WP3

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Comparative report on the strategies of care investors and service providers in the Czech Republic and Norway

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Introduction

This report is the first publication from work package 3, "Strategies of investors, regulators, formal care providers and other national level stakeholders". The main objective of this work package was to explore the strategies of investors, regulators, formal providers of care and other national level stakeholders in and elderly care, and thereby to reveal the reasoning and discourses behind these strategies in the Czech Republic and Norway.

We understand strategies in a wide sense, as a method or plan of any actor to achieve a particular goal, or goals, over a longer period. We did not presuppose that all the stakeholders in the care policy fields necessarily have explicit strategies, but regarded this as an empirical question. The strategies of different stakeholders may be specified according to their goals and objectives, plans for the future, and practical orientation: what do they actually do in order to achieve their goals in the near and far future? Their strategies are also likely to be embedded in the mandates, historical experiences and path dependency of each stakeholder.

In the following, we shall explore some of the implications of these and other aspects of a concept of strategies for the different types of stakeholders represented in the Czech and Norwegian material. Stakeholders are defined broadly as investors, regulators, formal care providers and other main stakeholders (ministries, trade unions, interest groups, municipal administration and public agencies, municipal and private care providing institutions) in accordance with the project guidelines.

This report is based on two partial reports on the same topic, one from each policy field (D3.1 on and D3.2 on elderly care), and aims to integrate and compare the findings from these reports, which were based on interviews conducted by the researchers with stakeholders in each of the two countries. The structure of each of these partial reports corresponds to the structure of this comparative report, with comparison on selected, partly overlapping topics across countries on each of the two fields of care. In this project, cross-national comparison takes the front stage, while comparison of the two care fields within each country is secondary.

1. Methods and data

This report is based on interviews with stakeholders in the policy fields of childcare and elderly care. In the field of childcare, 30 research interviews were conducted whereof 14 in Norway and 16 in the Czech Republic. In the field of elderly care, 34 interviews were conducted: 15 in Norway and 19 in the Czech Republic. Due to the limited resources of the project, we decided to concentrate on stakeholders located in and around Brno (Moravian Region), and Oslo.

The selection of stakeholders was based on a combination of the following criteria: type of stakeholder, societal level, and ownership. As the public sector in both countries is organized around the principle of local or regional implementation, so that there are no public providers on the national level, we found it necessary to take account of the local and regional levels in order to include providers from the public sector. We included three types of stakeholders: governance, interest group, and service provider. These three main types were represented on two main levels: local/regional and national, and in terms of either private or public ownership. In this way, a broad spectrum of the main stakeholders (except families, who are the focus of WP4) were represented, ensuring access to a wide range of positions and perspectives.

The interviews were recorded and transcribed for analysis through initial reading and searching for key terms while a more sophisticated analysis was performed with software for thematic coding and analytical queries.

2. Organization, responsibilities and cooperation

2.1 Childcare

Norway

In Norway, all respondents expressed similar, positive views on the value of cooperation, and described how cooperation was organized and how tasks and responsibilities were distributed and shared. Even presumed opponents representing different interests emerged primarily as

cooperation partners, emphasizing the importance of shared goals, and of building bridges and getting to know each other outside of public debates – as their main strategies in obtaining their goals. On the borough, city, county and national levels of public administration or government, all our interviewees described cooperation through regularised and ad hoc meetings and groups, networks and conferences. These arenas all included representatives from the public sector like themselves, both vertically and horizontally, and some included researchers and politicians. The majority of our respondents were educated as kindergarten teachers. Because of the closeness in background and experiences, the level of understanding between representatives of different stakeholders was high. Although our interviewees held different perspectives depending on their current and previous positions in the sector, their common pedagogical outlook was deeply ingrained in their statements and in their understanding of the needs of children. This became especially clear through the interviews with respondents from other professional and educational backgrounds, where alternative views on several issues came up. However, these respondents too underlined the value of mutual understanding and existing, well-functioning formal as well as informal arenas and networks for cooperation and negotiations. Only one respondent, at the borough level, voiced some opposition to the prevalent views and pointed to several areas where according to this respondent there was a discrepancy between reality and political agreement. However, this respondent underlined that if the political and higher administrative levels wanted to know about this, they would need to ask, as it was not the position of a borough employee to take any initiative in this direction.

Czech Republic

In the Czech Republic, interviewed actors at various levels of governance identified several issues. Despite the fact that formally the two-tier model was abandoned (see WP2 report on ECEC), governance still follows this split. Interviewees warned of a persistent fragmentation, where the division of care for younger and older children remains both at national and local levels where officers cooperate in terms of information exchange but real inter-connection of services cannot be observed. Despite efforts to change the age structure of target groups of various services, there is considerable resistance from officers who see the given rules as unchangeable. Also, it has been documented several times that public authorities at all levels except for city districts do not have very good overview of the actual needs of preschool children's parents. Better cooperation would give all levels access to the experience based knowledge of city districts. Similarly, there is insufficient knowledge about the provision of services. The non-profit sector and national level regulators admit that the awareness about the

provided services is quite low, both due to unmapped unregulated trade providers and to poor cooperation among actors. External evaluation of services provided in the facilities could also help parents to select the service they are looking for.

2.2 Elderly care

Norway

Among the stakeholders at the local level of Oslo, the Centres for Development of Nursing Homes and Home Care Services are responsible for supervision activities and the counselling of care providers and municipal authorities. In addition, the Geriatric Resource Centre (07x) is a developmental centre that offers courses and training programs for health personnel and initiates projects to increase the knowledge within the dementia care services in both nursing homes and the home services.

The administration of nursing homes at municipal city level (SYE) is the largest operator of nursing homes in the country and second largest department in the municipality of Oslo. SYE has taken over the boroughs' responsibility for running municipal nursing homes and for overseeing the private nursing homes, in total 4700 long-term spaces and 700 day-time visitors.

