



“Governance, social investments and social INNOvation in CARE services in the Czech Republic and Norway”

Report for Professionals

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Abstract

The main objective of the project was to examine and explain the differences and similarities between the discourses and strategies adopted by key stakeholders involved in the regulation, formulation and implementation of eldercare and childcare policies and services. These factors were explored in the context of labour market dynamics, welfare state measures and effects of the economic cycle. We were particularly interested in the **compatibility and synergies between the strategies and their effectiveness in responding to the increasing demand for childcare and eldercare**. A comparison between the Czech Republic and Norway brings significant added value to the study of the suggested questions: Norway is an example of a country with advanced policies in both areas of interest and with rich experience with different forms of childcare and eldercare services. The Czech Republic is close to Norway in terms of a high female employment rate, demographic impacts of ageing and the extent of childcare and eldercare needs. Finally, both countries place high value on the child’s best interests, care for elderly people in their home environment and availability of choice of care options. Norway fully observes these principles in practice as well, unlike the Czech Republic, which has only been partially successful in this respect.



Introduction

We examined the issues surrounding the delivery of childcare and eldercare from the perspective of **families with childcare/eldercare needs** (micro-perspective) and that of **actors regulating, funding and delivering childcare and eldercare services and policies** (meso/macro-perspective). We also studied **interactions between different structural, cultural and institutional factors** (at both levels) and explored the following main questions:

Micro-perspective:

- How do families secure childcare/eldercare?
- How do they combine work and care in the specific institutional framework?
- What are the needs and priorities of families in relation to childcare and eldercare policies and services?

Meso-/macro-perspective:

- How do actors involved in formal care services (at the national and local levels, in the public and private sectors) assess the needs of families? How do they formulate their aims for care provision and how do they deliver care?
- To what extent the care policies and services meet the care needs of families?

These questions become even more significant in the light of social changes such as growing labour participation of women, the ageing of society, changing family structures and shifting preferences concerning work and family balance. Synergies between stakeholders' strategies gain in importance also considering the trends in the system of care delivery. These include the separation of the functions of regulation, funding and delivery of services, necessity for the public and private sectors to work in partnership, combination of formal and informal care, and demands for cross-sector and multi-level coordination of efforts.

Research methods and data

The project combines both qualitative and quantitative research methods. It makes use of existing national and European data sources (such as international research studies ISSP, ESS, GGS and Eurostat, Czech Statistical Office, and Statistics Norway) and generates new qualitative findings about the strategies of families and individuals with care needs, as well as about the strategies of actors that regulate, fund and deliver care services. The project involved one-on-one and group interviews with the total of 111 family caregivers and 64 actors in childcare or eldercare policies and services.

Key research
questions
and
perspectives

Qualitative
and
quantitative
methodology



Main findings

Typology of care policies in Norway and in the Czech Republic

The key aspect of the Norwegian childcare/eldercare policy from the point of view of the families providing care is the possibility to choose whether they will care for the dependent family member alone or make use of professional care services, which are well available to the families both geographically and financially. At the same time, the system of care policies systematically takes into account and promotes the principle of equal opportunities for men and women—the system does not support the traditional division of labour in families (women as caregivers and men as the main breadwinners). On the contrary, the Czech system of childcare and eldercare typically explicitly promotes the provision of childcare and eldercare within the family and the chances to outsource (even partially) care services outside the family are significantly (also financially) limited. Due to the fact that the Czech Republic is among the countries with the highest gender pay gaps, in comparison with other European countries, and with a fairly low level of benefits designated for caregivers, as well as an insignificant direct support of men's involvement in care, the care policies consequently conserve or even promote the traditional gender division of labour.

Strategies and discourse of key actors in care policies/services

From the perspective of **Czech actors in childcare policies/services**, setting the policy goals and determining the target population itself seem problematic, as a sharp boundary is set by the actors between older and younger children and their needs in the field of early education and care. The discourse implying qualitatively different needs of children under or over two or three years old is then also reflected in different prioritization of the needs of these children and families. As for care for children under three years old, the actors are more or less in agreement concerning the harmonisation and synergies between goals aiming towards care and education, towards fulfilling the needs of parents in the area of care-work balance and towards equal opportunities of men and women. The actors in care for children over three years old (mainly from the sector of education and public kindergartens/nursery schools) strongly prioritize educational goals, the content of which is, moreover, determined at the national level, with local actors only feeling responsible for accurate observance of these goals in practice. The support of work and care balance options for the parents is often understood as a secondary goal which can even intervene with the fulfilment of the (educational) needs of the children. Nevertheless, the discourse concerning the appropriate age of children starting systematic education in kindergartens seems to be shifting: from the original three towards two years of age. However, views on this matter are divided: particularly the actors in public kindergartens see the planned inclusion of two-year-old children into

