

You selected this sector because (you may select more than one option):

- It is more important /relevant to your country
- It presents interesting developments in terms of related reforms
- It was easier for you to access information in this sector
- Other reasons (please specify).....

What kind of difficulties (if any) have you encountered for carrying out this survey?
(you may select more than one option):

- Difficulties in reaching stakeholders and key informants
- Updated information and data not available
- The proposed occupations do not exist at all in your country
- None
- Other difficulties (please specify) :it was difficult to find exact data, because the healthcare is registered in the Czech Republic as a separate category whereas social work and other social fields fall in one category together with other fields.



1. Please briefly report on the national policy framework establishing the context for the introduction of key competences and generic skills in initial VET provision.

The passing of the new Education Act⁴ in 2004 launched implementation of curricular reform in basic (primary and lower secondary) and secondary education in the Czech Republic. The law lays down, apart from other things, a two-level development of curricula and provides for education to be targeted at the development of pupils' key and generic competencies. Moreover, this piece of legislation has also enacted a higher level of schools' autonomy and participation in the design of curricula. Educational programmes (curricula) for basic and secondary education are designed at two levels: at national level the Ministry of Education, Youth and Sports (MŠMT) issues Framework Education Programmes (RVPs); at local level schools develop their own School Education Programmes (ŠVPs) in line with the relevant RVP.

RVPs define the objectives, content and conditions of education in the given field. They set out the requirements concerning learning outcomes and graduates' competencies and define the basic conditions under which education is provided in schools. RVPs are binding in terms of being the starting point for the development of ŠVPs. However, schools may structure the curriculum and choose various educational strategies with respect to their pupils, learning conditions, plans, (mainly regional) labour market requirements, opportunities for continuing education, etc. This strengthens the schools' autonomy and their responsibility for educational provision.

RVPs for **secondary VET** were gradually issued in 2009-2010 (there are 275 fields of education); RVP for dental aid and social work were developed in 2009. Employers, in addition to schools, were involved in the development of the RVPs - they formulated their requirements concerning graduates' competencies and the content of the vocational component of the programmes. Schools are also encouraged to design their ŠVP in co-operation with social partners.

Key competencies found their way into VET curricula as early as the 2nd half of the 1990s, but the introduction of RVPs has further strengthened their importance. Within the process of the development of RVPs key competencies for VET (as set out in the Standard for Secondary Technical and Vocational Education issued by MŠMT, 1996) were reviewed both in terms of the objectives of secondary VET and in terms of the

⁴ Act No. 561/2004 Coll. on pre-school, basic, secondary, tertiary professional and other education (the Education Act)



recommendations contained in the European Framework for Key Competencies for Lifelong Learning.

Tertiary education in the fields of health and social care services takes place in line with the study programmes of individual higher education institutions and tertiary professional schools that hold the relevant accreditation from the MŠMT. Key and generic competencies are closely related to the qualification requirements for the relevant occupations. There is an across-the-board effort to facilitate their acquisition in relation to the implementation of EU recommendations and strategies in the Czech education system. Moreover, social partners point to the need for a more intensive development of key competencies and generic skills as a precondition for the development of science, technology and production.

2. Please present the main socio-economic characteristics of the selected sector in your country (incl. data on Contribution to GDP; Number of employees; Value added of the sector/production; Employment trend in the last 3 years; Number of enterprises-distinguishing between micro and bigger enterprises).

At the end of 2010 the population of the Czech Republic (CR) was 10,537,770. As for the long-term demographic development, the population is ageing, and the growth in the number of people older than 65 is faster than the increase in the number of newborns. At same time, the average life expectancy at birth has been slightly increasing. This affects both the economy and the funding of health and social care, as well as employment in the sector.

According to national statistics, in 2009 the sector of health and social care⁵ employed 289,000 people, which accounted for some 5.5% of total employment in the CR. In terms of employment the sector is significantly smaller than the EU-27 average. The proportion of health and social services sector in total employment in EU-27 is 9.5% on average. While in EU-27 this proportion slowly increased in 2000-2009, in the CR it remained roughly the same (see Table 1).

⁵ Throughout the text the sector of health and social services is defined based on the NACE Rev.2 (CZ-NACE) classification – Section Q. In the Czech system of public administration these are two independent sector governed by two ministries: Ministry of Health and Ministry of Labour and Social Affairs.



Table 1: Employment in the health and social care sector (registered numbers, headcounts)

	2000	2005	2006	2007	2008	2009
EU (000s)	18,073.9	19,743.4	20,228.3	20,500.7	20,858.5	21,294.6
EU (% of total employment)	8.6	9.1	9.1	9.1	9.2	9.5
ČR (000s)	268.4	273.6	282.5	285.9	286.8	289.0
ČR (% of total employment)	5.4	5.5	5.6	5.5	5.4	5.5

Source: Eurostat, National Accounts, NACE Rev. 2.0 - Q (table nama_nace_06e, extraction 13.7.2011)

The overall **gross value added** by the health and social care sector was EUR 5,209,000,000, which accounted for 4.2% of the gross value added in the entire economy (3.8% of GDP) in the Czech Republic. The proportion of the sector in total gross value added in EU-27 was 7.6% (6.8% of GDP). The differences in the shares of GDP therefore correspond roughly to the differences in employment.⁶

In July 2011 there were some 33,000 **business entities** in the sector, of which 30,000 fall into the healthcare category (NACE 86), 900 into residential social care (NACE 87) and 2,300 into outpatient social care (NACE 88) – see Table 2. For approximately three quarters of these entities the number of employees is entered in the registry of business entities. In healthcare services the majority of establishments are micro-enterprises either without employees (25%) or with 1-9 employees (70%). These are predominantly single physician's consulting rooms. There are 366 inpatient healthcare facilities (NACE 86.1).

The large majority of facilities providing residential social care are small and medium-sized enterprises with 10-49 employees (46%) and 50-249 employees (46%). The size structure of more than 50% of outpatient social care facilities is unknown. The majority of the entities that have provided information about their structure are micro-enterprises with 1-9 employees (66%) and without employees (25%). Outpatient and field social services are largely provided by municipalities and towns, which makes it difficult to define the number of employees. According to the data of the Ministry of Labour and Social Affairs (MPSV), in 2009 there were a total of 2,957 social services facilities in the CR with an overall capacity of 77,951 clients. Of these 15 were run by the state, 1,118 by municipalities and regions, 562 by churches and 1,262 by private and other entities. The most important facilities in terms of capacity are those run by

⁶ Source: Eurostat, National Accounts



self-governing units – municipalities and regions (77.2%), while the capacity of state-owned facilities is only 1.5%. The facilities operated by churches and other entities account for 8.8% and 12.4% of the total respectively.⁷

Table 2: The number and size structure of enterprises according to the number of employees