The home services of each borough is responsible for both home nursing and practical assistance together with various other types of supporting schemes (day care and activity programmes, cash for care, respite services etc.). Furthermore, an operative effort team is responsible for follow-up on patients with special needs for medical treatment, care and technical aids when for they are discharged from hospital or rehabilitation. In Oslo, and other big municipalities, home-care services are organized in line with the purchaser-provider model, separating responsibility for assessing and approving the granting of a contract for services from the responsibility of providing care. In fact, the responsibility has been removed from the front-line level, and transferred to a specialized purchaser unit within the local authority. Home care services and nursing homes are two different systems based on different arguments (principles) and priorities with respect to resources. At the Government level, the focus is to find the right balance for municipalities between the necessary number of nursing home beds, and organising and preparing for elderly persons to stay home in a safe environment as long as possible. Oslo has 48 nursing homes (as of 2015), of which 20 are run by the municipality through its Nursing home agency (SYE), while the rest are run by non-profit foundations or private enterprises. Official regulations are the most important restrictions guiding the operations. Oslo's centralised Application office (booking unit) administrates all applications

for nursing home beds and makes a decision, which is sent to SYE. Short-term placement is organised according to which borough and hospital sector the applicant belongs to. For long-term placement in a nursing home, the applicant may provide a wish, but there may not always be an available bed at said nursing home. The collaboration between SYE and the Oslo boroughs is important since the boroughs are responsible for ordering beds and for making decisions regarding each potential patient, and for establishing comprehensive and long-term options for patients after discharge from the hospital according to the Coordination Reform. SYE is mandated to move patients between units to avoid that boroughs order beds according to its economy. The agency also collaborates closely with each borough administration regarding the four Health houses, which have been established as a new type of short-term department with a stronger focus on treatment and rehabilitation after a hospital stay than what the nursing homes managed before the Cooperation reform. Further, the Health houses collaborate with the borough Home care services regarding competence and knowledge transfer for each individual patient moving back to their own home. As an alternative to care housings and nursing homes, Oslo has established care housings with 24-hour staff presence (Care+) which covers a need for safety and care among users with somatic and psychic ailments.

Czech Republic

Vertically, the main cooperation evident in our material is the preparation of strategic development plans. According to the Act on Social Services, the formulation of a middle-term plan of development of social services is obligatory for the Region. The Region studied applies the principle of cooperation with the municipalities with extended powers. These municipalities work out source documents in the form of separate plans for their own administrative unit, using community planning methods mostly involving providers and to a limited extent also users of the services and the public. The parties involved in the planning valued this opportunity to participate in the formulation of local and regional priorities. In 2015, the redistribution of the allocation from the national budget was transferred to Regional Authorities related to the obligation of the Region to set the basic network of social services. Interviewed providers criticised the Region for the way this was prepared, for insufficient communication with other stakeholders, and for the methodology for integration of the services in the network.

The relationships and ties are more intense in the two types of horizontal cooperation: 1) institutionalised cooperation, such as developing and maintaining ties within community planning, between providers, donors, users and other actors in the given locality; 2) informal or

semi-formal ties and cooperation, which may be long-term or an ad-hoc, usually based on personal bonds and typically including cooperation between the providers and the family/client on the other hand. Similarly, there may be mutual ties or competitive relationships between local providers. Employees in municipal administrations may also cooperate with non-governmental organisations. The absence of a conception of long-term care engenders cooperation between providers of social services and actors in the health care sector. Integration and harmonisation of social and health care is one of the key themes in the provision of field-based social services. Agencies that have a registered medical service and run home care services in parallel with provision of social care may make use of multi-resource funding and cover part of the costs from their health-care budget. Field-based services also often cooperate with each other, referring the applicants whom they currently cannot accept for capacity reasons to other providers. Clients, particularly in bigger cities, may have a contract with more than one field-based agency. While one agency delivers care to this client e.g. during the working week, another one may do so on the weekends and public holidays, and possibly yet another agency takes care of meals delivery. The respondents expressed relatively negative views of the reform concerning the provision of care allowance when the competence was shifted from municipalities to local Employment Offices. The benefit provision bureaucratized and social work declined at the municipal level.

2.3 Topic summary

Where the Norwegian childcare, or kindergarten, sector emerges as a well-integrated, almost organic and harmonised system where all actors know the game and approve of the same set of rules, its Czech counterpart is hampered by fragmentation, distinct and partly incongruous historical legacies, and a lack of exchange of information. Paradoxically, however, a problem in the Norwegian system may be inherent in the successful, consensus-based model, which may make it difficult for alternative views to be heard and to gain influence.

The organization of responsibilities and cooperation in the elderly care sector emerges through the interviews as quite different in the two countries. In Norway, most of our material describes a vertically organized system with many different forms of actors at different levels even within the municipality, who only to a limited extent cooperated horizontally. In the Czech Republic, horizontal cooperation appears to be more widespread in this sector, with vertical cooperation primarily limited to the development of strategic development plans.

3. Objectives and target population: Perceptions of care needs

3.1 Childcare

Norway

In Norway, different stakeholders tended to emphasize different aspects of the generally agreed upon national objectives, depending on their positions and perspectives. Nine out of our 14 interviewees talked about the need for young children to attend kindergarten at an early age, and argued for a view of the educational pathway as a continuous process, from the second year of life and throughout school and higher education. At the same time, they stressed the need, especially with the youngest children in mind, to see kindergarten not as an institution for teaching, but rather as an institution for learning. In order to meet this need, several pointed out that the competence of kindergarten staff needs to reflect the needs of the very youngest children. Several respondents also emphasized the importance of active recruitment to kindergarten of young children in immigrant families. One respondent pointed out that now kindergarten is nearly universal in Norway, this provides a unique opportunity to approach the broad political goal of social equalization – a goal that universal schooling has not nearly reached.

