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Original research article

## USE OF SOCIAL SERVICES AMONG OLDER ADULTS AGED 65 AND OLDER IN THE SOUTH BOHEMIAN REGION: A QUANTITATIVE CROSS-SECTIONAL STUDY

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### Abstract

*Introduction:* Population ageing increases pressure on health and social care systems. Mapping social support utilisation and related factors is essential for effective regional service planning.

*Objective:* To examine the use of social services and benefits among people aged 65+ in the South Bohemian Region, including perceived accessibility and social counselling utilisation.

*Methods:* A quantitative descriptive cross-sectional survey was conducted among 403 older adults (65+) selected by quota sampling (sex, age, region) without cognitive impairment (MMSE). The analysis focused on community-dwelling participants ( $n = 354$ ). Data were collected via structured interviews in April 2024.

*Results:* Utilisation was low: 75.1% received no benefits (most commonly the care allowance, 10.2%), and 73.7% reported no use of social services in the previous year. The most frequently used services were meal delivery (22.0%), home nursing care (13.0%), and home care assistance (12.1%). Use was associated mainly with age, marital status, housing situation, and education; older, widowed, and those living alone used services more often.

*Conclusion:* Despite service availability, most older adults in the South Bohemian Region do not use social services or counselling. Awareness and targeted outreach should be strengthened for the oldest and socially isolated individuals, particularly through general practitioners, home-care agencies, and municipal social service departments.

**Keywords:** *Cross-sectional study; Older adults; Social benefits; Social counselling; Social services*

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## INTRODUCTION

The ageing population in the Czech Republic has long been increasing the demand for social services, social benefits, and related forms of field and outpatient care. The Czech Statistical Office (2025a) reports that people aged 65 and over accounted for just under 21% of the population (approximately 2.26 million) at the end of 2024, and their share is expected to continue to grow until the middle of the century, increasing pressure on the availability and capacity of support systems in the regions. Regional differences in age structure suggest that support needs may be more pro-

nounced in some regions. The Czech Statistical Office (2025b) reports that 21.8% of the population in the South Bohemian Region was aged 65 and over in 2024, which underscores the importance of locally targeted planning of social services, field care, and counselling.

In recent years, efforts to systematically link health and social care have been strengthened in the Czech Republic, as an ageing population and a growing number of people with long-term chronic conditions increase the need for comprehensive services that include both health and social support components. In its document “Health 2035 – Strategic Framework for the Development of Health

Care in the Czech Republic until 2035”, the Ministry of Health of the Czech Republic (2025) states that in addition to increasing absolute life expectancy, an important problem is the relatively short period of healthy life (until the first serious illness) and the increasing prevalence of serious long-term diseases (e.g., cardiovascular disease, diabetes mellitus, chronic respiratory diseases, hypertension, neurodegenerative disorders in old age, and cancer), which, together with personnel and financial pressures, increase the demand for effective models of integrated (long-term) care (Ministry of Health of the Czech Republic, 2025).

This study focuses on the use of social services, social benefits, and social counselling among people aged 65 and over in the South Bohemian Region, and on identifying the sociodemographic factors related to their use. At the same time, it monitors the subjective assessment of the availability of social services, which can complement “hard” indicators of use and help to better understand where barriers between the need for support and its use arise in real life.

### **Aim of the study**

The aim of the research was to map the extent to which older adults, aged 65 and over, permanently residing in the South Bohemian Region use available social services and social benefits, and how they themselves assess the availability of these services. Another objective of the survey was to identify sociodemographic factors on the part of older adults that statistically significantly influence their use of social services (age, marital status, education, household composition, number of children, etc.).

## **MATERIALS AND METHODS**

A quantitative descriptive cross-sectional study design was used. The research sample consisted of 403 people aged 65 and over with permanent residence in the South Bohemian Region and no signs of cognitive impairment (verified using the MMSE – Mini-Mental State Examination). Quota sampling was used to select respondents; the resulting sample is representative of the older adult population of the South Bohemian Region in terms of gen-

der, age categories, and geographical distribution. Representativeness was derived from the basic population of the South Bohemian Region aged 65 and older. The size of the sample corresponds to a confidence level of 95%, with a margin of error (confidence interval) of 3% (according to Raosoft).