Key aspects of
care policies
in the Czech
Republic and
Norway

Objectives of
care policies



the system of early education as problematic and they speak of the need for radical changes in the existing standards (smaller groups, a different qualification of staff, hygiene and school facilities). A question remains whether the capacity of the existing kindergartens, some of which are already overcrowded, enables the inclusion of an additional (younger) age group. In comparison, the actors in care services for children in Norway seem to view children's needs as a continuum and do not strictly separate educational and care functions of the services provided. Nevertheless, some actors believe that the education of younger children requires a specific pedagogical training.

Regarding **eldercare services, the actors in the Czech Republic and in Norway** both depart from the traditional residential form of care and give preference to the clients' remaining at home, with support provided by field-based social services (domiciliary care services). The main reasons include ageing of population, which brings not only an increased size of the target population who require complex care, but also a decrease in the number of younger persons available as caregivers. In comparison with the Czech Republic, Norway is more advanced in the systematic implementation of the goals into daily practice. Both in Norway and in the Czech Republic, there is a discrepancy between the views of the policymakers, who unequivocally prefer care services in home environment, and the public, who expect an increase in the capacity of residential care as well.

The design of **childcare policies and services in the Czech Republic** is in accordance with the fragmented discourse of the actors and the system as a whole, where care services for children over three years old fall within the educational system (in jurisdiction of the Ministry of Education, Youth and Sports of the Czech Republic–MEYS), whereas care services for children under three years old (until 2013 the care services for children under three years old were in jurisdiction of the Ministry of Health and were marginalized) as well as all other instruments of childcare policy fall within the responsibility of the Ministry of Labour and Social Affairs of the Czech Republic. At the same time, the overall responsibility for care services for children under three years old and coordination between the actors remain unclear and piecemeal. In general, there is consensus that the capacity of quality care services needs to be increased but the views on the conditions, the content of quality services, the kind of children (including their age) receiving care, as well as views on the service regulator, funder and provider differ—these circumstances hinder further development of the services. Recently, the Ministry of Labour and Social Affairs has initiated establishment of childcare groups (intended to fill in the gap in the so-far entirely missing care services for children between the ages of one and three years old or for older children as an alternative to public kindergartens) and is now gradually implementing the so-called micro-nurseries to provide care for children from six months old. Nevertheless, no stable funding from the public budget is secured besides grant funding, in comparison with kindergartens which are co-funded from three sources (families, providers—mainly municipalities and the MEYS). Despite a relatively fast increase in the capacity of childcare groups, their affordability and geographical availability remain low (see below). Although the availability of kindergartens has recently been

Capacity,
regulation,
resources,
deficits—
childcare



increasing, large local differences persist. Many actors in care services complain about the fragmented design of rules as well as about deficits in cooperation among actors and their communication. Some childcare group providers point out that there is a lack of information on the needs of families and on the net and the functioning of alternative services, and highlight also certain bureaucratic obstacles.

In **Norway**, there is a clear political will and general consensus of all stakeholders regarding the principle of wide availability of care services for children from one year of age (nursery schools). The organization of vertical and horizontal cooperation is systematic and the actors view it as completely functional. The coverage of target population (children from one to five years old) seems to be very high, with a partial exception of children from immigrant families, whose percentage in the Norwegian population is relatively high. Some key actors point to the need to actively focus on this part of the target users of nursery schools. The question of capacity was discussed more in the context of the possibility and right of parents to choose a particular nursery school and in the context of a sufficient number of competent educators (including their working conditions). Currently the central topic of the policies of care for children is also the position, role and funding of private nursery schools in comparison with public nursery schools. It can be summarized that in Norway the debate is shifting from the fulfilment of quantitative aspects of childcare services (after the target population was almost completely covered) towards qualitative aspects.