NAC E Rev. 2.0	Sector	Total	NA (counts, %)	0	1-9	10-49	50- 249	250- 499	500- 999	1000 +
86	Human health activities	29,856	5,108 (17%)	6,223	1,736 7	717	267	60	69	45
87	Residential care activities	915	98 (10%)	9	45	376	375	10	2	0
88	Social work activities without accommodation	2,268	1,242 (54%)	450	220	238	111	5	1	1
Q	Total health and social care	33,039	6,448 (19%)	6,682	1,763 2	1331	753	75	72	46
		% of enterprises that have the number of employees entered								
86	Human health activities	-	-	25.1	70.2	2.9	1.1	0.2	0.3	0.2
87	Residential care activities	-	-	1.1	5.5	46.0	45.9	1.2	0.2	0.0
88	Social work activities without accommodation	-	-	43.9	21.4	23.2	10.8	0.5	0.1	0.1
Q	Total health and social care	-	-	25.1	66.3	5.0	2.8	0.3	0.3	0.2

Source: Czech Statistical Office: Register of economic subjects (June 2011)

⁷ Source: MPSV: Basic indicators of labour and social protection in the Czech Republic 2009, p. 31



A more detailed **occupational structure** according to the registered number of employees is only available for the **healthcare sector** (NACE 86). The sector employed 240,000 individuals in 2009. Physicians account for some 15% of employment in the sector, 65% are other healthcare personnel, and the proportion of technical-administrative staff, manual workers and operational personnel is nearly 20%. There are only 1,100 individuals in the dental aid occupation in the sector (see Table 3).

Table 3: Occupational structure in the healthcare sector (2009)

Occupation	Employees on payroll and employers (full time equivalent)	%
Physicians	35,748	14.9
Dentists	6,761	2.8
Pharmacists	5,793	2.4
General nurses and midwives	82,337	34.3
Other paramedical workers with professional and/or specialized qualifications (PWPQ and PWSQ)	32,353	13.5
Healthcare workers pursuing paramedical profession under professional supervision or direct guidance (HWUS)	29,613	12.3
<i>Of these: aid dental (dental assistant)</i>	1,109	0.5
Other professional workers in healthcare and dentists without university level	3,687	1.5
Teachers	177	0.1
Schoolmasters	94	0.0
Technical and economic personnel	17,855	7.4
Manual workers and operational personnel	25,667	10.7
Total	240,085	100.0

Source: Czech Health Statistics Yearbook 2009, UZIS, 2010, p.155-158.

The registered numbers of employees in the **social care sector (NACE Rev.2 87+88)** are not available in terms of occupational structure. The data may be obtained from the Labour Force Survey. However, in this survey the total number of individuals employed in the health and social care sectors is approximately 10% higher than that stated in Table 4. In social care there are some 10% of social work associate professionals (ISCO 346), 15 % nursing and midwifery associate professionals (ISCO 323), a 35 % care and related workers (ISCO 513).

**Table 4: Occupational structure in the social care sector (2009)**

Occupation (ISCO 88)	Employees (headcounts)	%
Nursing and midwifery associate professionals (ISCO 323)	14,833	15.6
Social work associate professionals (ISCO 346)	9,073	9.6
Institution-based personal care workers (ISCO 5132)	10,886	11.5
Home-based personal care workers (ISCO 5133)	16,783	17.7
Other personal care and related workers (other 513)	5,326	5.6
Other higher skilled occupations (ISCO 1-4)	23,467	24.7
Other lower skilled occupations (ISCO 5-9)	14,566	15.3
Total	94,934	100.0

Source: Czech Statistical Office: Labour Force Survey, 2nd quarter 2009, own calculation.

3. Please describe the different VET pathways preparing professionals to work in this sector by explaining whether training provided within this sector is mainly school-based, work-based or alternance training combining periods in an educational institutional or training centre and in the workplace; whether it takes place mainly within Initial VET and/or Continuous VET (incl. data on number of students, age groups and gender representation).

The education and training of individuals who intend to work in the health and social care sectors is largely the responsibility of schools. These include secondary technical schools (SOŠ) and, most importantly (or exclusively) higher education institutions (HE) and tertiary professional schools (VOŠ). The type of training and institution depends on the qualification requirements for individual occupations that are laid down in the relevant legislation.

Another way of acquiring the professional competence to pursue some occupations is to undergo a qualification course as part of lifelong learning (see below). The requirements and conditions under which these courses are delivered are defined by the relevant regulations.

Following upon initial VET, there is a system of continuing professional education. Continuing education is provided in line with accredited study programmes by HE institutions, tertiary professional schools or by accredited specialist organisations.



VET is governed by legislation concerned with education and by regulations of the Ministry of Health and Ministry of Education. For this reason there are certain differences between the education of non-medical healthcare personnel and that of social workers.

Since 2005 the education and training of **healthcare personnel** have been provided primarily by **higher education institutions and tertiary professional schools**. **Secondary schools** only offer qualifications for 7 occupations: healthcare assistant, nutrition assistant, laboratory assistant, assistant dental technician, orthotics-prosthetics technician, nurse and dental aid. These are occupations that require professional supervision or direct guidance from another medical workers who is competent to carry out the relevant tasks independently. The length of the study programmes is 2-4 years.

The professional qualifications for other healthcare occupations including general nurse may be acquired through studies at tertiary professional schools or HE institutions in at least three-year programmes. Qualifications for some occupations may only be obtained through higher education (e.g. midwife, physiotherapist, radiology technician), other qualifications are offered by both HE institutions and tertiary professional schools (e.g. general nurse, dental technician, nutritional therapist).

As concerns acquisition of professional competencies to pursue certain occupations that are listed in the relevant legislation (Act No. 96/2004 Coll.), there are qualification courses accredited by the Ministry of Health (MZ). These occupations include, for example, orderly, healthcare assistant, dental aid, masseur, autopsy laboratory assistant, hospital attendant and patient transport service driver.

Act No. 96/2004 Coll. stipulates basic qualification requirements for each occupation: the type and length of study (number of years), the field of study and type of educational institution. More detailed requirements concerning the content of the training are set out in MZ Decree No. 55/2011 Coll. on the activities of non-medical healthcare personnel, and MZ Decree No. 39/2005 Coll. that defines the minimum requirements for training programmes.

Although the **education** of healthcare personnel **is school-based**, there is **practical training** as an obligatory component of this education. Decree No. 39/2005 Coll. sets out the minimum scope of practical training (number of hours) and the required practical skills for each occupation (or field of education).

For example, the training programme in dental aid lasts two years (i.e. a total of 2,048 hours), and it must include at least 800 hours of practical training.

Practical training takes place in healthcare facilities or other specialist establishments listed in a decree of the MZ. It may also take place at specialist units of a school. The share of practical training in school and at a real workplace is not prescribed. The organisation of practical training is the responsibility of the school.



Table 5

Number of pupils and students in health programmes at SOŠ and VOŠ in 2010 - 2011 ⁸				
Level of education	EQF	Mode of study		Total
		on-site	other*	
Secondary education**	2	19	0	19
Secondary education with an apprentice certificate	3	533	86	619
Secondary education with "maturita" examination	4	2,649	1,352	14,001
Tertiary professional education	6	5,182	1,248	6,430
Total		18,383	2,686	21,069

* According to the Education Act this covers part-time and distance education.