The questionnaire survey was conducted between February and April 2024. The self-designed questionnaire focused on the use of individual types of social services (home care, field and outpatient services, etc.), the use of social benefits, and the use of social counselling by the target group of respondents. The research focused exclusively on older adults living in ordinary households (outside residential social care facilities). Therefore, respondents residing in collective care facilities (retirement homes, long-term care facilities, etc.;  $N = 49$ , i.e., 12.2%) were not evaluated in this part, as social services in institutional care are provided by the facility itself. The total sample of respondents living in households was 354 people.

The results presented are partial results of the project of the Technology Agency of the Czech Republic, reg. no. TQ01000591. This research focuses on increasing the health, social, digital, and financial literacy of people aged 65+.

### **Ethical approval**

The study was approved by the Ethics Committee of the Faculty of Health and Social Sciences of the University of South Bohemia in České Budějovice on 01/2024, in accordance with the Declaration of Helsinki.

### **Data analysis**

Statistical data processing was performed using IBM SPSS version 28 (Statistical Package for the Social Sciences). Frequency tables were constructed based on the first level of classification, and contingency tables of selected indicators of the second level of classification were constructed. Relationships between categorical variables were tested using Chi-Square Tests.

## **RESULTS**

The research sample consisted mainly of people aged 65 to 74 (58.0%), which is confirmed

by the median (50th percentile) of 72 years. The group of people over 85 years of age was relatively small in the sample (only 9.2%).

In terms of gender, women slightly predominated (56.3%), which is in line with the demographic structure of the Czech Republic, where women make up a larger proportion, especially in older age groups. In the sample, 46.9% of respondents were married, 11.9% were divorced, and 30% were widowed. More than half of the older adults surveyed (61.8%) lived in a shared household, and approximately a quarter lived alone (26.1%).

More than three-quarters of respondents (83.5%) were old-age pensioners, i.e., people no longer active in the labour market. Only a small proportion are still economically active on a full-time or part-time basis (9.5%).

The education of older adults in the survey corresponds to the demographic composition of the older population in the Czech Republic. The majority had secondary education (34.5%) or a vocational certificate (36.0%). Only 11.9% of respondents had a university education.

The analysis of the use of social services focused exclusively on older adults living in ordinary households (outside residential social care facilities). Therefore, respondents residing in collective care facilities (retirement homes, long-term care facilities, etc.;  $N = 49$ , i.e., 12.2%) were not evaluated in this section. The sample of respondents living in households consisted of 354 people (Table 1).

Respondents were asked a semi-open question about the type of social benefits they receive. Respondents had the option to select each benefit they receive. For this reason, the sum of relative frequencies exceeds 100%.

The survey showed that most older adults do not take advantage of available social benefits. A full 75.1% of respondents reported not receiving any social benefits. The remaining older adults most often receive care allowances (10.2%) and housing allowances (8.2%).

Second-level classification analyses showed statistically significant correlations between the use of social benefits and selected sociodemographic characteristics. Respondents aged 65–74 were more likely to report that they did not use any benefits, while their use increased with age ( $\chi^2 = 27.204$ ;  $df = 16$ ;  $p < 0.05$ ).

**Table 1. Sociodemographic indicators of respondents ( $N = 403$ )**

Variables	Frequency	%
<b>Sex</b>		
Men	176	43.7
Women	227	56.3
<b>Age</b>		
65–69 years	125	31.0
70–74 years	109	27.0
75–79 years	70	17.4
80–84 years	62	15.4
85 years and older	37	9.2
<b>Education</b>		
Incomplete primary education	4	1.0
Primary education	33	8.2
Apprenticeship/vocational training	145	36.0
Secondary education	139	34.5
Higher vocational education	34	8.4
University education	48	11.9
<b>Marital status</b>		
Single	16	4.0
Partner	29	7.2
Married	189	46.9
Divorced	48	11.9
Widowed	121	30.0
<b>Living arrangement</b>		
Living alone	105	26.1
Living in a shared household	249	61.8
Living in a shared living facility	49	12.1
<b>Children</b>		
No	56	13.9
Yes	347	86.1

A significant relationship was also found with marital status. Married people were less likely not to use any benefits ( $\chi^2 = 103.941$ ;  $df = 32$ ;  $p < 0.001$ ). Similarly, respondents with children were more likely to report zero use of benefits ( $\chi^2 = 30.040$ ;  $df = 8$ ;  $p < 0.001$ ).