In the area of **eldercare policies and services in the Czech Republic**, the actors agree on the prioritization of home care. Nevertheless, especially the providers point to the discrepancies between the declared goals and their inadequate funding. The permanent under-financing of care services hinders their development, both qualitative and quantitative. The issue of funding eldercare services has long been connected also to the problem of an unclear vision or strategy as for how to integrate the so-far fragmented systems of social and health care for seniors, affecting both the services provided at home and residential services. Alongside deterioration of an elderly person's health condition, the public/his or her family see a residential facility as the only possibility adequate to the needs. This increases the demand for the capacity of residential facilities, which is, however, significantly locally diversified. The capacity and the scope of care tasks provided by domiciliary care services are not developed proportionately to the increasing number of elderly persons who require help in managing their basic needs, the changing character of these needs and the life situation of the elderly. The inadequate and often uncertain multi-source financing of the services of home care causes significant existential difficulties to the clients and makes it impossible to secure a high quality of the provided services (for example, working conditions in domiciliary care services are not attractive for qualified work force).

Despite the fact that **in Norway the funding of eldercare services** is above the European average, the capacity of care services does not cover all elderly persons in

Capacity,
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need of care. The key actors have come to the conclusion that the volume of the invested funding has reached the maximum and new, innovative solutions need to be searched for. In particular, there is an issue of an insufficient number of qualified caregivers in residential facilities, especially with competences in the area of care for elderly persons with dementia. Their number in Norway increases, even among younger people.

In the area of home-care services, but to some extent also in residential forms of care, some actors view as problematic the situations when, due to economic reasons (and due to exact time allocation allowed for individual care tasks), only the most basic physical needs are being satisfied at the expense of other social and emotional needs of elderly persons.

Strategies and discourse of families with childcare or eldercare needs

The basic strategy of **Czech families with children** largely corresponds to the traditional gender division of labour where the woman's prime responsibility is childcare (particularly for children under three years old) and where the man is the breadwinner. This norm has been received in different ways, ranging from acceptance of the "female role" as natural, obvious or given, on to somewhat reluctant compliance with the role, and up to active pursuit of a more balanced division of care duties between men and women as equally competent caregivers. The families aspiring to combine work and care in a way different from the traditional model placed great importance on the question when the child is fit and able to spend part of the day outside the family. Our research has shown that families are more likely to prefer individual care within the family, or care by (trusted and credible) baby-sitters, up until the child is two years old. The strategies for reconciling paid work with childcare are essentially guided by the child's needs and best interests. Spare moments when the child has no care needs requiring the mother's (or both parents') attention are gradually filled with work activities. This means that some mothers start working when the child is relatively young, but only at the time when the child is asleep or when adequate (individual) substitute care is secured, preferably from within the family (partner, grandparents). Workload intensifies when the child is around two years old and begins to attend collective childcare facilities—private establishments at first (for several hours or days a week). Most children at the age of three to four years old already attend public kindergartens. Mothers are likely to face difficulties in finding a job suiting their needs as mothers. The university-educated mothers in our sample, in particular, were nonetheless able to find and get a job that suited them and that complemented childcare to the desired extent. Their preference was clearly for part-time contracts, during parental leave and partially also afterwards. However, getting a job often came at a high price in the form of its poor quality (e.g. with low salary or with workload corresponding rather to full-time employment). In addition to the requirement of flexible working pattern for the mother, also the need appeared for the father's flexible work, especially in

Basic
strategies of
families in
securing
childcare



families seeking an egalitarian arrangement of work and care.

In Norway, most families with children make use of full-time care in public or private nursery schools as early as when their child is one-year old. The opening hours of nursery schools (from 7am to 5pm) correspond to the majority work pattern and thus provide parents with enough time to take their children to and from nursery school. This role is, for the most part, shared between the parents, sometimes with the help of the grandparents.

In Czech families, a large portion of eldercare duties is delivered by family caregivers who are hindered in their efforts by, e.g., financial constraints and their limited professional abilities as caregivers, especially if/when the senior's health begins to worsen. Interviews with family caregivers suggest that their primary concern is securing adequate care. The question of reconciling work and care is considered to be of less importance. As care demands become more intense (regular care and assistance is required, almost equal in scope to a "second job"), the family caregivers find themselves under increasing strain to harmonise caregiving with paid work. A solution is often sought in a combination of informal care with professional assistance provided by social services. The intensity of such cooperation is shaped by many factors. These include, in the first place, affordability of professional help, based on a level of care allowance being granted and whether it corresponds with the senior's health condition. Another decisive factor is access of the senior and his or her family to alternative financial resources. The question of whether there are opportunities for shared living and, in particular, whether field-based services or outpatient nursing services are available, in terms of location and time, is also important in the development of care strategies. Where field-based/outreach services are not available, the principal family caregivers seek help from other family members or a work arrangement that allows for regular day-care provision (part-time job), or they may leave the labour market completely. Where these strategies fail, the families try to secure placement of the elderly family member in residential care. As is the case with childcare, the principal family caregivers are, for the most part, women, with men to some extent also taking part in caregiving.