** Dental aid

In 2009/2010 there were a total of 12,172 students in tertiary programmes of whom 6,130 were in Bachelor programmes at HE institutions and 6,042 in tertiary professional programmes (VOŠ).⁹

Individuals who carry out specialist activities in the area of **social care services and social work** include social workers, social care workers, healthcare personnel and teachers and educators.

The initial education of social workers is the exclusive responsibility of tertiary education institutions – i.e. higher education institutions and tertiary professional schools. The Social Services Act (No. 108/2006 Coll.) lists the programmes that offer a full social worker qualification. The minimum length of studies at both types of

⁸ An overview of the number of students in secondary VET and tertiary professional education. School year 2010/2011. NÚOV, Prague 2011. Internal material of MŠMT and NÚOV.

⁹ Statistical Yearbook on Education 2009/2010. Institute for Information on Education. Prague 2010.

An overview of the number of students in secondary VET and tertiary professional education. School year 2009/2010. NÚOV, Prague 2010. Internal material of MŠMT and NÚOV



tertiary institutions is 3 years. Unlike healthcare study programmes there is no binding regulation stipulating the requirements for the content of the programmes. The development of study programmes is the responsibility of the educational institution. The match between the educational content and the objective of the study (and the graduate profile) is subject to assessment by the Accreditation Commission of the Ministry of Education, Youth and Sports. With a view of the fact that social services are one of the instruments of social work, social workers and their employers who work outside social services are not always obliged to abide by the aforementioned act. For these reasons both educators and employers seek to introduce a professional law on social workers in the CR that would cover, apart from other things, the requirements for the professional competence of all social workers in the country.

The study programmes normally include **practical training** implemented in facilities providing social services (operated by individuals or legal entities), in public administration bodies and other relevant organisations. The practical training that is part of study programmes at VOŠ and HE Institutions accounts to at least 25% of the tuition. Supervision is used as a means of enhancing the quality of students' practical skills. There is only one provision in the Education Act that stipulates an obligation for tertiary professional schools to arrange for practical training for occupational purposes.

According to Act No. 108/2006 Coll.¹⁰ the training of social care workers (i.e. those who attend to clients in social care facilities and support their self-reliance and mental, physical and social activities) is delivered in the form of an accredited qualification course. Its content and length are laid down in a special regulation. Completion of the qualification course is not required in the case of qualified healthcare personnel and those who completed a secondary technical programme (SOŠ) focused on the training of social care workers. These SOŠ programmes are listed in the relevant legislation¹¹.

The training of **social care workers** (in contrast to “social workers”, described above; see also 8b) at SOŠ in 2-to-4-year programmes has been provided since the 1990s. Since 2010 the training has been subject to Framework Education Programmes (RVPs) designed in co-operation with the MPSV. RVPs set out the educational objectives and content, and also basic requirements for graduate competencies. Schools develop their specific School Education Programmes (ŠVPs) in line with the RVP. Practical training is part of the study programmes. It is organised in specialist rooms at school and in various social care facilities, depending on the situation of each school. The share of practical training is determined in the RVP and differs according to the length or programme and level of education.

¹⁰Act No. 108/2006 Coll. on social services

¹¹ Decree No. 505/2006 of the Ministry of Labour and Social Affairs, as amended.

The total number of students in health and social care programmes at SOŠ and VOŠ was 31,482 in the school year 2010/2011 (2/3 were in healthcare programmes). Of these 13,114 were VOŠ students (Tables 5 and 6). Each year there are some 12,000 students in healthcare education at tertiary level. The ratio of students at HE institutions to those at tertiary professional schools is roughly 1:1. In terms of gender, both in health and social care programmes there are traditionally high proportions of women (some 90%)¹². As concerns age structure, students aged up to 22/23 predominate.

Table 6

Number of pupils and students in social care programmes at SOŠ and VOŠ in 2010 – 2011¹³				
Level of education	EQF	Mode of study		Total
		on-site	other*	
Secondary education	2	17	-	17**
Secondary education with an apprentice certificate	3	157	-	157**
Secondary education with “maturita” examination	4	4,607	948	5,555
Tertiary professional education***	6	2,824	1,860	4,684
Total		7,605	2,808	10,413

¹² Exact data is not available. The reason is that healthcare is registered as a separate category, whereas social work and other social fields fall in one category together with other fields.

¹³ An overview of the number of students in secondary VET and tertiary professional education. School year 2010/2011. NÚOV, Prague 2011. Internal material of MŠMT and NÚOV.



** According to the Education Act this covers part-time and distance education.*

***The figures in the Table relate to the fields of education as defined in the new system of fields of education.*

**** Fields of education in which social workers are trained; data about the number of students in various higher education programmes offering qualifications in social work are not available. The reason is that they are part of various categories of fields of education designed for statistical purposes.*

4. Please present the main policy trends, initiatives and reforms of initial VET provision within this sector undertaken since 2002, to promote the introduction of key competences and generic skills in VET curricula and learners' assessment.

Principal changes in the education of non-medical health and social care personnel were initiated in the Czech Republic in 2004. In 2004 the new **Education Act**¹⁴ was passed that introduces **curricular reform** supporting, among other things, the acquisition of key competencies and generic skills (see question 1). The act stipulates that the responsibility for the administration of healthcare education and for the development of curricula in this area is to be transferred from the Ministry of Health to the Ministry of Education. Educational programmes are approved in synergy with the Ministry of Health.

Another law with a significant impact on the education of healthcare personnel is **Act No. 96/2004 Coll.** concerning the conditions for the acquisition and recognition of qualifications to practise non-medical healthcare professions. This act has brought the system of education of non-medical healthcare workers in the CR in line with the EU directives. Consequently, the education for most healthcare jobs has moved from secondary to tertiary level. A new system of fields of education was developed and requirements for the training for various occupations were enacted (see question 3).

Act No.108/2006 Coll. (**the Social Services Act**) has brought about a major systemic change in the concept of social assistance and support for individuals in a difficult social situation. Consequently, there are new requirements for those who provide this support and assistance. The act contains new provisions defining not only the conditions for the provision of social care, but also the occupational requirements for social care workers, including basic qualification requirements.

¹⁴ Act No. 561/2004 Coll. on pre-school, basic, secondary, tertiary professional and other education (the Education Act)



The content and quality of social work education are influenced by the **Association of Educators in Social Work**. The Association develops and updates minimum educational standards in social work and provides methodological support to schools. Assistance to schools that train social workers is also provided by the Council for the Development of Social Work (RAROSP) that promotes co-operation between educators in social work, professional organisations of social workers and their employers – particularly as concerns practical training for students and acquisition of practical skills.

5.

- a. Please explain the motivation behind these reforms (e.g. specific sectoral needs, increase relevance and quality of initial VET provision, changes in the labour market, changing needs of learners, development of National Qualifications Framework, etc.); whether these reflect the European policy initiatives and developments within the Education and Training 2010 Work Programme and the Europe 2020 (e.g. The European Recommendation on Key competences, The Recommendation on the European Qualifications Framework, etc.);
- b. Have they been accompanied by supporting reforms (e.g. teacher training, new learning materials, new assessment tools and methods, etc.)?
- c. What is the stage of implementation currently?