Czech Republic

In the Czech Republic, the views on the objectives of policy differed according to the age of the children. As regards children under the age of 3, most respondents connected childcare objectives to work-family reconciliation, intergenerational solidarity or equal opportunities for women and men. For children aged 3+, the main objective of the policy was described as education, upbringing and preparation for school attendance, while here the reconciliation of work and family was perceived as a secondary, sometimes conflicting objective. Correspondingly, perceived target groups for childcare for the youngest children included the whole family, while target groups for 3+ childcare were perceived to be the children themselves. There is an historically embedded, very strong persuasion that the needs of children below 3 should mainly be regarded as caring needs, best met by nurses, whereas older children's needs are understood in terms of preparing for school, best met by teachers. However, the distinction between younger and older children appears to be moving, from 3 to 2 years of age.

3.2 Elderly care

Norway

A main objective of the policy of elderly care in Norway is that older adults live their lives at home as long as possible, with those in need of care and nursing assistance receiving competent and sufficient help to prevent and avoid hospitalization. This is also the expressed policy of Oslo municipality: all city boroughs are obliged to provide adequate services, including non-residential and field based services, home nursing care and day care centres. The objective of the home services is to provide sufficient medical assistance and qualitative care to the elderly recipients within the statutory framework. Care teams are expected to decide in more detail how to meet needs and report electronically whether the tasks are being accomplished within the estimated time use. Elderly who live at home will often need care, attendance, nourishment, physical therapy and medical assistance. The need for services depends on the individual's circumstances, medical condition, housing, and family situation. Those in most need of care are aged 80 or more, but it is difficult to define needs by age because a 70 year old might be as much in need of care as a 90-year-old person might. In the two city-boroughs in our sample, the user group more than in other parts of the city consists of many persons living alone with lifestyle diseases, addictions, and psychiatric problems. Several also live in small apartments/homes that are not suitable when they need technical equipment. Elderly who need to be in a nursing home are those who are incapable of functioning by themselves and need more nursing care than the home services can deliver. One of the core targets of the Cooperation reform was to alleviate the pressure on the hospital sector by transferring responsibilities to the municipal level (White Paper No. 47, 2008-2009). 80 percent of the residents in nursing homes now suffer from some form of dementia, and residents' caring and nursing needs have increased steeply in recent years. This is mainly because those with less demanding health conditions now continue to live in their own homes, in agreement with the political intentions.

Czech Republic

The regulators of the system of elderly care services at the national level and the providers of social services at the regional and local levels highlighted the need to tackle the life situation of those older adults who suffer from various mental and psychiatric conditions as they age. These include people with dementia and other people in need of sustained care, primarily people over the age of 85 years who form up to a third of the clients in some regions and often need special services provided either in residential facilities (so called special regime homes) or in their

home environment (non-residential and field-based services, day centres). The latter has increasingly been accentuated in the Czech Republic in recent years. The providers declared the quality of care and meeting the clients' needs to be the objectives of the service. The general goal was with few exceptions not broken down into specific goals. One provider of non-residential services was more specific and said that clients feared residential facilities and wished to stay in their home environment for as long as possible, highlighting a need of home-based hospice care in addition to standard forms of intervention. The target group's perceived needs fall into three categories: routine tasks, health, and social needs. Managing routine tasks is associated with field-based or non-residential services, and typically includes assistance with hygiene, cleaning, meal preparation, and shopping. Meeting health needs is largely understood at the level of essential nursing care as guaranteed by the Ministry of Health. According to our respondents, field-based or non-residential services should not target clients unable to manage routine daily tasks. They expected growing demands on nursing services along with increasing frequency of e.g. stroke, Parkinson's disease, or multiple sclerosis. As regards social needs, sustaining contact with the family and neighbourhood comes first in non-residential care, especially in smaller municipalities while residential care is associated with meeting the needs of those older adults whose situation requires complex care. Providers of field-based and non-residential services are subject to increased pressure from the families of older adults to secure complex care. The nature of the services thus changes, from simple tasks (shopping, cleaning) to a more complex care. The lacking capacity of specialised residential facilities for older adults with dementia and a growing interest in staying in one's own home environment increase the demand for field-based and non-residential services. Finally, a growing number of older adults resort to emergency shelters for homeless people due to low incomes leading to loss of housing. In the case of reduced or lost self-sufficiency, these older adults cannot afford current social services, particularly residential services.

3.3 Topic summary

The main difference between the two countries when it comes to objectives and target populations is the Czech distinction between younger and older children (in both countries at the age of 2-3) as having qualitatively different needs, a sharp distinction actively opposed by the respondents in Norway. Here, the main perception was a continuum where all children need both care and learning, with the concession from some respondents that younger children's learning needs require specialised pedagogical training. In addition, in the Czech Republic there was no explicit concern with immigrant or minority children, while this was one of the main

concerns of several of the Norwegian respondents. This reflects the differences in minority demographics and rights as well as in childcare coverage in the two countries: Norway has an immigrant population[1] of 13%, near universal coverage and the capacity to include all children aged 1-5. The few children who are not in kindergarten raise some concern, and it is generally assumed that these are mostly of immigrant background. The main topic in the Czech Republic, where universal coverage is a distant goal and the immigrant population is only 7% (albeit in addition to significant numbers of national minorities), is how to meet the needs for childcare of majority Czech families.

Both countries share a prevalent tendency to move from an earlier emphasis on residential care to an increasing focus on home-based care and field based services. The reasons are also similar: as the populations age, resulting in more elderly people in need of simple and complex care services and fewer young people to provide this labour, policies shift on discursive as well as on economic and organizational levels. The tendency appears to be stronger in Norway.