Experience from Norway shows that women cater particularly for the more intimate care needs and emotional needs, whereas men carry out less time-consuming care work such as minor repairs and escort for errands. Norwegian families are likely to perceive the demands of caring for the senior as large, even if field-based services are used. On top of the practical and routine tasks, caring for the elderly person is often associated with constant worry about his or her safety, especially where old-age illnesses come into play (Alzheimer's disease and other types of dementia). Although many Norwegian families use technological devices and aids to improve their elderly relatives' safety (GPS and various types of alarm systems), they doubt these aids' potential to truly benefit care provision.

Other important findings concern the respondents' **assessment of the measures and**

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instruments of social policy aimed at providing support to families looking after children or elderly relatives. Respondents in our research reported a varying degree of satisfaction with care policy settings, on the basis of whether the parameters of the policy measures hindered or facilitated their preferred care arrangement and desired strategy for balancing work and family. **In the field of childcare,** our research has yielded the following conclusions:

- Generally speaking, the parents in our research study are more likely to be **satisfied with long parental leave**, despite the fact that many of them combine it with work. Indeed, this is not for the most part imposed work but rather a route to greater manoeuvrability that allows the parents to fulfil their and the child's needs.
- The **flexibility of the parental leave scheme also clearly contributes to greater satisfaction of the parents**, because it gives families some leeway to adjust family incomes and the duration of the parental leave according to the changing individual situation of the family.
- **Access to and eligibility criteria for the parental allowance are seen as unfair** in the case of families with more children (it is in effect often impossible to use the full allowance available for each child) or low-income families that are not eligible for a higher level of parental benefit. In these cases, the total parental benefit amount is perceived as low in relation to essential family expenses.
- The overall design of **care policies is better suited for families with preference for traditional division of roles** up until the child is three years old, because childcare facilities are largely lacking.
- **Accessibility of childcare services for children under about four years old is limited**—private facilities are not affordable even for middle-income and higher-income families and public kindergartens give priority to children in older age groups.
- **The quality of public kindergartens is varying:** some are unable, or unwilling, to flexibly respond to the needs of children (with health issues) or parents (needing to combine work and care).
- **The parents are fundamentally dissatisfied with the general approach of Czech employers**, due to insufficient offer of part-time work contracts and other family-friendly measures (such as company play groups, flexible work arrangements, work-from-home arrangements, promoting family-friendly work culture and team spirit in the workplace, etc.). This is often down to a certain conservatism on the employer's part (including treating mothers and fathers differently in taking parental leave, for example), stereotypical thinking, as well as **insufficient state support to employers** (informational, but mainly financial).
- In some families, the **mothers are dissatisfied with fathers' limited engagement in daily childcare** and would appreciate a more active attitude (in other families, the mothers are entirely happy with the traditional labour division). Fathers' level of engagement is also conditioned by the general

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social climate, including the attitude of employers. The mothers calling for greater fathers' involvement did not base their claim as much on the idea of gender equality as on their wish for their partners to experience for themselves how hard daily care was.

Norwegian parents share, for the most part, an overwhelmingly positive view of childcare policies and services provided by the state. In some cases, **marginal complaints were voiced about some quality-related aspects of care delivery**, in reference to the facilities and furnishings and sometimes the staff in nursery schools. **Public and private employers' attitudes** seem to be judged differently, with the parents working for private companies having rather diverse experiences and often reporting weaker support than is the case in the public sector.

Czech families that care for their seniors give the following assessment of eldercare policies and services:

- **Care allowance is seen as an essential resource in ensuring eldercare**, whether provided within the family or by professional social care workers. **Whether it is perceived as sufficient or not depends** on the financial standing of the senior and his or her family, as well as on the extent of care needs.
- **The application process for the care allowance is regarded as lengthy, complicated and often with a hard-to-predict outcome.** Among the reasons is low awareness of care options and of the terms and conditions of care services delivery.
- **Concerns over financial affordability of care and deterioration of the family's (caregivers') economic situation** have been raised particularly in connection with the worsening of the senior's health, which often necessitates either the family caregiver leaving the labour market or greater involvement of professional care workers.
- **Financial security of family caregivers is regarded as inadequate and precarious.**
- **Availability of field-based services and their flexibility** (flexible hours, in particular) are largely regarded as **unsatisfactory** and failing to secure **complex care** in cooperation with family caregivers.
- **Awareness** of professional care services also seems to be fairly **low**.