The reasons for the changes that have taken place in the education of non-medical healthcare workers and social workers since 2004 can be divided into two groups. Firstly, they are related to changes **in the administrative areas of the relevant ministries**. In the health sector, the changes are primarily linked to the EU recommendations and directives. Act No. 96/2004 Coll. on the conditions for acquisition and recognition of qualifications to practise non-medical healthcare professions aimed to bring the Czech qualifications system (i.e. also the system of education) in line with EU requirements and, consequently, to enhance the employment prospects of graduates at the European labour market. Secondly, due to **economic and social changes after 1990** the social security and social care systems have undergone major changes that also concerned the activities of social workers and their training needs. The new conditions under which health and social care workers do their jobs call for the acquisition of new knowledge, skills and competencies. Moreover, there is also the need to bring social services in the CR in line with the EU strategy and with the approaches to social work that are common in European countries.

Together with ageing of population also the need for long-term care, care for mentally handicapped and other vulnerable groups is increasing. The need for understanding of processes in multicultural societies is growing together with migration. New social



needs connected with deinstitutionalization emerge. We are able to manage theoretical questions of deinstitutionalization of children's homes, but we lag behind in deinstitutionalization of old people's home and physically handicapped people. The need for social work in healthcare, schooling, in provincial localities and in employment policy is increasing. (Tomeš, 2010)

Other changes are related to the overall reform of the Czech education system and its further development that is embedded in the new Education Act passed in 2004 (Act No. 561/2004 Coll. concerning pre-school, basic, secondary, tertiary professional and other education, as amended). Curricular reform has been implemented in basic and secondary education and a two-level development of educational programmes has been introduced (see question 1).

The **implementation** of curricular reform in secondary VET was supported by means of ESF projects in many areas – e.g. methodological assistance to teachers in the development and implementation of School Education Programmes, evaluation of the quality of schools' activities, development of evaluation instruments, and standardisation of the testing of educational outcomes in 2-3-year programmes providing secondary vocational education with an apprentice certificate (in the health sector this concerns the programme for nursing aids). In 2010, reform of the ways of testing the educational outcomes at the level of secondary education with a "maturita" examination was introduced, which also affected health and social care programmes. This reform consists in standardisation of the "maturita" examination as concerns the testing of learning outcomes in selected areas of general knowledge, skills and key competencies.

A concern **support** for VET at secondary and tertiary level (including health and social care education), the Czech Republic pursues EU initiatives, recommendations and schemes and is involved in a number of joint strategies and tasks. For example, the CR is involved in the implementation of the European Qualifications Framework. In 2011 an analysis was carried out concerning the key and generic competencies at various levels of education in the CR in view of The Recommendation on the European Qualifications Framework. The results were discussed by the government of the Czech Republic and will be presented at a meeting of the European Commission towards the end of 2011.

6. How does the curriculum development process take place? Which actors are involved? What is their role in curriculum development (decision making, consultative, etc.)? Which are the main methods used for identifying, agreeing and defining key competences and generic skills in curricula?

As regards the development of curricula, it is necessary to make a distinction between **tertiary education curricula** (i.e. curricula of tertiary professional schools



and higher education institutions) and **curricula for secondary VET**. At tertiary level the development of curricula (or study programmes) is the exclusive responsibility of the institutions, and the Accreditation Commission of the Ministry of Education (MŠMT) evaluates their quality. The design of curricula for non-medical healthcare programmes is based on the requirements of the relevant occupations and the competencies stipulated in the relevant legislation (see question 3). The development of curricula for the education of social workers is based on the Social Services Act that provides a general description of the activities carried as part of various categories of social work jobs as well as the relevant qualification requirements. Schools also rely on the Standards of Education in Social Work that define the objectives and content of education and the requirements concerning graduates' knowledge, skills and competencies. The Association of Educators in Social Work sees to compliance with the standards in the study programmes of their member schools.

Tertiary education institutions normally co-operate with social partners in the development of study programmes – particularly as regards acquisition of practical skills. As part of the approval proceedings the Accreditation Commission is interested in the arrangements the institution has in place to ensure that students acquire real work experience. Social partners provide feedback to educational institutions concerning the learning outcomes and quality of graduates. Students are also social partners in the process of evaluation and innovation of study programmes. Generic skills are included in study plans that are elaborated on in detail by the relevant educator in the field of social work and presented, along with other documents, to Accreditation Commission (AK) as part of the application for re/accreditation of the study programme or field of study. The AK of the MŠMT must abide by its Standards that set out the general minimum requirements concerning applications for accreditation, extension of accreditation and prolongation of the period of accreditation validity. If the study programme is divided into fields of study, the requirements concern these fields. Apart from the AK standards, other specific criteria may be defined for various groups of related study programmes.

There is a different approach to the development of curricula for **secondary VET**. The curricula for various fields of education were designed centrally at the National Institute for Technical and Vocational Education (NÚOV) in the form of Framework Education Programmes (RVP; see question 1).¹⁵

The work was done under the guidance of so-called “field groups” of NÚOV that co-operated with representatives of secondary technical schools and social partners, particularly employers. Draft RVPs were subject to comments from all the schools concerned. As part of the approval proceedings the MŠMT discussed the RVP

¹⁵ As of 1 July 2011 a new organisation was set up – the National Institute for Education, School Counselling Facility and Facility for the Continuing Training of Educational Staff (NÚV)



proposals with the relevant ministries (i.e. Ministry of Health and Ministry of Labour and Social Affairs), employer associations, selected professional organisations including the Association of Educators in Social Work and other entities.

The development of School Education Programmes (ŠVPs) in line with the relevant RVP is the responsibility of each school. As for the design and implementation of their ŠVPs, schools co-operated with a number of social partners in their regions. Details concerning co-operation with social partners in the implementation of ŠVP (particularly the provision of practical training) must be stated in the ŠVP.

Social partners, mainly employers, are also involved in the development of School Education Programmes – particularly as concerns the identification of the prospects of regional labour market developments, employers' requirements concerning graduate competencies, planning and providing for the relevant resources for instruction and implementation of practical training.

Key competencies in the RVPs were formulated in compliance with the European Framework for Key Competencies and the competencies that have been set out for basic education (see question 7). The draft of a study programme presented to the Accreditation Commission always takes account of the need to cover the practical component of social work. The information on the needs of industry is obtained via „tripartite“ co-operation between the educator, graduate and employer. Most educators also improve existing study programmes by means of evaluation carried out by students. The application for accreditation is first assessed by the relevant department (institute) and its internal and external experts, Then it is assessed at institutional level (by a commission dealing with study-related matters, a scientific council, etc.), and then it is subject to evaluation by the Accreditation Commission of the MŠMT.

7. Please explain how key competences and generic skills are defined and understood in this sector. Do definitions vary from the national approach?

The requirements concerning the development of key competencies and generic skills at the level of secondary VET are set out in Framework Education Programmes (RVPs) issued by the Ministry of Education, Youth and Sports in line with the Education Act of 2004. They were formulated on the basis of the European Framework for Key Competencies for Lifelong Learning and the competencies set out in the RVP for basic education. Key competencies are articulated as a target at which education should aim, as the development of key competencies is perceived to be a continuing process that depends, to a large degree, on pupils' personal capacities.