4. Policy arguments and priorities

4.1 Childcare

Norway

The private/public debate took centre stage in Norway. This is currently one of the few fields of political contention in the kindergarten sector in this country. All the interviewees talked about this. Other debates, such as the line of responsibility between the family and the care sector, and parents' right to choose or not choose kindergarten for their children were only briefly touched upon in a few interviews. The debate about public and private kindergarten has several aspects, one of which is the financial aspect. Seen from a municipal perspective, the argument was that municipal legal responsibilities and the system of financing combine to leave municipalities without control of the means to fulfil their responsibilities. From the private sector, the financing problem was criticised for leaving private actors dependent on often-deficient municipal planning, leading to a lack of predictability for the private kindergartens, who get their government transfers via the municipalities. Another problem has been that private actors have been able to run their services at a lower cost than the public ones, for various reasons – a main one being that their pension expenses were lower, because they offer

[1] Persons born abroad and persons born in Norway both of whose parents were born abroad.

poorer pensions, on the average. One consequence of this may be higher stability of staff and children in private kindergartens than in the municipal ones, and more money being spent on noticeable elements such as meals and technology, making municipal kindergartens appear less attractive to the public at large. However, from 2016 the regulations stipulate that pension expenses will not be included in the running expenses. This is expected to make it more difficult for private actors to extract extensive profit.

Czech Republic

In the Czech Republic, policy priorities are framed at the national level by the Government strategy on the equality of women and men 2014-2020. This strategy is implemented through Gender Focal Points at all ministries, the Ministry of Labour and Social Affairs being perceived as the most important actor. The strongest formulated priorities relate to the access of young children to childcare facilities and the flexibility of arrangements as an important aspect to abolish the typical model of full-time employment combined with full-time care outside family. Three recognised trends contribute to this priority: (1) ageing population and low fertility rates, (2) investment in the human capital of women (60% of university graduates) which the country cannot afford to lose due to long career breaks, and (3) investments in the human capital of children. Raising the capacities of facilities, especially for the younger group, is a priority to support the creation of child groups and micro-nurseries. The constant criticism from the European Commission of very long parental leave and enduring pressure to raise the capacities in facilities are being relieved due to a change in political priorities. Growing interest in care provision for children is recognised also through priority access to kindergartens for children aged four and three in the upcoming years (2017, resp. 2018) and making space even for younger children. The albeit controversial question of a compulsory last year in kindergarten is also a sign of more emphasis on early education. The willingness to support the creation of facilities can be detected also at regional and local levels. However, in case of Brno the engagement of local politicians does not go any further. The city has not enlarged capacities in facilities for children below 3 for several years. Politicians prioritize problems that bring larger political support. Some actors also underline the impact of the unequal representation of women in politics which brings about a focus on different themes. Providers of care however recognise the sensitivity of politicians to needs of the public, especially at the lowest level of governance of the system. Various interviewed actors share the view that political discourse and priorities regarding are changing, with more support to outside the family for the youngest children, and to gender equality. National level actors recognise that is more put into wider context of

employment, social inclusion, demographic changes, economic growth and equal opportunities for women. The discourse is shifting from perceiving as a cost to seeing it as an investment in children and in the prevention of human capital losses for women with children.

4.2 Elderly care

Norway

The political arguments put forward by different stakeholders are both economic and ideological. Home services are a much cheaper solution for the authorities, as sick and frail elderly living at home averagely receive 16 hours paid home nursing assistance per month, while the patients in nursing homes get 35 hours a week on average. There is an overall agreement that recruitment of more health and social services workers must be prioritized. While the debate in media is dominated by the argument that there is a need for more nursing homes, the actors and providers we interviewed were more concerned with how to strengthen the home services. The tension between the two arguments may derive from different positions of responsibility, as well as being related to different perceptions of what is good for the individual. Since the financing of nursing homes in all likelihood will continue to be an issue, discussions about controversial user charges will probably appear. There are different views of how high the individual level of need for care and monitoring should be before triggering rights to long-term institutional care.

Czech Republic

The representatives of the ministry asserted that a key national priority was supporting field-based services and enabling clients to stay in their home environment. The representatives of the Region and municipalities assessed objectives and priorities in the area of elderly care as formulated for the given region or locality. Providers articulated that there is a disproportion between the formulation of priorities and their inadequate financial backing, e.g. the declared preference for field-based services which is not accompanied by increased public funding. They also expressed that there are discrepancies between the priorities in the area of fulfilling and improving the standards of quality and, on the other hand, continual under-funding of social services making it impossible to remunerate the workers adequately and hinders personnel development in terms of quantity and quality. Further, they pointed at a non-existent or unclear vision for the integration of health care with social care in field-based and residential services, with consequences for the financial sustainability of social services as well as for advancing the

quality of provided care. Finally, providers called for a clearer policy in dementia care such as systematic public information campaigns also focusing on family carers. The fact that residential facilities continue to be perceived by the public as the only possible source of help for people suffering from dementia increases the pressure on residential facilities. The priorities in organisations founded and run by the Church seem to be similar to those in public facilities, with the addition of pastoral care and more emphasis on building interpersonal relations.

4.3 Topic summary

In Norway, the main policy issue as deriving from the interviews was the relation between the public and the private sector, and interviewees expressed different views on the possibility to extract profits from kindergartens, and on the fairest model for the distribution of financial resources. This contrasts with the Czech case, where policy arguments and priorities as expressed through the interviews centred on access to better and more flexible childcare facilities, including facilities for the younger children, regardless of the public/private divide.

The tension between a publicly dominant call for more resources to residential care facilities and official policies highlighting home and field based care services is palpable in both Norway and the Czech Republic. While arguments for the latter were predominant in our interviews with representatives from government bodies, providers, and interest groups in both countries, the Czech interviewees in addition described gaps between stated policies and de facto implementation possibilities.

