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Residential Social Service Facilities as an Integral Part of Civil Defence: A Theoretical Framework of the Internal Stability of a Democratic State

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Abstract

The study analyses residential social service facilities as a component of civil defence and the internal stability of a democratic state. Based on a qualitative analysis of international strategic and legal documents and relevant scholarly literature, it demonstrates that continuity of care for vulnerable groups constitutes an important element of national resilience to hybrid and other contemporary threats. Key factors include crisis preparedness, the decision-making capacity of management, intersectoral coordination, and the professional training of staff. The text emphasises the need for their systematic integration into security and crisis planning.

KEY WORDS: *civil defence; residential social service facilities; internal stability of the state; democratic state; hybrid threats; protection of the population; national resilience; crisis preparedness*.

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1. Introduction

The contemporary security environment is characterised not only by the risk of conventional armed confrontation, but also by the growing significance of hybrid, infrastructure-related, and other non-military forms of disruption that affect both the functioning of public institutions and the everyday life of society. The seriousness of these threats lies in their capacity to disrupt the continuity of essential services, weaken public trust in the state, and indirectly destabilise the democratic order [1-4]. Within this framework, civil defence is increasingly associated not only with the protection of territory, but also with preserving the functioning of the state and society under crisis conditions [1,2,5].

Of particular importance in this context are residential social service facilities, which provide long-term care to persons with higher levels of dependency and vulnerability. In documents issued by the United Nations (UN) and the World Health Organization (WHO), the protection of these groups is understood as part of safeguarding rights, dignity, and safety in situations of risk, disaster, and armed conflict [6-9]. If such facilities are unable to maintain care during disruptions to supplies, staffing, or communication, this is not merely an operational problem, but a failure with potentially wider social and security consequences, including the weakening of public trust in democratic institutions [3,10,11].

International and national strategic documents therefore conceptualise resilience as the capacity to preserve essential societal functions even under conditions of severe disruption. The North Atlantic Treaty Organization (NATO) emphasises civil preparedness and the continuity of essential services as part of collective defence [1], the European Union (EU) highlights the resilience of entities providing essential services [2], and the Security Strategy of the Czech Republic links state security with societal resilience and preparedness for contemporary threats [4]. In addition, the scholarly literature shows that the quality of crisis management in residential care services directly affects both the quality of life of residents and the stability of care during emergency situations [10,12].

Despite this shift, the position of residential social service facilities remains insufficiently developed in security and crisis discourse. They are often perceived primarily as objects of protection rather than as institutions whose operational

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stability helps shape the broader resilience of society [12-14]. This gap is particularly problematic in the context of contemporary threats, which test the state's capacity to protect vulnerable groups, maintain public services, and preserve the legitimacy of democratic governance [3,4,11].

The aim of this paper is therefore to define theoretically the position of residential social service facilities as an integral part of civil defence and to analyse their importance for the internal stability of a democratic state under conditions of contemporary threats. Attention is devoted to the legal, institutional, and organisational prerequisites of the crisis preparedness of these facilities, as well as to the relationship between continuity of care, national resilience, and public trust in democratic institutions.

2. Materials and Methods

The paper is conceived as a theoretical-analytical study based on secondary work with published sources. The main analytical foundation consists of international and national strategic, legal, and conceptual documents addressing civil preparedness, population protection, state resilience, and the continuity of essential services, in particular documents issued by NATO, the EU, the UN, the WHO, the Organisation for Economic Co-operation and Development (OECD), and the Czech security framework [1,2,4,6-9,11]. This foundation was supplemented by peer-reviewed scholarly literature focusing on the preparedness of long-term care facilities, the quality of crisis management, evacuation, and response to emergencies [10,12-23].

The selection of sources was purposive and corresponded to the research problem, namely the question of which legal, institutional, and organisational prerequisites residential social service facilities must fulfil in order to be regarded as a relevant component of civil defence and national resilience. Only those documents and studies were included that explicitly addressed the categories of continuity of care, protection of vulnerable groups, crisis decision-making, institutional coordination, or emergency preparedness [6-9,13].

