

# Personal and household services sector in Czechia

INSTITUTIONS, GOVERNANCE, ACTORS AND THEIR  
ACTIONS

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# Czech personal and household services sector

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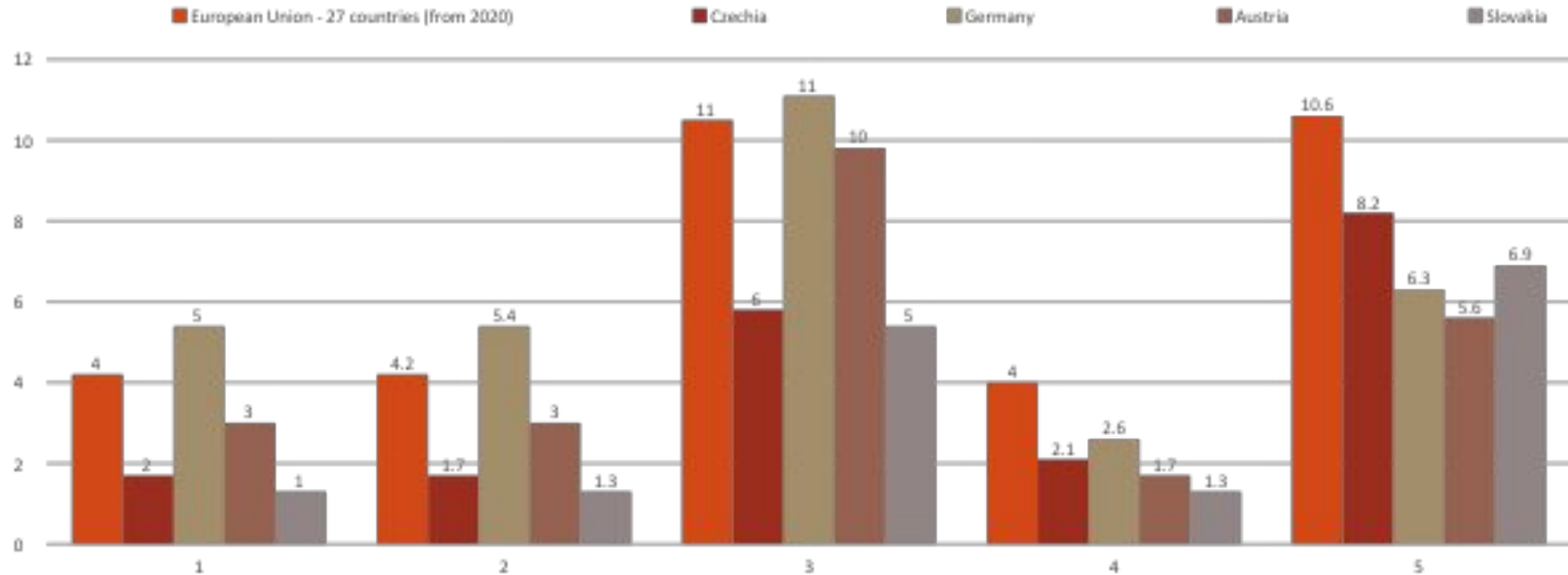
## Transition model of PHS sector

- Tradition of institutions (in communism state pushed for women emancipation through institutionalizing childcare and elderly care)
- Institutions persisted, but preferences has changed
  - In childcare preference of mother care at home up to 3 years vs. women emancipation
  - In elderly care preference of home care from relatives (women) vs. accessibility of institutionalized care
  - At the same time high gender pay gap intensifies women participation in PHS informal care (families)