5. Capacity and resources

5.1 Childcare

Norway

When asked whether the needs or demands for kindergarten places were met, our interviewees generally referred to the statistics showing that there is full kindergarten coverage in Norway. A representative for the private kindergartens pointed out that in some municipalities, there is a real or potential overcapacity, so that municipalities are less eager to establish new kindergartens. On the municipal level in Oslo, respondents suggested an overcapacity of 400-500 kindergarten places that were not being used at the time of the interview, an estimate based on detailed overviews of available places in each borough. Children on waiting lists in Oslo were, according to our respondents, either under the legal age of right to kindergarten, or interested only in a place in specific kindergartens, having rejected offers of places elsewhere.

Another respondent in Oslo held a different view, and a view more in concordance with the overall agreement that there are some children who should have been in kindergarten who are not there, who according to other respondents do not attend kindergarten because their parents have not applied for them to do so. Children of immigrant parents are the main target group here, whether or not they form the majority of children who are not in kindergarten. Since the issue of capacity in the sense supply and demand of kindergarten places is marginal at this stage in Norway, most of our interviewees understood this part of the interview as a question about kindergartens' capacities to meet the needs of children. At the national level, none of the stakeholders expressed any concern about their own capacity to fulfil their responsibilities. At the local level, such concerns were expressed more widely, also outside the immediate capacity of kindergartens themselves, and the respondents conceded that they had a good deal of tasks and a very limited number of people. However, they claimed to be able to meet most deadlines and fulfil their obligations, mainly through strict prioritization. When it comes to the kindergartens' capacities, we may identify three main subtopics: staffing, ratio of pedagogical personnel, and economic resources. These are related, and it is possible to identify some dividing lines between actors emphasising the importance of increasing the ratio of pedagogical personnel and those who advocate a wider array of professions.

Czech Republic

In the Czech Republic, the overall extent of childcare coverage is unclear, due to shortcomings in the statistics. Respondents indicate capacity may be sufficient but unevenly distributed, and criticise public policy makers at the local level for not planning ahead in order to meet the growing demand. The system of financing is fragmented, bureaucratic, and there is a lack of predictability for providers. The systems of financing differ for child groups and other facilities providing care for children younger than 3 and kindergartens for children older than 3. Child groups have no systematic and regular financial support from national resources; therefore, different financial sources are usually combined to ensure operation of the facility. Quality requirements and market prices among are the most important considerations in balancing the prices for parents. Several bureaucratic barriers were identified by respondents, and strong criticism expressed regarding strict rules for application and management, strict evaluation of proposals and unreliability of announced calls that are usually delayed. This context makes the situation for care providers very unstable. Whereas for the registered child groups stable subsidies are not available, kindergartens are subsidised if registered. This is beneficial for public providers; however, some private providers do not register. While the financing of

kindergartens for older children emerges as less unstable than that of child groups for younger children, here, too, the financing is described as insufficient and unstable, making it difficult to provide services of good quality.

5.2 Elderly care

Norway

Norway is spending more resources on elderly care than most other countries. The waiting times for elderly in need of care vary and may be longer than justifiable. However, there was agreement among our respondents that the country has reached a point where the current level of services can no longer be sustained and there is a need for innovative solutions. The staff rate in nursing homes is already too low, in spite of changes in terms of new job categories and less unskilled workers among the staff. There is a continuing need to build and strengthen the competence of care providing staff and increasing need for competence regarding dementia.

In the home care system, many experience that their work is dictated by the 'stopwatch' and strictly defined timetable schedules. Several stakeholders question the home-services' ability and capacity to account for the recipients need for security and social contact, due to the purchaser-provider model. Because resources are finite, the most urgent needs are prioritised in the home care services, and medical needs and needs related to bodily care are regarded as more urgent than other domestic and social tasks. Elderly persons with poor housing or no social networks are often regarded as having more urgent needs than people who were surrounded by family, friends and/or modern facilities. In residential care, there is a corresponding concern about meeting needs for social and emotional care when more urgent needs are prioritized within a stopwatch system.

Czech Republic

One of the focal themes of the current policy debate is the capacity of residential facilities. Statistics are often inaccurate, as people often submit multiple applications to several different facilities and there is no central register of applications. Although the number of residential facilities may be sufficient, there is an uneven distribution of facilities from region to region. Key priorities favour field-based services, yet there are long waiting lists for residential care.

Family members show positive involvement in care, and may convince elderly family members of the need for social services, even though services providers sometimes have to reconcile diverse expectations of individual family members. In non-residential services, eligible

claimants are provided with an adequate scope of services. In some places, there is even excess capacity, and the number of clients of non-residential services is not growing. Limited and insecure funding of the whole system of home based social services consist in e.g. a multi-resource nature of funding, state subsidies paid no earlier than March of the given year, a long process to claim benefits, and insufficient funding to cover the wages of health care personnel resulting in substituting health care workers with workers in social services. The low quality of services reflects the limited number of staff and difficulties in attracting high-quality personnel at the level of two thirds of the average wage. Among the most stable workers are pre-retirement age women who might be especially vulnerable to health risks associated with work overload. Limited material and technological resources include a lack of cars for home service carers and adjustable beds available for home loan. All the interviewed providers confirm the uneven coverage of the Region with social services.

As regards residential services, the issue of funding health care in social services was raised. This can be seen as one of the adverse effects of the absence of the conception of long-term care. Health care in social services is financed from the health insurance budget, with the rules guiding the spending of this money being reviewed by the health insurance companies. The respondents also share the view that a key problem is the availability of quality and motivated staff, as this work is not recognized in terms of social status or financial remuneration. Doubts were also voiced in the interviews whether the prospect of sufficient staff in social services can ever be realistic.

5.3 Topic summary

The difference in capacity and resources between the two countries is evident. However, another difference is also prominent in our findings and derives from the difference between almost hegemonic consensus on aims and objectives in Norway and stark political differences in the Czech Republic. Where respondents in Norway unanimously subscribe to the national consensus on further developing the childcare sector, our Czech interviewees refer to a lack of consolidated political will to do so, and point to a wide range of problems resulting from this lack of will.