The analysis was conducted in two consecutive steps. First, documentary extraction and comparison of the key provisions and strategic theses of the selected documents were carried out. Subsequently, the identified findings were classified by means of qualitative content analysis into thematic categories related to civil defence, organisational preparedness, continuity of services, and the protection of vulnerable persons [14,24]. This approach made it possible to capture not only the normative framework of the problem, but also its practical implications for the management of residential services under conditions of security escalation.

To strengthen the credibility of the interpretation, triangulation was applied between normative documents and empirical literature. The empirical studies did not serve as a separate object of investigation, but rather as a validation layer that made it possible to verify whether the requirements for continuity of services, staff preparedness, crisis planning, and coordination corresponded to findings from the long-term care environment [15-23]. This procedure corresponds to the nature of a theoretical-analytical study and at the same time creates a basis for future empirical verification of the proposed framework.

3. Results and Recommendation

The analysis showed that contemporary international security frameworks increasingly link civil defence with the state's ability to protect the population and maintain the operation of essential services. NATO defines civil preparedness and the continuity of essential services as a condition of collective defence [1]. The European Union understands the resilience of entities providing essential services as the capacity to prevent incidents, respond to them, and restore operations [2]. The Czech security framework emphasises societal resilience and preparedness for hybrid threats [4]. Taken together, these findings indicate that residential social service facilities should be understood as part of the infrastructure for population protection and the internal stability of a democratic state [3-5].

A further finding concerns the nature of the vulnerability of these facilities. What is decisive is not merely the existence of formal plans, but their actual ability to maintain care during disruptions to energy, water, communications, transport, medicines, or staffing. The WHO emphasises that health and care facilities should have pre-established service continuity plans and organisational procedures enabling them to minimise the impacts of emergencies [8]. At the same time, both the WHO and the OECD show that long-term care must be planned as an integral part of resilient health and social systems and that staff stability, coordination, supply chains, and the capacity to respond to shocks are the factors that determine the actual resilience of the system [9,11].

The empirical literature confirms that long-term care facilities are among the particularly vulnerable institutions during disasters and other emergencies and often have limited resources for planning and response [15]. A study of self-assessed preparedness revealed incomplete implementation of emergency standards [16], a systematic review of evacuations pointed to increased health risks and mortality among some residents following evacuation [17], and other studies highlight the importance of coordination, communication, staffing capacity, and logistical support, including the procedural conditions for delivering care [18,23]. More recent studies further show that targeted training and implementation approaches can demonstrably strengthen facility preparedness [19,20].

Based on these findings, it can be recommended that residential social service facilities be explicitly understood in crisis planning as entities ensuring the continuity of essential societal functions. Practical measures should include service continuity plans, decision-making scenarios for sheltering in place versus evacuation, minimum stockpiles, backup energy

and water sources, records of clients with special needs, and clear communication links with the healthcare and crisis management systems [8,9,17,23]. At the same time, it is appropriate to carry out regular interdisciplinary training and exercises, as the available literature points to their importance for strengthening decision-making and organisational capacities [19,20].

These recommendations also have a broader democratic and security dimension. If, under conditions of security escalation, the state is unable to ensure continuity of care for persons dependent on the assistance of others, the result is not only a humanitarian deficit but also a weakening of trust in the ability of democratic institutions to fulfil their protective function [3,10]. Conversely, the systematic integration of residential social services into civil defence strengthens national resilience, reduces the scope for the destabilising effects of contemporary threats, and supports a concept of security that links population protection, human rights, and the functioning of the state [6,7,11].

4. Discussion

The discussion confirms that the significance of residential social service facilities extends beyond the narrow framework of social care. On the basis of the analysed documents and the scholarly literature, they can be understood as part of a broader system of population protection, whose stability is reflected both in state resilience and in the quality of democratic governance under crisis conditions [1,2,6,15]. At the same time, however, it becomes apparent that a clear gap persists between the normative recognition of the importance of continuity of care and its actual institutional implementation. Although strategic documents formulate the principles of resilience, their translation into the everyday practice of residential facilities remains uneven and dependent on local capacities, management, and intersectoral coordination [8,11,13].

