Caring for the Ill and Elderly

Genderizing Welfare States

SPP138, SPR138, VPL138

Outline

- Care for short-term and long-term sick family members: a feminist historical-institutional perspective
- Short introduction of the Czech pension system
- Elderly Care Policy in Czech Republic and in Brno

The Influence of Healthcare on Gender Relations

- Policies can encourage only female family members to take care of the ill (mothers and grandmothers taking care of grand-children, daughters taking care of parents and parent-in-laws)
- Policies can encourage men to share in the caring
- The state can offer care as an alternative to family members ("defamilializing") (but usually female state employees deliver these services)

CARE FOR SHORT-TERM AND LONG-TERM SICK FAMILY MEMBERS: A FEMINIST HISTORICAL-INSTITUTIONAL PERSPECTIVE

The Role of Ideology

- Let´s come back to your first lecture and welfare ideologies
- Various ideologies played a role in the development of health and elderly care policies:
  - Bismarckian thoughts
  - Beveridge´s National Health Service
  - Leninism
  - Market liberalism

The First Republic (1918 – 1939)

- Male breadwinner model codified already in 1811
- Different groups favored (health insurance for industrial workers, later family members included)
- Later benefit leave time increased from 26 to 36 weeks
- Home caring nurses paid from the sickness insurance
- Large role for voluntary services, such as the Red Cross, as state support was not adequate

Communist Era: Gendered Universalism with Bismarckian Influences (1956)

- Beveridgean National Health Service in 1948
- Introduction of the short-term caring benefit that still exists today (path dependency)
- Pays 50-70% of the carer's wage. Law referred to single mothers (gendered)
- Pension for the helpless: 3 levels of dependence (not based on income replacement)
- 3 pension groups, pension dependent on type of job (Bismarckian)

1964 Adjustment

- Helplessness pension made universally available (also to peasants)
- But lump-sum (conservative model)
- Improved gender equality, because it helped disabled women somewhat become more financially independent from their husbands
- Since the % of women working radically increased, it was becoming increasingly difficult for women to care for family members

1988 REFORM

- “Care for a close person benefit“
- Flat-rate benefit for people who care for family members
- Since flat-rate only women expected to receive the benefit, but still improved their situation since previously they had to do it for free
- Law valid until 2005 (path dependency)

Post-Communism and the Neo-Liberal Drift

- Conservative-Bismarckian assumption continues that only women can care
- As already noted, the short-term caring benefit remains basically the same as from 1956
- Caring benefit for long-term ill made means tested (liberal) but previously municipal officials decided (politically tested?)
- 1993 government wanted to make benefit for the long-term ill also means-tested, but changed it back after protests
- 2005 the social democratic government increased the caring benefits (layering), but still kept them at a flat-rate that discourages men from doing the caring (Bismarckian path dependency)

The 2006 Neo-Liberal Reform

- Took away the benefit for carers
- Now the benefit goes to the ill, who can decide whether to use the money to hire professional carers or close family members
- The idea was de-familialization BUT most often people choose family members (refamilialization)
- Likely that they keep the benefit for themselves and expect family members to care for free
- A social democratic government introduced the law, but supported by NGOs and the opposition for supposedly increasing freedom of choice (the importance of ideology)

Caring Benefit (Act No. 108/2006 Coll.)

- Beneficiary is an ill person dependent on care
- Amount of the benefit is based on the „dependence level“ that social workers and doctors evaluate
- Health status and ability are tested by 36 activities of self-care. According to the amount of „unmanageable activities“, the dependence level is defined:

  - I. Low
  - II. Medium grave
  - III. Grave
  - IV. Total dependence

Questions

- How is the informal care for elderly and long-term ill supported by the state in your country?
- What would you like to change in the field of elderly and long-term care?
- How would the ideal elderly care policy look like?
- How to improve gender equality in this type of care?

Pension System in Czech Republic: A Short Introduction

- The Czech pension system consists of two parts:
  - The first pillar is the **mandatory basic pension insurance**, defined by benefits (DB) and funded on a running basis (pay-as-you-go = PAYGO).
  - Voluntary complementary **additional pension insurance with state contributions**, defined by contributions (DC), capital funded. Based on private pension funds.
- Act No. 155/1995 Coll., on pension insurance, as amended
- Types of benefits:
  - **old-age** (including the so-called early old-age pension),
  - **disability,**
  - **widow and widower,**
  - **orphan.**

Retirement Age

- Year of birth – retirement age in years and months

Rok narození	Důchodový věk mužů i žen
1978	67r + 2m
1979	67r + 4m
1980	67r + 6m
1981	67r + 8m
1982	67r + 10m
1983	68r
1984	68r + 2m
1985	68r + 4m

Rok narození	Důchodový věk mužů i žen
1986	68r + 6m
1987	68r + 8m
1988	68r + 10m
1989	69r
1990	69r + 2m
1991	69r + 4m
1992	69r + 6m
1993	69r + 8m

Questions

- What age do you see as optimal for retirement?
- Are there some specific professions that should have different retirement age?
- Should the women be retired in early age? Why yes/no?

Elderly Care Policy in Czech Republic and in Brno

- Basic conceptual trend in the Czech Republic
  "Conception for the support of the transformation of institutional social services to other types of social services, provided in the natural community of the user and supporting the user's social integration in the society" (MOLSA 2007)
- Deinstitutionalization of the elderly care
- Transformation towards the provision of social services focused on the individual support of the person's life in his/her "**natural environment**" meaning within family ties.

„Gendered Approach“

- Is seen as one principle of the Conception because approximately two thirds of informal carers are women
- Other strategic and conceptual documents do not mention the gender issue, they only refer to „family members“ as informal carers.
- No special measures supporting female carers exist

Elderly Care in Brno

- Main strategic concept of elderly care is Community plan of social services (part „Elderly“)
- In Brno three community plans
  - 2001-2004
  - 2007-2009
  - 2010-2013
- Principles: partnership among stakeholders, negotiations based on needs accessment, triad principle (users, providers, municipality)
- Creating priorities and concrete goals of elderly care

Municipality subsidies for elderly care services

	2007	2008	2009	2010	2011
CZK	22 029 000 Kč	22 565 000 Kč	28 220 000 Kč	27 430 000 Kč	27 790 000 Kč
EUR	903 272 €	925 250 €	1 157 126 €	1 124 733 €	1 139 495 €

- About one third of these subsidies are aimed at residential care. The capacity of elderly homes in Brno amounts to 2,200 beds (de-familialization)
- Home care was provided to 7,763 people in 2010 in Brno by municipality social services
- 134,711 caring benefit beneficiaries in Brno in 2010

Questions:

- As a prime minister, would you prefer de-familialization (institutional care) or re-familialization (informal care in families)? Why?
- How to improve gender equality in formal and informal elderly care? It means how to increase the number of male social workers? And how to motivate sons to care for their old fathers?
- Do you mean that women are better carers than men?
- What do you see as a main strenght of community planning?

Thank you for your attention