In terms of policy emphasis in the elderly care sector, both countries favour home based care services; however, in the Czech Republic this is not fully reflected in implementation and funding. Here, funding is lacking in both home based and residential care. The Norwegian consensus is slightly less evident in this sector, as there is divergence between policies

favouring home based care and public expectations and demand for more residential care. However, our respondents were unanimous in their support of the policy and emphasized that general solutions favouring residential care were neither viable nor desirable.

6. Challenges: deficits, gaps and overlaps.

6.1 Childcare

Norway

The participants in Norway held three areas forth as especially challenging: the working conditions for staff, staff competencies, and leadership, hereunder the organization and implementation of monitoring. A challenge that has been widely pointed out and discussed is the organization of kindergarten *monitoring*, in a national system where municipalities are simultaneously providers, funders, and regulators of kindergartens. Our participants pointed out that the challenge is generally greatest in smaller municipalities, where one office or in some cases one person may have several conflicting spheres of responsibility. From the point of view of private providers, municipal systems for monitoring vary greatly, and may suffer from a lack of impartiality, competence and recognizable structure. Expectedly, the union representatives were the interviewees most concerned with *working conditions* for staff. While the participants did not report any systematic differences in salaries between public and private kindergartens, differences between municipalities could be considerable because of local salary negotiations. However, several participants emphasized that pensions are considerably better in the municipal (public) than in the private sector. The organization of *time* and shifts, and regulations on allocation of time to specific tasks were also part of working conditions challenges. A related aspect is the rewarding of *competencies*. As today's law only specifies the competency requirements for kindergarten teachers, other competencies are not necessarily remunerated. Different forms and levels of competence are linked to different levels of social status and prestige, and to the appeal of different positions. The *education* of kindergarten teachers was pointed out as a challenge in two different ways. One concern was that pedagogics was, after a recent reform, no longer a separate subject but 'mainstreamed' or supposed to be integrated into all subjects. Another pointed to two interrelated challenges. Firstly, that the quality of the education of kindergarten teachers was uneven, with variations from one teaching institution to another; secondly, that the main problem as regards this quality deficit is a lack of training in pedagogy focusing on the youngest age group. The large scale inclusion of one- and two-year old children in kindergartens may, as some pointed out, imply a real need for new methods and

approaches. A particular challenge is posed by the legal requirement for children's active participation, as laid down in the CRC and thereby in Norwegian law: How do you get one-year olds to participate in a democratic sense?

Czech Republic

Among the strongest challenges are a lack of systematic funding to child groups, poor awareness of the whole segment of provision due to unregulated businesses, unmapped needs of parents recognised mostly only at the lowest – city district – level. Insufficient capacity is a main challenge, especially as regards children under the age of three and children with special needs. Facilities are too few and overcrowded, and there is a lack of staff. Our interviewees described strongly embedded myths about the appropriate age to attend childcare outside the family in the form of widespread assumption, linked to the two-tier model, that only children from 3 years of age are educable. Strong cultural norms related to motherhood form a challenge in the form of a persisting norm linking the placing of children in childcare "too early" (usually younger than two or three years of age) with the notion of "bad motherhood". A related normative challenge is the fear of a paradigm shift. Here, a tension was identified between previous efforts to keep mothers at home as care providers and the actual trend to place children in facilities. There were also challenges in terms of work-life balance: flexible work arrangements, flexible childcare facilities and incentives for employers have not yet been sufficiently developed. Such path-dependent normative and structural challenges hinder current bottom-up initiatives, which respond to increasing pressure from parents on policy- and decision-makers to create facilities for children 1-3 years. Challenges are also identified in quality, mainly in connection to the marketization of care and the lobbying from providers on politicians, and especially concern child-to-staff ratio, available space, and general hygiene rules. Policy makers at MLSA also regard the possibility to provide childcare as an unqualified trade[2] as a challenge. The problem of high numbers of children per staff is identified at the national and local levels, by regulators as well as by funders. The unclear set-out of parental benefit is also a challenge as it is designed as income-loss replacement but slowly turning into cash-for-care benefit. Any inclusion of younger children in kindergartens would require changes in management, equipment, staff professional background and the organisation of activities. The conditions under which this is supposed to happen are unknown. Opening a new

[2] Trade licensing in the Czech Republic distinguishes between qualified and unqualified trade. For the former, appropriate education and/or training is necessary whereas the latter is accessible to anyone with no limitations.

child group is risky due to unpredictable government funding and is time-consuming due to bureaucratic procedures with many conditions to be met as well as a lack of reliable and coherent information. Further, there is a lack of information about the demand from parents, no reliable statistical data is available regarding refused applications to kindergartens (duplicated applications), and no data is available on demand for care for children under the age of 3. On the supply side, the provision of childcare is not well mapped as the unregulated provision is defined as a business activity. Communication gaps were identified between parents and kindergartens and between providers and city districts.

6.2 Elderly care

Norway

In light of the demographic challenges that are expected to hit full force in 10-15 years, there is a need for restructuring of the services and more involvement of families and volunteers. In Oslo, the new city council as of 2015 has granted 500 new jobs/positions to the home services in 2016. Nevertheless, some of the stakeholders question whether this grant is enough to develop sustainable services or a sufficient solution to solve the huge tasks ahead of them. Together with a competitive labour market, the shortage of care workers will present major challenges to the care sector. The growth of new and younger user groups with the need for extensive assistance of in-home nursing care and user-driven personal assistance is also an important part of the picture. Practically all of the new resources allocated to the sector in the past twenty years are utilized to cover the service needs of the rising number of younger user groups, due to the reform that transferred the responsibility for people with disabilities to the municipalities. The question raised is if this development reduces the services for the elderly, also because of a difference in traditions, entitlements and professional regimes within these formerly separate services. The divergence between popular expectations and demands for more nursing home places and the policy of strengthening home and field services in order to reduce the reliance on nursing homes also poses a challenge. Populist support of the idea that a nursing home placement is a right raises expectations, which are difficult for municipalities as providers to meet within actually decided policies.