A fundamental distinction can be drawn between declared resilience and operational resilience. Declared resilience derives from the existence of strategies, legal obligations, and general preparedness requirements [1,4,6], whereas operational resilience depends on staffing capacities, the quality of leadership, logistical support, communication interoperability, and the ability to make decisions under conditions of uncertainty [13,16,18-20]. It is precisely here that residential social service facilities are often treated in public policy more as passive recipients of protection than as organisations expected to actively maintain a key service even under conditions of security escalation [12,9].

A further interpretative issue concerns the transfer of empirical findings from research on disasters, pandemics, infrastructure failures, and extreme weather events into the framework of hybrid threats and armed conflict. The available literature does not provide extensive direct evidence from the environment of wartime escalation, but it does identify failure mechanisms that are analogous from a security perspective: disruptions to supplies, weakened staffing, impaired mobility, communication, and decision-making chains lead to a loss of continuity of care and to secondary destabilising effects [15,17,11,22]. The transfer of these findings is therefore methodologically defensible; at the same time, however, it must be acknowledged that existing research on deliberate hybrid actions directed against this type of facility remains limited [2,4,22].

The relationship between security and democracy is also of particular importance. The protection of vulnerable groups can legitimately be understood as part of the internal stability of a democratic state [6,3,7,4], yet it is equally necessary to avoid reducing social services to a mere instrument of security policy. Their integration into civil defence must respect the fact that the primary purpose of these facilities remains the protection of the dignity, rights, and individual needs of their users [6,9]. Without this balance, the security framework could undermine precisely those democratic values it is intended to protect [3].

The discussion further shows that crisis decision-making within facilities cannot be reduced to a universal preference for evacuation. Empirical studies confirm that evacuation itself may pose a serious health risk for highly dependent residents [17,23]. Crisis planning must therefore be based on differentiated risk assessment, the availability of resources, and the specific operational situation of the facility [8,11]. Without regular exercises, shared decision-making protocols, and links to crisis management authorities, management is placed in a position of high responsibility without corresponding systemic support [13,19,20].

From an analytical perspective, residential social service facilities thus represent an intersection of social policy, healthcare, crisis management, and security policy. It is precisely this intersectoral nature that complicates the clear definition of responsibilities, financing, and preparedness standards [9,11]. At the same time, it is confirmed that continuity of care for vulnerable groups is not merely an operational category, but also an indicator of the quality of democratic governance under crisis conditions. A state that is able to build this capacity systematically strengthens its own resilience, public trust, and its ability to confront contemporary threats without abandoning democratic principles [3-5].

5. Conclusions

The present study demonstrates that, under conditions of contemporary threats, residential social service facilities have a broader significance than is traditionally attributed to social care. Their ability to ensure continuity of care constitutes a relevant component of population protection and at the same time indicates the extent to which the state is able to maintain essential public functions even under crisis conditions [1,2,4,6,7].

A key practical conclusion is that the resilience of residential facilities depends primarily on operational preparedness, staffing stability, the quality of leadership, intersectoral coordination, and regular professional training. At the same time, the available literature shows that the preparedness of long-term care facilities is often uneven, whereas targeted

training, implementation-oriented approaches, and effective links to crisis management can significantly improve their response capacity [15,16,18-20,23].

Future development should focus on translating general principles of resilience into specific preparedness standards for residential social service facilities. It should also aim at stronger integration of social services with crisis management and at empirical verification of how facilities respond to different types of disruption, including situations in which a choice must be made between sheltering in place and evacuation [17,8,9,11,23]. It is precisely at this level that scholarly understanding can be further developed by linking democracy, contemporary threats, and population protection within a coherent security framework.

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