A correlation was also found in education: people with vocational training and those without a high school diploma more often receive mobility allowances, high school graduates receive housing allowances, and university graduates most often do not receive any benefits. As education increases, so does the proportion of those who do not receive benefits ( $\chi^2 = 76.190$ ;  $df = 40$ ;  $p < 0.001$ ) – Table 2.

**Table 2. Use of social benefits by older adults (N = 354)**

Variables	Absolute frequency	Relative frequency
Type of social benefit		
No social benefits	266	75.1%
Care allowance	36	10.2%
Housing allowance	29	8.2%
Allowance for special aids/home modifications	22	6.2%
Mobility allowance	20	5.6%
Housing supplement	12	3.4%
Living allowance	11	3.1%
Extraordinary immediate assistance	3	0.8%

The use of social services shows a similarly low level. Almost three-quarters of respondents had not used any social services in the last 12 months (73.7%). Another 6.5% of older adults used services less than once a month, and less than a fifth used them regularly – with varying frequency (from monthly to daily). Older adults most often used meal delivery services (22.0% of respondents), home health care (13.0%), and home care assistance (12.1%). Other types of social services (e.g., personal transportation, personal assistance, respite services, or day care) were used significantly less, with less than 8% of older adults using each of them.

Second-level classification analyses showed statistically significant correlations between the frequency of social service use in the last year and selected sociodemographic characteristics. Respondents aged 65–74 were more likely to report that they did not use the services, while their use increased with age ( $\chi^2 = 26.552$ ;  $df = 12$ ;  $p < 0.01$ ).

A significant relationship was also found with marital status – married people were more likely not to use services ( $\chi^2 = 63.978$ ;  $df = 24$ ;  $p < 0.001$ ). A correlation was also found in relation to respondents' housing situation: people living with another person were less likely to use the services, while respondents living alone were more likely to use them at least once a month ( $\chi^2 = 26.062$ ;  $df = 6$ ;  $p < 0.001$ ).

Furthermore, respondents with children more often reported zero use of services ( $\chi^2 = 22.736$ ;  $df = 6$ ;  $p < 0.001$ ). Education

also played a role. Respondents with a college education were less likely to use the services, and as the level of education decreased, so did the proportion of those who did not use the services ( $\chi^2 = 66.593$ ;  $df = 30$ ;  $p < 0.001$ ).

Older adults rated the subjective availability of social services in the region as mostly neutral; 28.9% rated services as moderately available. Social services were considered (somewhat or completely) available by 21.4% of respondents. Conversely, 15.8% rated them as rather or completely unavailable. A significant proportion of respondents (33.9%) were unable to assess to what extent social services were available to them.

The assessment of the accessibility of social services varies significantly depending on location and type of housing. Urban residents are more likely to perceive services as accessible, while rural older adults and older adults living with their families were more likely to respond that they were unable to assess accessibility. The chi-square independence test (Pearson Chi-Square –  $\chi^2$ ) has a value of 11.639 at 5 degrees of freedom,  $p < 0.05$ . A statistically significant correlation was identified between the assessment of the accessibility of social services and the respondent's housing situation. Respondents who live alone are significantly more likely to report that social services are rather inaccessible to them, while respondents who live in a shared household with another person are significantly more likely to report that they are unable to assess this issue. The chi-square independence test (Pearson Chi-Square –  $\chi^2$ ) has a value of 13.662 at 5 degrees of freedom,  $p < 0.05$  (Table 3).

Social counselling is an area of services with relatively low utilisation. Nearly 60% of respondents said that they had not used any social counselling in the last 12 months and were not interested in it. Less than a quarter of older adults (24.6%) were interested in counselling but did not have access to it. Approximately 6% of respondents actively used social counselling. 5.1% stated that it was not very useful to them, and only 1.1% found it very useful. Approximately one-tenth of older adults could not remember whether they had used such a service. Accordingly, most of those surveyed (62.1%) do not even know where to turn to a social worker providing counselling if necessary. Only 37.9% of respondents said they knew where to seek social counselling.