Czech Republic

Current challenges in the Czech elderly care sector are especially salient through the responses on policy arguments and priorities, and capacity and resources. Several main challenges

emerge. The first is a lack of integration of health care with social care in field-based and residential services, with consequences for the financial sustainability of social services as well as for advancing the quality of provided care. Part of this challenge is the fact that while there is an official, stated policy preference for field-based services, this preference has not been made realizable through increased public funding. Related to this point, continual under-funding of social services also poses a challenge to the development of adequate staff, in terms of quality as well as numbers. The overall lack of integration also creates problems for residents in private and NGO care facilities when they need health care, since the system of reimbursement for health care is not working towards providing such care in the residential home. The second main challenge concerns public perceptions of elderly care, especially when it comes to caring for persons suffering from dementia. Expectations are that residential care is the only possible source of help for people suffering from dementia, and this increases the pressure on residential facilities. While policies at least nominally give priority to field and home services, there is no systematic information about how families could integrate such services into their care for family members. A third challenge relates to the regulation of care services. Because use of the elderly care allowance is not subject to control, non-registered individual carers compete with costlier registered services at the expense of quality. That the regulation and auditing of allocated resources in this field are inadequate is also evident in the sporadic, rather than systematic, evaluation of the quality of social services. Finally, there is an urgent need for a more intensive funding of social care services by the state. The sector remains under-funded, leaving elderly people in need of care unable to pay for the necessary services.

6.3 Topic summary

For historically embedded reasons ranging from the ideational to the material, the challenges and deficits in the two countries are very different in scale and content. Norway has followed a relatively smooth, unilineal consensus development and continues to follow the same path of developing and adjusting the kindergarten sector, while in the Czech Republic major upheavals and discrepancies are ingrained in the sector as it is today.

The popular idea that residential elderly care is the best solution overall and especially for rising numbers of people suffering from dementia appears to have a strong foothold in both countries. Both countries also pursue policies supporting the opposite view: that the generally preferred solution is home and field care. The tension resulting from the discrepancy between these two factors is a challenge for the relation between demand and supply in both countries. While in the Czech Republic, the overall challenges may be explained in economic terms, in Norway the

most apparent lack is to be found in the access to sufficient human resources, resulting in a current and growing shortage of staff.

7. Looking back, looking ahead: plans, new solutions and strategies

7.1 Childcare

Norway

The interviewees underlined that this sector has been through enormous changes over the past few years. A watershed that several referred to was the so-called "Kindergarten settlement" in 2003, where Parliament agreed across party lines to compromise on a number of issues in order to arrive at full coverage by 2005. As described under the topic *Organization, responsibilities and cooperation* above, the main strategy of all stakeholders was cooperation with an emphasis on relation and network platform building. Other strategies included lobbying. Shifting alliances from issue to issue also formed part of the picture, and should be understood as part of the platform building, where different parts of one's network could be mobilised as allies in different constellations, depending on common interest in individual questions. Large private providers may strategically prioritize investing in symbolic innovations highlighting aspects and elements present in all or most kindergartens. The effect of such innovative use of symbols may to some extent be understood as market branding, rather than as solutions to existing problems. However, market branding tends to play only a limited role for parents, who still tend to choose kindergartens according to location more than anything else, according to our interviewees. As part of the rapid growth of the kindergarten sector, individual kindergartens have grown, and a new type of large kindergartens has appeared. While in 2002 the largest kindergarten in Norway had 111 children, in 2015 the largest kindergarten had 481 children. This kindergarten is located in Oslo (Bråten, Hovdenak, Haakestad, & Sønsterudbråten, 2015). Our participants agreed that these kindergartens had gone through a rough reception, where parents were sceptical to leaving their children in what the media had called "child factories". However, these kindergartens are now regarded as at least as good as more conventional, smaller facilities.

Summing up, the following areas emerged as fields where innovation is expected, on-going, or needed, with only small differences between different types and levels of stakeholders:

- The recruitment of the few children who are still not using kindergartens, with a special focus on children of immigrant parents

- The adaption to needs of the very youngest children in kindergarten, including the specialised competence of staff
- The increased size of kindergartens and kindergarten departments, creating larger and more open environments
- The continuing adjustment of the educational system as a whole to incorporate ideas and practices of learning from the ages of 0-24
- The importance of private actors in building the sector was recognised, but there were some differences e.g. in views of care for profit, of small vs large private actors, and of regulation, financing and the conditions for staff

Several of our interviewees were waiting in anticipation for the expected new framework plan for kindergartens. Would it amend the gaps, meet the challenges they saw as particularly important, in ways they wanted? The new framework plan has been under way since 2013 and has been put on hold until 2017 because a revision of the Kindergarten Act is also under way, and the Ministry of Education would like to coordinate the work with these two important documents. As part of the work with the new framework plan, a new White Paper is also under way. This process should be discussed elsewhere in the project, and included in our publications, based on the ample available information on government and other websites.

Czech Republic

In terms of suggested new solutions to challenges, clearer rules and a guarantee of quality in child groups would be welcome in order not to leave the relationship between user and provider within private law. Child groups are however perceived as a victory which ended the discussion about childcare for younger children lasting for years. Still, no legal framework is available for provision of care to children younger than 1 years of age. Therefore, micro-nurseries will be (re-)introduced as a facility for the youngest children from 6 months of age. The above mentioned facilities are supported through ESF grant schemes for child groups (up to 8bn CZK) and micro-nurseries (up to 150 Mio CZK). Further financial support is provided also through a grant scheme by Regional Authority, not only to child groups but also to so far legally unregulated forest kindergartens which are very popular. However, lack of regular financing from national level is perceived as a thread to the stability of the system.

