



"Childcare and eldercare in the Czech Republic and Norway"

Laymen Report

Editor: Blanka Plasová



Each and every one of us needs to be cared for both at the early and later stages of our lives. At one point or another, most of us also find ourselves in the role of caregiver. It is therefore important to ask how prepared society is to provide care, under what conditions and at what quality care is delivered and, last but not least, what support we give to caregivers.

The main objective of our project was to examine the issues surrounding the delivery of childcare and eldercare **from two viewpoints**:

- **families** providing childcare or eldercare and family members receiving care
- **actors** providing **funding, regulation and** various measures to ensure care services **delivery** (e.g. ministries, regional offices and municipalities, as well as organisations, domiciliary care services, nursing homes, kindergartens, childcare groups, private child minders and carers for seniors)

As for the viewpoint of **families**, we asked ourselves the following questions:

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



From the viewpoint of the **actors** that fund, regulate and deliver care services, we explored the following questions:

- How do these parties ensure and deliver childcare and eldercare and, in so doing, how well do they cooperate?
- How successful are they in meeting the care needs that families have?

The same **research study was conducted in the Czech Republic and in Norway**, which brought significant added value to the research. To begin with, Norway is an example of an advanced country 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 need for childcare and eldercare. **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.

The research findings present serious challenges for politicians responsible for childcare and eldercare in the Czech Republic:

- More attention must be given to achieving both **universal access to services and personalisation of provided care.**
- **Public and private services providers** must be subjected to the same **regulatory and funding regimes.**
- A major challenge in childcare is achieving **full access (both in terms of cost and capacity) to care services for children under three years old, as well as children with disabilities and social disadvantages.**
- **The quality of early childhood education and care** must be improved, particularly in relation to the above-mentioned age groups of children.
- In the context of eldercare, **cost-effective operation of institutional care** is conditioned by a **marked acceleration in the development of professional home care**—this requires increased quality of home care, as well as integrated and personalised care covering both health and other specialised services.
- Universally accessible **temporary full-day professional care** must also be ensured.
- **Awareness** of care options **must be raised** among potential users.
- **Adequate financial and regulatory frameworks** are an essential precondition for meeting these challenges, as are **adequate salaries of employees** in the sector of childcare and eldercare services.

The example of Norway shows the benefits of such an approach to meeting these challenges where the **stakeholders, and those with most responsibility in particular, appreciate the importance of mutual understanding and consensus-building, reached through negotiation at both formal and informal platforms.**



Findings in the area of childcare: qualitative one-on-one and group interviews



Czech family policy still tends to count on the traditional model in which the female parent cares for the children up to the age of three years and then returns to full-time employment, whereas the male parent provides financially for the family. The participants in our research study responded in a variety of ways to this traditional model: from accepting it as natural for humans, on to somewhat reluctant compliance, and up to active pursuit of a fairer division of the breadwinner and caregiver roles (with the fathers taking parental leave). It was particularly (but not solely) the more educated mothers **sought work opportunities during their parental leave that would allow them to pursue their desired combination of part-time work and childcare**. This strategy stemmed not only from the mothers' economic needs, but also from their need for professional fulfilment. Many of them, indeed, succeeded. They made use of a variety of part-time jobs and home-based jobs or were self-employed. Other mothers preferred to—or had to (did not find a suitable job, did not reach agreement with their partner, did not have any other suitable childcare option but to care for their child on their own)—follow the traditional model.

A crucial concern for both actors in care policies and families was the division of care duties between the family (mother, father, other family members) and other institutions (kindergartens, childcare groups, private caregivers) in terms of the **extent of care and age of children** being cared for and possible arrangements for the combination of these two forms of care.



How are these various needs and preferences reflected in Czech family-policy measures aimed at childcare support?

- 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 various 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 childcare 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 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**, such as appearance of the facilities and furnishings and sometimes the quality of staff in kindergartens. **Public and private employers' attitudes** seem to be judged differently, with the parents working for private companies having less positive and more diverse experiences.



Findings in the area of eldercare: qualitative one-on-one and group interviews



In the Czech Republic, a large portion of eldercare duties is delivered by family caregivers, hindered in their efforts by, e.g., their limited abilities as caregivers and financial constraints, especially if/when their elderly relative's condition begins to worsen. Interviews with family caregivers suggest that their primary concern is securing adequate care. The question of reconciling work and care is largely considered to be of less importance. As care demands become more intense, the family caregivers find themselves under increasing strain to harmonise caregiving with paid work, since caring for the elderly (given its volume) represents in effect a second job. A solution is often sought in a combination of informal care with professional assistance provided by field-based social services. The cooperation between the family and the field-based service is shaped by many factors. These include, in the first place, affordability of professional help, based on a level of care allowance being granted that corresponds with the senior's health condition and the access of the senior and his or her family to alternative financial resources. The question of whether the caregivers share a household with the senior person and, in particular, whether field-based services or outpatient nursing services are available locally is also important. Where field-based services are not available, 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 (nursing home). As is the case with childcare, family caregivers are mostly women, with men also taking part to some extent.



Czech family caregivers give the following assessment of eldercare policies and services:

- **Care allowance is seen as an essential resource in ensuring care**, whether provided within the family or by professional 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 rather **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 is provided by family caregivers alone.
- 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.**



Project teams

Institute for Public Policy and Social Work (Faculty of Social Studies, Masaryk University, Czech Republic)	Norwegian Social Research (Oslo and Akershus University College of Applied Sciences and Centre for Welfare and Labour Research, Norway)
Tomáš Sirovátka	Marie Louise Seeberg
Kateřina Kubalčíková	Jorunn Theresia Jessen
Blanka Plasová	Thomas Hansen
Jana Válková	Kari Stefansen
Pavel Horák	Margunn Bjørnholt
Markéta Horáková	Liridona Gashi
Josef Horňáček	





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Website	http://inncare.fss.muni.cz/
Contact	Prof. Tomáš Sirovátka (principal investigator, Institute for Public Policy and Social Work, Faculty of Social Studies, Masaryk University, Brno) sirovatk@fss.muni.cz