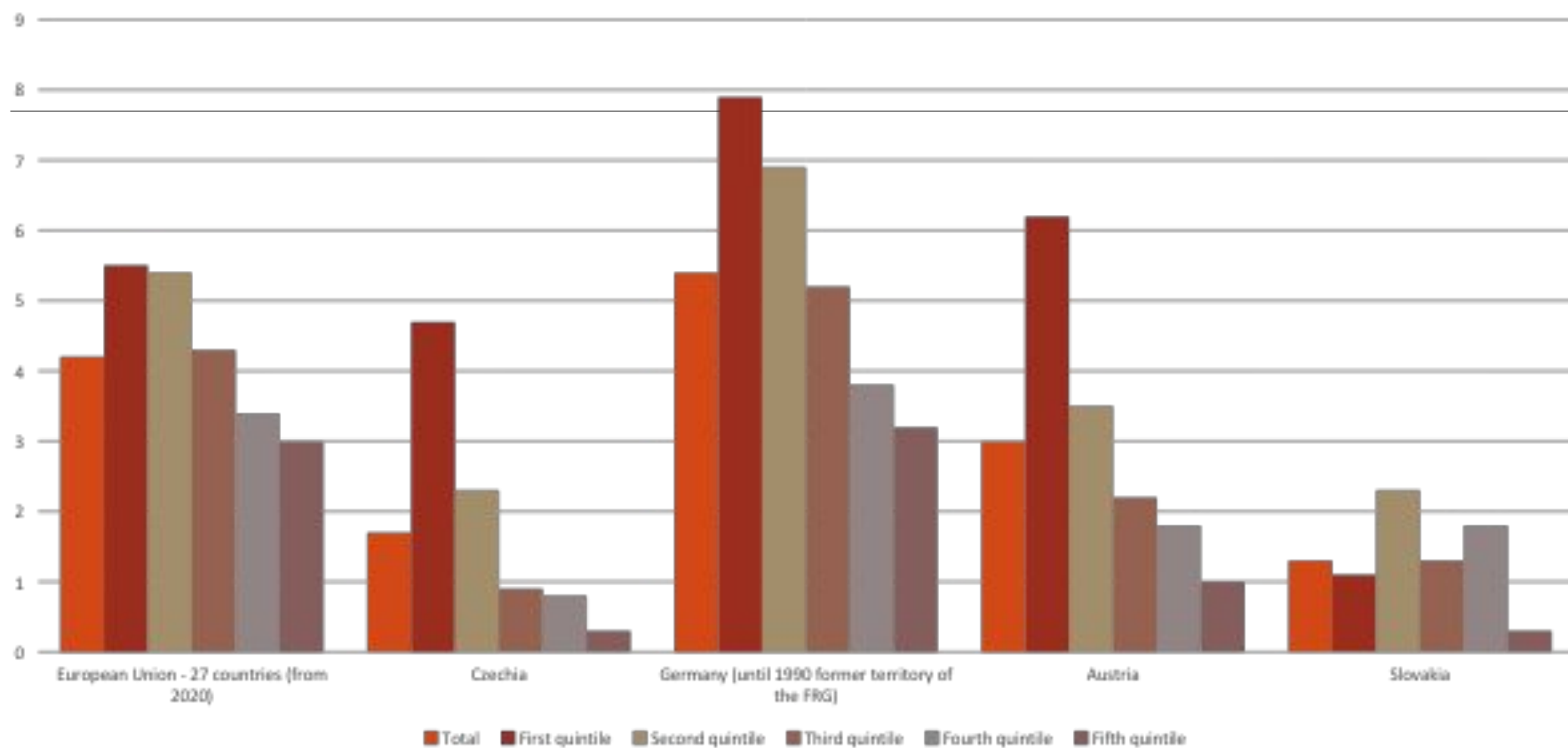
Poorly studied sector (still small, but growing sector)

Industrial relations fragmented or non-existent

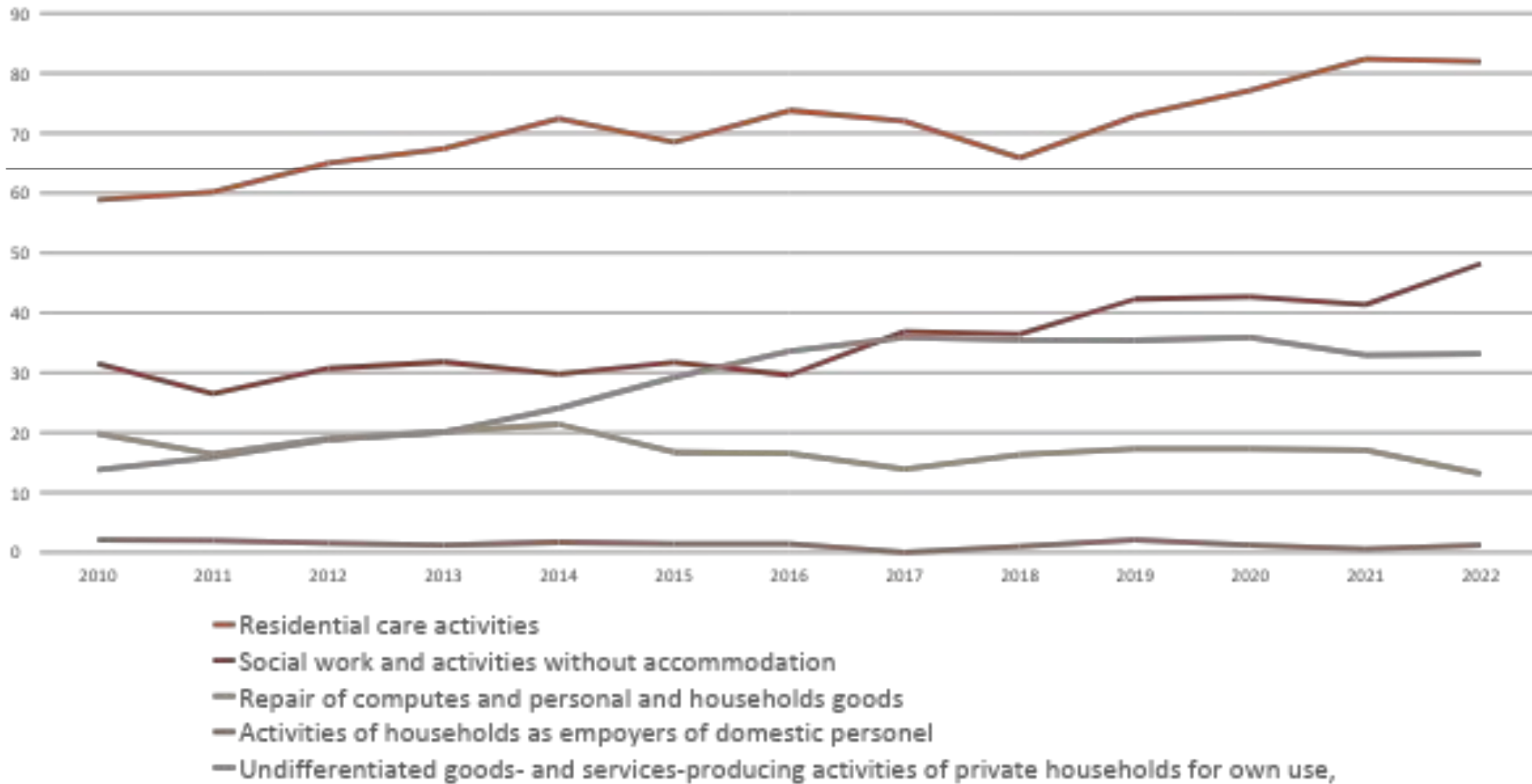
# Self-reported use of homecare services and age



