

SOCIAL CARE - CZECHOSLOVAKIA IN THE YEARS 1918 - 1938

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***Abstract:** Social care was part of the then state social policy. The paper focuses on its organization and describes the scope and allocation of competences of public and volunteer institutions. It refers to some strengths and weaknesses of their collaboration, making it possible for us to follow the proven experience and to learn from some of the mistakes of the then system.*

***Keywords:** Czechoslovakia, social care, social policy, First Republic, interwar period, public welfare, voluntary social services, Reception Act, Organization Act.*

1. Introduction

Christianity had the fundamental importance for the development of social care, which has been developing and growing since then. One can state that social care reached certain summit in the period before the World War II. In my opinion, it is the period from which we still can draw inspiration for the current theory and practice.

The aim of the present paper is to analyse the social care organization in interwar Czechoslovakia and to evaluate its functioning.

2. Social care in the years 1918 - 1938

It was characteristic for the position of social care in the First Republic that the legal order in the Czechoslovak Republic did not provide the term “social care”. But although the judiciary did not use this term, it appeared in the period literature frequently.

Social care appeared for the first time as an entry in the Masaryk’s encyclopaedia. The term “social care” was mainly understood in the interwar period as an equivalent to social work, as follows on the one hand from the period literature and sources and, on the other hand, from the conception of social care by its very providers.

Social care expanded in the period of the First Republic due to the development of economic and social conditions, the principal role having the emancipation of citizens in the sphere of political rights and the aftermaths of the World War I, which deepened social inequalities. The war deprived thousands of families of their breadwinners and weakened the earning abilities of once productive individuals.

In the years 1918 - 1938, social care acted (contrary to the present day) predominantly repressively in order to eliminate or mitigate social problems in concrete cases and to rectify the results of the state political decisions. Social care was a necessary complement to the interwar social policy.

3. Social care organization in the First Republic period

Social care covered three extensive spheres - care of the poor, care of the young and care of disabled ex-servicemen. It was ensured through a combination of public and private institutions. The public social measures guaranteed by the state included controlled distribution of food for low prices, care of disabled ex-servicemen, care of the unemployed, protection of women, children and juveniles, public care of the poor, and care of the young.

In the spheres not guaranteed by the state, social activities were split between the public and private sectors, but some parts were only based on the initiative of the non-state social care providers.

Public welfare

The state as a public service entity fulfilled its duties in social care by means of its own authorities, bodies and establishments either by itself or through lower public service entities - countries, districts and municipalities into which the state territory and administration were divided.

Nationality and domicile were the general preconditions for entitlement to public welfare. Nationality and domicile occurred and ceased to exist through facts exactly defined in the law. Both complemented each other and one could not exist without the other. Who wished to acquire a right of domicile must have been a Czechoslovak citizen and, *vice versa*, who wanted to become a Czechoslovak citizen must have proved the possibility of acquiring a domicile in a municipality located in the territory of our country.

The guideline for purposeful solution of every social issue was the requirement that individual types of social tasks were assigned to those entities which had greater interest in their fulfilment, considering the financial payment that should have been allocated evenly. The fulfilment of individual tasks could have been allocated among more competent public entities, e.g. the care of mentally disabled youth was provided by countries, but also contributed by the state, districts and/or municipalities through administrative and financial activities in ways depending on their capacities and possibilities.

The Ministry of Social Welfare collaborated in social care of the young, care of disabled ex-servicemen, in housing and construction care and in protection of consumers and of members of cooperatives with a number of other ministries, such as with the Ministry of the Interior in the issues of the poor or with the Ministry of Justice in social issues in judicial administration, etc.

The entities of internal social administration - municipalities, districts and countries - also were the upholders and providers of public social care.

The municipal self-administration, under the supervision of the state administration, had independent competences especially in the care of the poor. The duty of provision for the poor belonged to the home municipalities, which also must have provided required aid to those citizens who only lived but were not domiciled in their territories. The municipality that provided such aid could request cost reimbursement from the one where the supported poor was domiciled. Richer municipalities were establishing local poorhouses, almshouses and hospices spontaneously, but more frequently the care of the poor in municipalities was limited to a minimum, consisting mainly in the provision of basic subsistence and help. The provision for the poor also covered the care of upbringing and education of children, which is why municipalities were establishing care establishments, daily retreats for children, nurseries, etc.