A total of **8 key competencies** have been set out for secondary VET:



Learning competency, problem-solving competency, communication competency, social and personal competency, civic competency and cultural awareness, entrepreneurial competency, mathematical competency and ICT competency including work with information. This is related to the requirements concerning the development of functional literacy in all fields of education.

The common competencies that are part of all educational programmes including those in health and social care (and that were included in the programmes at the instigation of social partners) are competencies that concern health and safety at work and fire prevention, competencies regarding the quality of work, products and services, and competencies related to business activities in line with sustainable development principles.

The requirements for key competencies and generic skills are incorporated into educational programmes depending on the level of education (i.e. also with regard to the learning capacities of pupils).

Schools work with the requirements for the various competencies set out in the RVP and apply them as part of their School Education Programmes (ŠVP) while taking account of the needs of the pupils, field of study and occupations for which the pupils are being trained. Social partners' requirements are also considered. Acquisition of key competencies takes place throughout the educational process (in both general and vocational education and by means of various other activities (pupils' projects, fictitious companies run by pupils, etc.).

The Council for Social Work Development (RAROSP) defines the competencies in social work as follows:

In order to be able to do their work **social workers** need to have a number of so-called competencies. One of the possibilities of defining a **set of proven practical competencies is to opt for the set compiled and annotated by Havrdová (1998)**. This set of competencies is based on the definition of the professional role of a social worker (and therefore also on the identity of social work). The competencies according to Havrdová include:

- I. Developing effective communication
- II. Understanding and planning a course of action
- III. Supporting and assisting in achieving self-sufficiency
- IV. Intervening and providing services
- V. Contributing to the work of an organisation
- VI. Pursuing professional development



1st occupation

8a. Analysis of the occupation *Dental aid*

Please describe the different VET pathways and qualifications preparing professionals to work in this specific occupation (incl. data on number of students, age groups, gender representation, etc.).

According to Act No. 96/2004, the professional qualification to do the job of a dental aid is obtained in the following ways:

- a) completing an accredited qualification course in the dental aid field
- b) undergoing a two-year programme at a secondary health school or a secondary vocational school in the dental aid field – completed by a final examination.

Graduates of these programmes may be employed at specialist units providing diagnostic and medical services (including prevention) in dentistry.

Under the supervision of a dentist or a dental hygienist they carry out various activities as part of medical and diagnostic services within the framework given by their professional qualification (as defined by a decree of the Ministry of Health).

There are not many institutions providing the programme in dental aid in the Czech Republic. The programme was introduced as late as 2005 on the basis of Act No. 96/2004 on the conditions for acquisition and recognition of the professional qualifications to practise non-medical healthcare professions. Currently there are only 2 secondary schools offering this programme and the demand for this training on the part of basic school leavers is low. The total number of pupils studying in one school year is 20, and no more than 50% of them complete the studies. Since its introduction, a total of 31 individuals have completed the programme.

There are several reasons for this: Training programmes lasting 2 years provide the lowest level of secondary education (EQF Level 2) without the possibility of continuing studies and achieving a more advanced qualification. These short programmes are an option for less successful basic school leavers and therefore there is a high dropout rate. Dental aids may only do their job under supervision of an independent dentist or dental hygienist. This may affect their employability. In principle, they may only be employed in outpatient facilities, as their qualification does not allow them to work in establishments where specialist dental procedures are carried out.

The dental aid jobs are often filled with graduates of other training programmes – e.g. general nurses (most frequently), health assistants, dental technicians, assistant dental technicians or dental hygienists. Graduates of these programmes have a full qualification to do the job.



9a. Please explain since when the curriculum is in use; Which were the main reasons for changing the curriculum? What are the main changes that have been made?

The curriculum for the dental aid programme has been in place since 2005.

The curricular documents developed in line with Act No. 96/2004 Coll. and Decree No. 39/2005 Coll. of the Ministry of Health (MZ) were approved by the MŠMT in 2004. They came into effect on 1 September 2005. Following the introduction of the two-level system for curricula development (Education Act No. 563/2004 Coll.) the MŠMT issued a Framework Education Programme (RVP) for dental aid education. Schools develop their own ŠVP based on RVP. The rationale behind the change in the preparation of curricular documents was to give schools more autonomy in the development and implementation their educational programmes and make it possible for them to take account of the specificities of the relevant school, region, specific educational objectives, and the regional labour market needs.

Schools are obliged to launch education according to their ŠVP within two years of the issue of the relevant RVP. While drawing on the RVP for basic education, the RVP for dental aid has made some changes to the original curriculum that concern key competencies and generic skills. In order to support key and civic competencies co-called cross-curricular topics were introduced, among other things, that schools incorporate into individual subjects and other educational activities (i.e. Citizen in a Democratic Society, Humans and the World of Work, Humans and the Environment and ICT). No changes were made to the vocational part of the curriculum.

10a. Please describe the main characteristics of curricula preparing for this occupation. Would you consider these curricula outcome-oriented (focusing on expected learning outcomes that usually combine knowledge and skills with personal and socio-cultural competences) or rather input-based (sticking to the educational context and the body of knowledge to be transmitted)? How are they structured? Are they modularised? Do they define or guide on the teaching methods and the learning materials to be used?

One of the features of the curricular reform in secondary VET is the **focus on outputs**. The Framework Education Programmes issued by the Ministry of Education, Youth and Sports (i.e. also the one for programmes in dental aid) define not only the educational content but also, and most importantly, the **learning outcomes** (the requirements concerning the knowledge, skills and competencies of graduates). The graduate profile includes two groups of competencies: key competencies (also covering generic skills) and professional competencies. Both types of competencies are expressed as a set of required knowledge, skills, attitudes and other competencies along the lines of EQF. Each competence in the RVP is described as a set of partial competencies.

The content of education in the RVP is divided into educational areas that are subdivided into educational fields. The following educational areas form part of the



RVP for dental aid programmes: language education and communication (Czech language, a foreign language – not compulsory – depending on the level of education), the rudiments of civic education, mathematics, biology and the environment, arts (with an emphasis on literature and reading literacy), health education (including physical education and sport), ICT, and vocational/professional education. There is **a set of expected outcomes defined for each area as well as the relevant subject matter**. The starting point for the definition of the learning outcomes was Bloom's taxonomy of educational objectives.

RVP is a binding document for the development of the ŠVP. The RVP does not prescribe the methods of instruction, textbooks or other materials that teachers should use. These are the teachers' responsibility. ŠVPs are developed in compliance with the guidelines set out in the RVP. Schools are obliged to define the competencies they intend to develop in their pupils and the learning outcomes. ŠVPs are designed in a standard manner using the curriculum timetable. **Modularisation in secondary VET is exceptional.**

11a. Which key competences and other generic skills are introduced and emphasised in curricula? What is the balance (%) between key competences, generic skills and occupation specific skills?