In Norway, families gave the following account of the design of eldercare policies:

- **Too much responsibility for eldercare relies on families. Field-based care services and related benefits are insufficient as a source of effective support.**
- The families facing increased demands of complex care reported **higher stress levels** in their daily time management, as well as at times of rest (on holidays), together with **negative consequences of caregiving for their mental health**—especially where care was provided by family caregivers alone.

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- Some family carers highlighted **insufficient availability of residential and respite care services** (e.g. temporary placement of the senior in a day-care or week-care centre) or **group living options in assisted living facilities**.

Recommendations for development of policies and services in childcare and eldercare

In the context of the above-described findings we can make the following **key recommendations for care policies and services in the Czech Republic**:

- Adopt and implement **the principle of universal access to care** (guarantee of accessibility, including financial), as well as **the principle of personalisation of care provision** (a systematic regard for different needs, e.g., of children from disadvantaged backgrounds or with disabilities, elderly persons with different degrees of dependence and family caregivers in various life situations).
- **Unify the policy-making and implementation of care policies and services** in the area of **childcare** (creation of a united system of care for children regardless of their age) as well as **eldercare** (integration of social and health care).
- **Support systematic cooperation among departments and actors** at various levels of policy-making and implementation and management of care policies/services.
- **Secure stable and adequate funding of care services for children** (elimination of differences in the funding of institutions for younger and older children, in particular) as well as **for elderly persons** (particularly increasing the capacity of field-based/outreach care services, eliminating delayed disbursement of funding from the public budget to individual care providers at regional and local levels, and increasing salaries of qualified staff in care services).
- Create a common regulatory and financial framework for **public and private care providers** (decrease the risks of marketization of care services).
- **Support informal caregivers** (especially their financial security) and **extend the space for development of strategies for the reconciliation of work and care duties in relation to the heterogeneous needs of families** (especially supporting employers in implementation of family-friendly measures, supporting the development of flexible working patterns, supporting the involvement of men in caregiving).
- **Secure reliable data necessary for informed planning and formulation of policies and services of care for children and elderly persons** (including systematic monitoring of the needs that families have when providing care).

General
recommendations for the
development of care policy
and services
development



- **Increase and improve the accessibility of information about entitlement to benefits/services and simplify the process of awarding benefits.**

Specific recommendations for childcare policies and services:

- Enhance the **flexibility of parental allowance**—enable parents to use the full allowance available for each child, irrespective of whether there are other children in the family, shorten the minimum benefit period to one year, avoid discrimination against parents with lower incomes in terms of free choice of the length and level of parental allowance.
- Harmonize the length of parental allowance with availability of childcare services.
- **Significantly increase availability (and affordability) of childcare services (public and private), with assurance of quality for all age groups of children guaranteed by the state**, while respecting the preference of parents of the youngest children (under a year and a half to two years old) for small groups and part-time attendance.
- **Enhance the quality of public childcare services** particularly in the following respects: reduce the number of children per childcare worker, create space for communication between parents and childcare workers, attract and keep highly qualified staff, tailor care to children’s individual needs.

Specific recommendations for eldercare policies and services:

- **Expand the number of field-based/outreach care facilities in smaller municipalities, and enhance staff capacities across the whole range of existing services** (that is residential, as well as field-based services, including introduction of out-patient services)
- Provide the growing number of clients with **psychiatric health conditions, multiple sclerosis and combined handicaps with adequate facilities and services.**
- **Steer housing policy towards the target group of seniors** and their needs (availability of wheel-chair accessible apartments and sheltered housing options integrated with delivery of social services).
- **Focus not only on the needs of seniors, but cater to the needs of informal family caregivers as well** (mental health support services, counselling, and development of caregiving competencies).
- **Accentuate work with the client**, activation of the client and improving their quality of life.
- Ensure availability of registered social services for seniors in lower-income groups.
- **Inspect the quality of provided services**, especially where the providers are suspected of offering accommodation to seniors exclusively for profit.

Specific recommendations for childcare policies and services

Specific recommendations for eldercare policies and services



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