**Table 3. Use of social services by older adults (N = 354)**

Variables	Absolute frequency	Relative frequency
Frequency of social service use		
Did not use any social service (past 12 months)	261	73.7%
Used less than once a month	23	6.5%
Used regularly (monthly to daily)	70	19.8%
Most frequently used services		
Home care service – meal delivery	78	22.0%
Home nursing care provided by a nurse	46	13.0%
Home care assistance in the household	43	12.1%
Other social services (lower utilisation)		
Personal transport	27	7.6%
Personal assistance	15	4.2%
Respite care service	11	3.2%
Day care centre (day-care facility)	8	2.3%

The analysis showed that the willingness to seek social counselling is lower among older adults who are married and those who have children. These respondents were significantly more likely to declare a lack of interest in counselling services. The chi-square inde-

pendence test (Pearson Chi-Square –  $\chi^2$ ) has a value of 40.962 with 16 degrees of freedom,  $p < 0.001$ . For the other characteristics studied (age, gender, education, etc.), attitudes towards social counselling did not differ significantly in statistical terms (Table 4).

**Table 4. Social counselling (N = 354)**

Variables	Absolute frequency	Relative frequency
Use of social counselling		
Did not use it and are not interested	212	59.9%
Were interested but had no opportunity	87	24.6%
Used it, but it was not very helpful	18	5.1%
Used it and found it very helpful	4	1.1%
Could not recall	33	9.3%
Awareness of where to seek advice		
Do not know where they would seek counselling	220	62.1%
Know where they would look for counselling	134	37.9%

## DISCUSSION

This cross-sectional study showed that most older adults aged 65 and over living in ordinary households in the South Bohemian Region had not used any social services or social benefits in the last 12 months. The use of support was statistically significantly associated with age, marital status, housing situation, and education. The findings suggest that older age and living alone are associated with more frequent use of services and benefits. These relationships are consistent with foreign studies describing the link between socio-demographic characteristics and the use of formal support (Lera et al., 2021; Stroh et al., 2022). As the study did not include a detailed check of health and functional status, it is not possible to determine whether the discovered dif-

ferences primarily reflect differences in care needs or different levels of access to support.

Lower use of benefits among younger older adults, married individuals, and respondents with children may be related to higher levels of informal support in the household. Szenkurök et al. (2025) report that family background and the availability of help in the household may have played a role in the take-up of support, which could have reduced the need for institutional care or delayed access to the system.

At the same time, however, the phenomenon of non-take-up, which is described in the literature as a consequence of information barriers, administrative burdens, or stigma (Herd, 2023; Kühner and Chou, 2025), cannot be ruled out. A similar mechanism has been described in other contexts, where Küh-

ner and Chou (2025) demonstrated the role of stigma in older people's decisions about whether to apply for support at all, and Werner and Tur-Sinai (2024) described multi-level barriers to non-take-up, including factors at the individual, community and system levels. However, given the absence of data on actual care needs, the extent of this phenomenon in our sample cannot be accurately estimated.

The subjective availability of social services was rated mostly neutrally by respondents, and a significant proportion of people (33.9%) were unable to assess availability. The structure of the services used showed a predominance of support that enables people to remain in their home environment (meal delivery, home health care, care services), while more specialised services were used less. This profile corresponds to the trend of preference for community and home care (Bražinová and Chytil, 2024; Zhou et al., 2025).

In the context of the evaluation and quality of social services in the Czech environment, Šiška et al. (2021) pointed to the importance of the perspective of the actors involved and to the fact that the experience of users and their ability to find adequate support in the system were conditioned not only by the capacity of the service, but also by the comprehensibility, organisation, and continuity of support. In the Central European regional context, Seberíni et al. (2021) described how the availability of social and health services for older people was also limited by systemic and organisational factors, and that some of the needs remained covered by the family – which supported the interpretation that barriers to accessing services could arise from a combination of availability, orientation in the system, and family support. However, without a detailed assessment of the availability of services and the functional status of respondents, it is not possible to determine unequivocally whether lower use of specialised services reflects lower need or barriers to access.

A significant proportion of respondents were unable to assess the availability of services, and most did not know where to turn for social counselling when needed. This finding may indicate limited orientation in the support system, a phenomenon also described in international literature on barriers to accessing health and social services (Cabañero-García et al., 2025; Kervin et al., 2023).