In the curricular for programmes that train dental aids **the following key competencies and generic skills are pursued**: learning competence, problem-solving competence, communication competence, personal and social competence, civic competence and cultural awareness, entrepreneurial competence, mathematics, ICT competence and work with information. This is related to the requirements concerning the development of functional literacy in all fields of education. The **common competencies** that are part of all educational programmes including those in health and social care (and that were included in the programmes at the instigation of social partners) are competencies that concern health and safety at work and fire prevention, competencies regarding the quality of work, products and services, and competencies related to business activities in line with sustainable development principles. These competencies are included in **the set of professional competencies**.

The ratio between the competencies is a balanced one of approximately 1:1:1. This ratio is only a rough one as it is required that key competences should be developed throughout the educational process in both the general and vocational components of education. Some key competencies are considered to be significant in terms of professional training – i.e. in the dental aid programme these include communication, social and personal competencies. The competencies that are also important for dental aids concern health and safety at work, the quality of services and dealing with material and various devices and tools in a business-like and environmentally friendly manner.



12a. Which of the key competences and generic skills are included in learners' assessment and how are they assessed? (e.g. summative/formative assessment, written test, portfolios, interviews, projects, etc.).

The level and development of key competencies, professional competencies and generic skills, including their internalisation and implementation, are **systematically monitored and assessed throughout the entire study programme and during final examinations**. The assessment tools are specified in School Education Programmes (ŠVP). The methods and forms of assessment are always entered for specific subjects, and they are also set out in the school's assessment regulations along with assessment criteria. Both **summative and formative assessment is used**. In general, schools use various assessment instruments: self-evaluation, oral examination, written tests, evaluation of practical skills, pupils' project outcomes, presentations on professional topics, assessment made by social partners (practical training).

According to the Education Act, the training in the dental aid programme is completed by a final examination in vocational subjects that consists of a theoretical (oral) and practical part. The content and organisation of final examinations is the responsibility of the school.

13a. If possible, please copy here an extract of this curriculum as an example.

An excerpt from the RVP for field of education 53-41-J/01 - Dental Aid:

Key competence - **Civic Competence and Cultural Awareness** (abbreviated):

The education aims to make sure that the graduates acknowledge, in line with their capacities and potential, the values and attitudes that are essential for life in a democratic society, and act in line with these and with the principles of sustainable development; the graduates support the values of the national, European and global culture. This means that they should:

act responsibly and independently in their own as well as public interest;

observe the laws in place,

respect the rights and personality of other people (including their cultural specificities);

their views should be devoid of intolerance, xenophobia and discrimination;

act in line with moral and pro-social principles, and contribute to the pursuit of democratic values;

acknowledge (as part of the concepts of plurality and multicultural co-existence) their own national and personal identity and actively respect the identity of others;



understand the importance of the environment for humans and act in line with sustainable development principles; etc.

Framework curriculum timetable for full-time, on-site studies lasting 2 years

Educational areas and thematic areas	Minimum number of teaching periods as part of the entire programme	
	Per week	Total
Language education - Czech language	2	64
Rudiments of civic education	2	64
Mathematics	2	64
Arts	2	64
Biology and environmental education	1	32
Health education	3	96
ICT	2	64
Subjects providing the rudiments of dental care assistance	26	832
Social relations and skills	2	64
Time to be allocated depending on need	22	704
Total	64	2,048

Based on this breakdown the school develops its own curriculum timetable and lists the relevant subjects. The content of practical training depends primarily on the content of the subjects providing the rudiments of dental care assistance. According to Decree No. 39/2005 of the Ministry of Health the minimum scope of practical training is 800 hours.



2nd occupation

8b. Analysis of the occupation social worker.

Please describe the different VET pathways and qualifications preparing professionals to work in this occupation (incl. data on number of students, age groups and gender representation).

Social worker is an occupation the content of which is governed, *inter alia*, by Act No. 108/2006 Coll. on social services. **Social workers in social services** are individuals who carry out examinations of social conditions and implement various social agendas including the solution of socio-legal problems in facilities providing social services. Moreover, they deal with socio-legal counselling, carry out analytical, methodological and policy work in the social area, specialist activities in establishments providing social prevention services and screening activities. They also provide emergency assistance, social counselling and social rehabilitation services. **The professional qualification of a social worker may be acquired**, in line with the Social Services Act, **at tertiary professional schools or higher education institutions** (in the specific programmes as stipulated in the Act). The fields of education include, for example, social work, social pedagogy, social and humanitarian work, socio-legal work, work for charities and social work, social policy, social care and special education. The qualification requirements for social workers in healthcare facilities providing direct care to clients (workers providing social and health services) are set out in a regulation of the Ministry of Health.

If an individual with a higher education qualification in a different field has worked as a social worker for at least 5 years, they must complement their qualification through an accredited course that lasts a minimum of 200 hours. The Social Services Act also stipulates the obligation for social workers to pursue continuing education and training.

The **education of social workers at VOŠ** was launched in 1996 (until then this type of education was provided by secondary technical schools) and it is delivered by public, private and denominational schools. The length of the programme is three years (full-time, on-site) or it may be one year longer in other modes of study (part-time, distance). Full-time, on-site education is the most frequently chosen mode of study (roughly 60-70% of students – mainly recent secondary school graduates). In 2010-2011 a total of 4,684 students are attending VOŠ programmes in social work. Of these 2,824 studied full-time, 1,860 in various part-time modes.¹⁶ As concerns the gender structure, women clearly predominate.

¹⁶ An overview of the number of pupils in secondary VET and tertiary professional education. School year 2010/2011. NÚOV, Prague 2011. Internal material of MŠMT and NÚOV. Data about the numbers of higher education students in programmes training social workers are not available.



Master's level education in social work provided by HE institutions including universities was introduced in 1990. The programme originally lasted 5 years and was divided by an intermediate examination into 1st and 2nd cycle. In terms of difficulty the content of the intermediate examination in social work at most HE institutions corresponded to that of state Bachelor's examination. Later, three-year Bachelor's programmes and two-year follow-up Master's programmes were introduced. The education of social workers at HE institutions and VOŠ must comply with the relevant standard (see question 1) and the related methodology for accreditation. The Minimum Education Standard states that, in order to work with clients, graduates of social work programmes should have appropriate theoretical knowledge in psychology, sociology, law, social policy, philosophy, management theory and research methodology. Moreover, they must have the relevant communication and psycho-social therapeutic skills, organisational capacities and professional knowledge of social issues. After two years of work experience they should be able to work as managers (at least at the level of middle management), to contribute to the development of community social policies and to do research.

9b. Since when the curriculum is in use? Which were the main reasons for changing the curriculum? What are the main changes made?