The capacity of childcare facilities at local level is quite scarce which resulted in the introduction of electronic system for enrolment of children into kindergartens in order to make the decision-making about admission transparent. Further, a project for multi-generational

cooperation has been launched to match families with children and seniors (mostly lonely older women) to facilitate mutual care provision in Brno.

Future plans include support to child groups as well as providing parents with legal right to childcare. Ministry of Labour and Social Affairs wants to appoint regional coordinators for child groups in order to support the creation and good-functioning of the groups. Ministry of Education Youth and Sports plans to introduce obligatory pre-school year in the kindergartens and legal right to a place to 4-year olds from 2017 and to 3-year olds from 2018. Regarding the insertion of younger cohorts in childcare institutions, pilot seminars for teachers in kindergartens about specific aspects of care for children under 3 occur at Faculties of Pedagogy.

Regional authority in South Moravian Region plans to strengthen the cooperation with towns and cities. Recently a Memorandum on cooperation in family policy has been concluded between the region and the City of Brno. This could provide a framework for future joint investments in childcare etc. Region has planned a transfer of a good practice from Austria - family friendly community audits which should help towns map the needs in the family policy fields. Several suggestions for future improvements were also detected at the local level – i.e. more staff to childcare facilities, e.g. teaching assistants to kindergartens, or flexibility in transformation of the premises for childcare, from child groups/kindergartens to primary schools according the ageing of strong age cohorts in order to have sufficient capacity at hand.

Among the strongest challenges, there is a lack of systematic funding to child groups, poor awareness of the whole segment of childcare provision due to unregulated businesses, unmapped needs of parents recognised mostly only at the lowest – city district – level. Several actors would welcome better cooperation and networking in order to get better overview of the sector at local level. Even a suggestion to use the method of community planning in childcare services and involve all the relevant actors in proactive cooperation has been raised.

7.2 Elderly care

Norway

A combination of demographic change and organizational change is likely to further increase the pressure on elderly care services: the population is aging, and the Coordination reform (2012) means that home care services now target all age groups, so that “elderly care” is largely outdated as an organizational concept. According to the government’s competency and

recruitment plan (the Competency reform 2015), 300 million NOK is spent annually to increase staffing and enhance the level of competencies in the municipal health and care services.

Apart from recruitment and competency plans to strengthen staff, three strategies were pointed out as especially important in addressing the expected increased pressure by turning services away from providing care to inducing self-mastering: user-empowerment, everyday rehabilitation, and welfare technology.

The municipalities already allocate more resources to home care services than to nursing homes and institutional care services. This development is due to reform efforts, professional and financial assessment in the municipalities and greater involvement by the users in designing the services. Another trend is the shift from practical assistance to health care within the home care services. The shift in emphasis means that almost exclusively the segment of the population with a need for 24-hour care is now in residential care.

All informants emphasize the importance of further creating safe home environments, but differ somewhat on how to achieve this. Some argue that the future challenges should be met by reprioritisation, giving priority to medical needs, antisepsis and nutrition over domestic and/or social tasks. However, when it comes to dementia, our participants agree with the Dementia Plan (2015) stating the services to people with dementia must be strengthened by enhancing the knowledge and expertise in the field, increasing daytime activity programmes and creating more adapted housing. This applies to home care as well as residential care, and it was pointed out that currently home services to people with dementia fulfil these goals to a larger extent than residential care, where current challenges especially regard activation.

New welfare technology may allow more people to live longer in their own homes despite reduced functionality. Planned greater implementation of welfare technology in the health and care services aims to save resources in the care services and enhance the ability of users to manage their own daily life. Attitudes towards welfare technology have changed from a focus on the monitoring of recipients to a view of technology as a source of security for users and their families. Increased construction of sheltered housing and various forms of residential care will make it possible for home care recipients to manage at a lower level of care.

The Norwegian care services model is characterised by a distribution of tasks and close cooperation between two major actors; the municipal health and care services and close family members. The future challenges also raise the question of whether other actors, private organisations and volunteers could play an active role in providing these services.

Czech Republic

Concern was voiced about insufficient financial resources and the growing bureaucratization of services. It was suggested to terminate cost-ineffective European Social Fund support for preventive and counselling services for older adults, and to extend the number of field-based facilities in smaller municipalities and the personnel capacities in all current services. Respondents suggested reducing the formalization of carers' work, and the possibility for digitalization of reporting areas such as working with clients, activation and quality of life. The need to strengthen the capacities of special-regime homes in response to the growing number of older adults with psychiatric diagnoses was emphasised.

Among the major deficiencies of social policy mentioned by our respondents is an absence of a housing policy responsive to the needs of older adults. What could help tackle this problem is construction of social housing that would also facilitate the use of social services, flats accessible for disabled people and wheel chairs, or developing new forms of services in the direction of sheltered housing. When it comes to the growing number of low-income pensioners, adequate low-income facilities should be provided.

7.3 Topic summary

The two countries have in common the view of conventional residential care as unsustainable as a general solution for the future. High costs combined with passivation of residents are mentioned as the main reasons. Suggested solutions to this are also similar: a more varied scenario of alternative and graded services, including different forms of sheltered housing. In Norway, this suggestion is supplemented by an emphasis on technological innovations as well as a general empowerment of elderly persons whereas, in the Czech Republic, emphasis is on de-bureaucratization while simultaneously implementing better control of actors, and on finding solutions that elderly persons can afford.

8. Conclusion

Although the issues on the agenda are different in Norway and the Czech Republic, path dependency is strong in both countries. Policies are changing slowly. A multilevel governance frame is likely to represent one of the common factors behind this slowness, as well as cultural factors and ideologies. Regarding governance issues in Norway, the long-term cultivated cooperation and consensus model plays a role in achieving solutions.