The independent competences of districts and countries included those humanitarian, health and social interests of districts or countries and their inhabitants the importance of which exceeded the scope and needs of municipalities, such as the establishment of various institutions and facilities. In Bohemia, representative district offices were obliged to establish and maintain canteens, labour exchanges, district hospitals, hospices, and orphanages.

The provision of public welfare was based on an important fact that the duty of public welfare was imposed on the state and public-legal entities by various laws. However, the imposition of the duty was not uniform due to the history of the formation of our state and the subsequent development of legislation. The Czechoslovak Republic was originated on a part of the Austro-Hungarian territory where some subjects of public welfare were provided differently. As the differences could not have been eliminated immediately, Reception Act No. 11/1918 Coll. provided that all formerly valid laws were also to be valid in the newly proclaimed state. Owing to this fact, the whole public administration suffered from a double legislation - provincial and imperial, great differences in Bohemia, Moravia and Silesia, and a completely different system in Slovakia. Uniform arrangement was provided as late as in Act No. 125/1927 Coll., on organization of political administration, known as the Organization Act. The law unified public administration in the whole territory of the republic and was the highest unification act introducing uniform political administration in the whole state. According to this law valid from 1 January 1928, the political authorities having all competences were the provincial authorities in second instance and district authorities in first instance. Provincial authorities headed by provincial presidents were established in Prague for Bohemia, in Brno for Moravia-Silesia, in Bratislava for Slovakia, and in Uzhgorod for Carpathian Ruthenia. The most relevant clauses of the draft bill included the introduction of countries, nationalization of district and provincial self-administration and, thereby, the definitive elimination of the duplicity.

Voluntary social services

In addition to public welfare, there were private (voluntary, charitable) social service entities. In its law, the state only determined the framework of social care, not individual cases. And these just were the tasks for voluntary social services.

The voluntary social service providers were natural persons or legal entities and associations. The volunteer organizations working according to the association law had a vast organizational network and, in accordance with their statutes, granted financial or material aids, established and maintained professional institutions, and provided advisory services.

Some of these organizations represented semi-official social care, for example the social-legal protection of the young established exclusively on an association basis. The organizations of voluntary social care included **the Society of Czechoslovak Red Cross** engaged especially in the social-medical sphere, **the Organization of District Care of the Young and Masaryk's League against Tuberculosis**.

The state authorities (ministries) took financial part in voluntary care, releasing specific credits. In cases of natural disasters and catastrophes, credits were released directly by the government.

The funding of volunteer organizations from the public resources was minimal, naturally, so different collections were organized which made it possible for them to develop their activities. Some of them, e.g. the celebration of the Mother's Day or the Christmas Trees of the Republic, became a tradition.

The action of voluntary and supporting activities also involved the president of the republic, who was empowered by the Constitution, *inter alia*, to give presents and pensions of charity.

4. Conclusion

Social care formed an important part of the social policy in the period of the First Republic. Contrary to the present understanding of social care as activation and motivation help to clients, social care predominantly had the function of repressive aid in the years 1918 - 1938. Moreover, social care was considered to be a synonym of social work, the two being strictly differentiated nowadays.

Social care was provided in the period of the First Republic through a combination of public and private institutions.

In the public sphere, the state managed in this period, especially in Bohemia, to unify the medical, social and educational components of provincial and district welfare and, thus, to achieve a comprehensive conception of social care. The manifestation of the social policy in the period between the two world wars was the synergy of state and voluntary social services.

The state relied on the competence of voluntary services, supporting them financially and delegating the fulfilment of extensive tasks on them; therefore, some of them had a semi-official character. The variety and multilateralism of extensive voluntary services brought the state many benefits. Many social activities for which the state would have to organize vast machinery were provided through volunteers. But the hasty development of many volunteer associations or institutions after 1918 also brought a lot of complications. The competences of individual volunteer institutions and schemes were incomplete and undefined, and some of the institutions even had frequent problems with the lack of funds and labour fluctuation. The uncoordinated lay enthusiasm and competence controversies sometimes impeded the work with clients and delayed the development of social care. On the other hand, thanks to the activities of voluntary organizations and their effective collaboration with those of public welfare, much poverty was eliminated, especially during the economic crisis period.

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