The curriculum for the education of social workers has been developing since the early 1990s as a **response to the change in the social and economic conditions in the Czech Republic**. The idea was to prepare social workers for the new concept of social work in the market economy and for a new approach to clients. The Association of Educators in Social Work (AVSP) was established as an initiative of HE institutions that launched social work studies and with support of the Ministry of Labour and Social Work. Moreover, the development of minimum standards of education in social work was commenced. As the set of minimum standards later turned out to fall short of expectations in terms of affecting the social practice in a major way, far more specific Standards for Education in Social Work at the Level of Secondary and Higher Education¹⁷ were developed as part of the EU Phare programme in 2006. An extensive team of both Czech and foreign experts was involved in this project. The educational standards provided a new, modern definition of social work and the profile of a social worker and the relevant education. They set out basic requirements concerning the content of education at various levels (secondary, tertiary professional, higher – Bachelor's and Master's studies). Moreover, the standards have become a foundation for developing study programmes at tertiary professional schools and HE institutions and for assessing the quality of these programmes as part of the accreditation process. The Association of Educators in Social Work updates and streamlines the standards on a

¹⁷ Standards of Education in Social Work. Parts on social policy. Socioklub/Personel. Prague 1997.



continuous basis. In 2011 work was done to innovate the graduate profile, practical training and the content of some subjects.

As an implication of the new Education Act and the Social Services Act a new curriculum was introduced in 2009 for another category - social care workers (see question 3).

The social work study programmes at HE institutions are subject to regular re-accreditation. In the relevant materials submitted for accreditation HE institutions are obliged to present modifications they make in their study plans that respond to such changes in society that require some response from the social work domain. In general, there are new issues and challenges in social work that should be identified and analysed. Efforts should be made to address these challenges either in traditional ways, or new methods should be developed. This is one of the tasks for educators to carry out in co-operation with practitioners.

10b. Please describe the main characteristics of curricula preparing for this occupation. Would you consider these curricula outcome-oriented (focusing on expected learning outcomes that usually combine knowledge and skills with personal and socio-cultural competences) or rather input-based (sticking to the educational context and the body of knowledge to be transmitted)? How are they structured? Are they modularised? Do they define or guide on the teaching methods and the learning materials to be used?

Since the education of social workers is part of tertiary education (i.e. it is provided by HE institutions and VOŠ), the relevant legislation stipulates that the development of curricula is the exclusive responsibility of the institutions. There are no uniform requirements concerning the curriculum design. It is also at the discretion of the institutions and teachers to choose teaching strategies and materials. Education is delivered based on study programmes that are accredited by the Ministry of Education, Youth and Sports.

The curriculum is normally derived from descriptions of occupations and qualification standards – in this case the framework description of the activities carried out by social workers as stated in the Social Services Act, the Integrated System of Type Positions and the Standards of Education in Social Work.

The curriculum design (**a modular structure or a traditional curriculum timetable or syllabi**) is up to each educational institution. For example, a number of VOŠ employ modularised study programmes – particularly in relation to the introduction of ECTS credits as an instrument for recognition of the qualification acquired and for the purpose of further education (at university level, in particular). Modular programmes direct education towards outcomes.



A combination of knowledge, skills and personal and socio-cultural competencies is a standard target to be achieved. The reason is that personal, socio-cultural and other generic competencies (e.g. analysis and solving of problems and situations of a varying degree of complexity, proposing changes and improvements, communication and negotiation, teamwork, team management, etc.) are part of the professional competencies of a social worker. Study programmes also include **educational modules** or subjects that reflect the social specificities of the relevant region and the school profile, and provide students with the basics of their further specialisation (e.g. charitable and humanitarian work, community work, work with ethnic minorities, pastoral work on the part of graduates of denominational schools).

11b. Which key competences and other generic skills are introduced and emphasised in curricula? What is the balance (%) between key competences, generic skills and occupation specific skills?

There is no binding regulation or national standard setting out key competencies and generic skills to be pursued in tertiary education. The only exception is the requirement concerning the development of communication in a foreign language in VOŠ students that is stipulated in the Education Act. A foreign language examination is part of the “absolutorium” procedure at the end of studies. The foreign language instruction is focused on professional communication.

The **competences required** from graduates in social work **are derived from specialist activities and set out in the Minimum Standard of Education in Social Work (Association of Educators in Social Work, www.asvsp.org).** Key and generic competencies form an implicit part of the professional competencies required in various subjects and during practical training. This means they are seen more as professional competencies. This is why it is not possible to put a figure on their share in study programmes. The competencies defined in the educational standards are a starting point for the development of the study programmes of individual institutions (schools). However, compliance with the educational standards is not generally required (compliance is only monitored by institutions that are members of the Association).

Information about the required key competencies and generic skills is publicly accessible and educators are obliged to present it in a concise form at their websites or in other information materials.

As the development of curricula at tertiary level is fully within the purview of the relevant institutions, the ways in which the key competencies and generic skills are defined vary to a large degree and cannot be described in more detail.



12b. Which of the key competences and generic skills are included in learners' assessment and how are they assessed? (e.g. summative/formative assessment, written test, portfolios, interviews, projects, etc.).

The level of **key and professional competencies and generic skills** is tested and assessed continuously throughout the entire period of education. Assessment covers all competencies defined in the graduate profile for the relevant study programme. As the education of social workers takes place at tertiary level, assessment methods pertaining to tertiary education are used (tests, "colloquium" – a partial examination, a credit, a credit and a mark, examination). In addition to **summative assessment** there is also **formative assessment and students' self-assessment** – particularly as concerns the assessment of personal and social competencies and practical activities (resolving practical problems or case studies, the quality of course work, projects or other independent activities, practical training). Tools such as portfolios, the Europass Language Passport and Europass – Mobility are being increasingly used.

The choice of instruments for testing and assessing the competencies and learning outcomes is the responsibility of the educational institution. In general, the evaluation of VOŠ students is governed by the Education Act and the relevant implementation documents, and the evaluation of HE students is subject to the Higher Education Act.

VOŠ programmes are completed by "**absolutorium**" in front of an examination panel. "Absolutorium" consists of examinations in specialist subjects, an examination in a foreign language and the defence of a thesis. Programmes at HE institutions are completed by a **final examination that includes the defence of a Bachelor thesis or dissertation.**

13b. If possible, please copy here an extract of this curriculum as an example.

Explanation to examples (example from Tertiary Professional School and Faculty of Social Studies:

The education of social workers is delivered in line with accredited study programmes at VOŠ and HE institutions.

The common features of all programmes include: the length of study – 3 years at VOŠ and in Bachelor's programmes at HE institutions; modularisation and a credit system; and practical training that accounts for at least 25% of the tuition. Educational modules are divided into three groups: mandatory, optional with an obligation to choose, and optional without the obligation to choose. The range of optional modules is defined depending on the socio-economic features of the region



and the labour market needs, as well as the students' professional interests. These modules shape the institutional profile.

The content of education is based on the Minimum Standards of Education in Social Work. The mandatory basis for all study programmes includes: philosophy and ethics, introduction to sociology, law, psychology for social workers, theory and methods of social work, social policy, social pathology, psycho-social aspects of health and illness, minority groups, methods and techniques of social research, practical training, supervision of practical training.

The institution forms a set of subjects and modules drawing on these core disciplines and areas. Other modules may be included as mandatory, such as demography, ICT, public speaking (or communication with clients), methodology seminar, social agenda and correspondence, the rudiments of economics and public finance, introduction to pedagogy, and statistical data analysis¹⁸. Mandatory modules also include a foreign language, a seminar on supervision or case studies based on practical training that students undergo during studies.