At the same time, however, it is not possible to separate the effect of actual unavailability from the respondents' lack of information. It should be emphasised that the presented results are based on bivariate analyses and only allow for the identification of associations, not independent predictors of support use. The absence of multivariate control limits the possibility of interpreting individual socio-demographic factors as independently acting determinants.

The results, therefore, represent a description of patterns of support use in a given regional context, rather than a model explaining the mechanisms of entry into the social services and benefits system.

Overall, it can be said that the use of formal social support among the community-dwelling elderly population of the South Bohemian Region is low and shows socially differentiated patterns. However, for a deeper understanding of the mechanisms of entry into the support system, it would be appropriate to supplement the longitudinal design and multivariate models with health, functional, and socio-economic characteristics.

### **Practical application**

The low uptake of social services, social benefits, and social counselling among older adults living in ordinary households highlights the need to improve awareness of available support and to facilitate access to the system. It appears advisable to strengthen the active provision of information, particularly for older adults in the highest age groups, widowed individuals, people living alone, and older adults in rural areas.

Greater attention should be paid to the timely identification of unmet needs and the targeted referral of older adults to appropriate assistance from professionals who come into regular contact with them, particularly general practitioners, home care agencies, municipal offices, and social workers.

At the same time, the results suggested that practical assistance with navigating the support system could also be beneficial. This could include help in identifying suitable services, filling out benefit applications, securing the necessary documentation, and providing clear explanations of eligibility requirements. Support focused in this way could reduce the risk of available assistance going unused due

to administrative burdens, lack of information, or uncertainty about where to turn when needed.

At the level of care organisation, the findings supported further development of coordination between health and social services, particularly in transitional situations such as hospital discharge, deterioration of health, or loss of informal support. Strengthening cooperation between healthcare providers, social services, and community organisations could contribute to earlier referrals to appropriate services and ensure follow-up support without unnecessary delays. In a regional context, these findings may also be useful in planning field and community strategies targeting older adults at risk of social isolation or reduced access to support.

### Limitations of the research

The study had a cross-sectional design, so causal relationships cannot be inferred and the results can only be interpreted as associations. The selection was made on a quota basis according to gender, age and region, but selection bias cannot be ruled out for other variables, in particular health and functional status, income or level of social support.

The analyses were based mainly on bivariate tests ( $\chi^2$ ), without multivariate control for potential confounding factors, which limits the interpretative robustness of the findings. Only older adults without cognitive impairment and living in ordinary households were included in the study. Therefore, the results cannot be generalised to the population of older adults with cognitive impairment or to institutional care.

Data collection was based on self-assessment in structured interviews, which may have been influenced by memory bias, socially desirable responses, or inaccurate interpretation of individual types of services and benefits. The regional nature of the study and the one-time data collection further limit the possibility of generalising the results beyond the monitored region and time period.

### CONCLUSION

This cross-sectional study showed that most older adults aged 65 and over living in ordi-

nary households in the South Bohemian Region had not used any social services or social benefits in the last 12 months. The use of support was statistically significantly associated with age, marital status, housing situation, and education.

The differences found indicate socially differentiated patterns of support use, but it is not possible to determine to what extent they reflect differences in actual care needs and to what extent they reflect potential barriers to access. The study did not include detailed indicators of health and functional status or multivariate analysis. Therefore, individual socio-demographic factors cannot be interpreted as independent determinants of the use of services or benefits.

The results also point to the limited orientation of some older adults in the social support system, particularly in the area of social counselling. However, without a more detailed analysis of the availability of services and administrative processes, it is not possible to determine unequivocally whether the low use of support is primarily related to lower need, a preference for informal assistance, or barriers to entry into the system.

The study thus provides a regional descriptive picture of patterns of social support use among community-dwelling older adults. For a deeper understanding of the mechanisms of entry into the support system and possible inequalities, it would be appropriate to follow up with longitudinal research and multivariate models incorporating health, functional, and socioeconomic characteristics.

### Data availability

The source data is available in the National Repository, DOI: 10.48700/datst.5cfmz-se517, <https://data.narodni-repozitar.cz/general/datasets/5cfmz-se517>

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### Conflict of interest

The authors have no conflict of interest to declare.

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