Examples of optional subjects where a choice is necessary: a) social work with offenders, psycho-social aspects of health and illness, social services and quality standards, social work with drug addicts, supervision of practical training, emergency intervention, ethnic groups and national minorities in the CR, socio-psychological training and personal assistance.¹⁹

b) Curative physical education, sign language, social management, free time organisation, social problems from the perspective of gender, community social work, non-profit organisations and fundraising, community projects.

The requirements for education in selected disciplines (an excerpt from educational standards):

Social work theory and methods (*abbreviated*)

¹⁸ The examples come from the study programme of Secondary School PERSPEKTIVA and Tertiary Professional School in Teplice.

¹⁹ The examples come from the social work programme at the Faculty of Social Studies at Ostrava University



Social work theory and methods constitute the core of social work studies. Students strive for the required outputs in specialised courses (i.e. individual work with clients, group work with clients, community work...). At least one course during the studies is explicitly concerned with a comprehensive study of theories and methods of social work.

Competencies to be achieved

Knowledge

- (Students) can define social work;
- can identify the objectives and the importance of social work;
- have an overview of the development of social work and social work education;
- know the main ethical principles of social work;
- know the theoretical perspectives of, approaches to and models of social work.

Skills

- (Students) can apply the main ethical principles of social work in practice;
- **can establish, develop and end relationships with clients on the basis of acceptance and co-operation;**
- can effectively use the tools of both verbal and non-verbal communication;
- can have a conversation with a client, assess his/her social situation, choose an appropriate social intervention and produce a client record;
- can apply various methods of working with individuals, groups, family and community;
- can maintain basic client documentation (files).

Practical training

Practical training objectives

- To support professional competencies and develop students' competencies to carry out social work in the relevant institutions and organisations.
- To guide students towards reflecting on their experience gained during practical training and to encourage their self-reflection so that they see themselves as agents of social work. Students actively and purposefully use the theoretical knowledge, methods and ethical standards of social work for reflection and self-reflection.
- To motivate students to search for and identify their professional identity.



Competencies to be achieved

Attitudes: Students

- identify themselves with the objectives, values and ethical principles of social work;
- are aware of the dilemmas related to the carrying out of social work;
- begin to see themselves as agents of social work, identify their strengths and weaknesses.

Skills: Students

- observe the Code of Ethics of Social Workers of the Czech Republic;
- are able to think critically about principal topics and ethical and other dilemmas in practice;
- can apply the methods and techniques of social work;
- can apply the relevant legal regulations;
- develop effective communication;
- act in line with their professional role and the objectives of social work.

In relation to a client (individual, family, group, community), the students

- understand the situation and needs of the client, can assess his/her social situation, develop an individual plan for co-operation with the client and choose the appropriate way of intervening based on acceptance and co-operation,
- can obtain helpful information and use it for the benefit of the client,
- recognise risk factors in their work and can define the limits of their support,
- can maintain basic client documentation.

In relation to an organisation, students

- take active part in teamwork;
- understand their role in the organisation;
- understand the activities and the values and objectives of the organisation;
- understand the internal organisational rules and observe them;
- contribute to the development of the organisation.



In relation to themselves, students

- can pursue their professional growth by means of feedback, evaluation, reflection, self-reflection and self-study;
- are able to document and present their work;
- can evaluate their work and the work of others.

Supervision of practical training

Supervision of practical training is seen as support for the students' professional growth.

As part of this subject the student acquires theoretical knowledge about supervision and practical experiences related to supervision as part of the social work profession and as a means of systematic development of own their competencies.

Competencies to be achieved

Students can

- co-operate in developing a supervision contract;
- identify situations (tasks) to be supervised;
- define the task under supervisor's guidance;
- implement the task under supervisor's guidance;
- be open towards feedback, recognise the usefulness of feedback for their work;
- use reflection and feedback in order to develop their own professional competencies in social work;
- co-operate actively in a supervision group;
- provide feedback to the supervisor and the supervision group;
- use supervision in addressing complex cases of clients;
- use supervision in defence against stress and emotional burden;
- identify their strengths and weaknesses, carry out self-reflection;
- evaluate implementation of the goals of supervision on a continuous basis.



14. Please list the bibliographical sources you have used for answering this survey including also list of names and/or institutions contacted.

- Act No. 561/2004 Coll. on pre-school, basic, secondary, tertiary professional and other education (the Education Act), as amended
- Act No. 111/1998 Coll. on higher education institutions and on amendments and supplements to some other acts
- Act No. 96/2004 Coll. on the conditions for attaining and recognizing qualifications to perform non-medical healthcare professions and to perform activities relating to healthcare provision and on amendments to certain other acts (The Non-Medical Healthcare Professions Act)
- Act No. 108/2006 Coll. on social services; Decree No. 39/2005 Coll. of the Ministry of Health that stipulates the minimum requirements for study programmes leading to acquisition of professional qualifications to perform non-medical healthcare professions, as amended
- Decree No. 55/2011 Coll. of the Ministry of Health concerning the activities of non-medical healthcare staff
- RVP for secondary technical and vocational education for fields of education in 53 category – Healthcare, and 75 category – Education and Social Work www.nuov.cz
- Standards of Education in Social Work. Parts on social policy. Socioklub/Personel. Prague 1997.
- Minimum Education Standard in Social Work; www.asvsp.org
- Czech Statistical Office: Labour Force Survey, 2nd quarter 2009, microdata.
- Eurostat database: National Accounts (http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_databases)
- Czech Statistical Office: Register of economic subjects (June 2011)
- Institute of Health Information and Statistics of the Czech Republic, Czech Health Statistics Yearbook 2009, UZIS, 2010
- MPSV: Basic indicators of labour and social protection in the Czech Republic 2009., MPSV, Prague 2010, ISBN 978-80-7421-024-2, p.31.
- Statistical Yearbook of Education 2009/2010. Institute for Information on Education. Prague 2010
- An overview of the number of students in secondary VET and tertiary professional education. School year 2009/2010. NÚOV, Prague 2010. Internal material of MŠMT and NÚOV.



- An overview of the number of students in secondary VET and tertiary professional education. School year 2010/2011. NÚOV, Prague 2011. Internal material of MŠMT and NÚOV.
- MLČÁK, Z. *The professional competencies of social workers and their evaluation by clients*. Ostrava: Ostrava University, 2005
- TOMEŠ, I. Situation of social workers in chosen European countries, Social Work Forum, Nr.2/2010
- GA406/03/0535 – The professional competencies of social workers and their evaluation by clients (2003-2005, GA0/GA)
- Materials of RAROSP
- Materials of AVVSP
- Updated Social Work Education Standards of AVVSP
- Integrated System of Type Positions
- Accreditation Standard of MŠMT. Approved by the Accreditation Commission at meeting No. 4/2003 in September 2003. Modified at meetings of the Accreditation Commission No. 6/2005 in November 2005, č. 5/2007 in November 2007, No. 4/2009 in September 2009, No. 3/2010 in June 2010, No. 4/2010 in September 2010, No. 5/2010 in November 2010 and No. 1/2011 in February 2011.
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