## Self-reported use of homecare services and income



## Employment in the subsectors



- But around 15 ths. officially employed in the PHS sector (18% of all care workforce)

# Subsectors based on financial resources

Formalized (public,  
organized) PHS  
sector

- Elderly and disabled
  - Healthcare (nurses)
  - Social care (social workers)

Non-formalized  
(private,  
non-organized) PHS  
sector

- Childcare and housekeeping,  
elderly care, other PHS
  - Czech non-active workforce
  - Migrants

# Employment in PHS sector

Formalized

- **Nurses in home healthcare** (full-time, average wage)
- **Social care workers in homecare** (full-time, low wage)

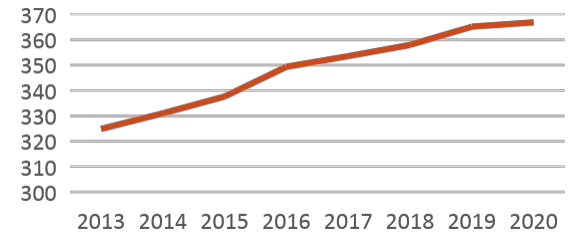
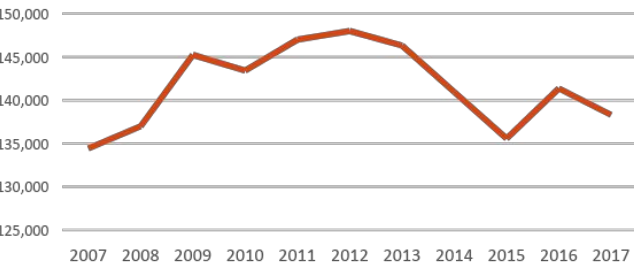
Semi-formalized

- **Social care assistants** (no empl.contract, but healthcare covered, not income guarantee, up to 450 EUR not taxed)
- **Agency work** (domestic and migrants workers)

Non-formalized

- **Domestic workforce** (students, pensioners, unemployed - health insurance covered by the state)
- **Migrant workers** (self-employed, several contracts, non-EU countries)

# Formalized (public, organized) PHS sector



## Health care

Financing: healthcare insurance  
(no clients' payments)  
Clients: elderly but not exclusively

## Social care

Financing: Subsidies to providers, direct  
payments to clients, clients contributions  
Clients: Elderly and disabled



	<b>Home healthcare services</b>	<b>Home social care services</b>
<b>Main regulator at the state level</b>	Ministry of Healthcare and healthcare insurance companies	Ministry of Labour and Social Affairs
<b>Main coordinator in the area</b>	none	Regions and/or municipalities
<b>Subjects that provide the service</b>	Agencies of Home Healthcare Services (Agentury domácí péče) – nurses and other registered specialists	Providers of Social Care (Poskytovatelé pečovatelské služby), “social care assistants”, family members
<b>Type of services provided</b>	Healthcare, incl. palliative care (elderly)	Social services, typically personal hygiene, housekeeping (elderly and disabled)
<b>Possible legal forms</b>	Organizations established by municipalities or regions (public institutions), NGOs, private companies	Organizations established by municipalities or regions (public institutions), NGOs, private companies
<b>Number of subjects registered in 2017</b>	658	702
<b>Sources of financing</b>	Public (healthcare insurance, clients payments within cash-for-care benefits system and own contributions)	Public (subsidies of MoLSA to providers, clients payments within cash-for-care benefits system and own contributions)

# Non-formalized PHS sector

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graph TD; A[Non-formalized PHS sector] --> B[Child homecare, housekeeping, elderly care]; A --> C[Live-out service prevail]; A --> D[Providers: relatives, domestic workforce and migrants];
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Child homecare,  
housekeeping,  
elderly care

Live-out service  
prevail

Providers:  
relatives, domestic  
workforce and  
migrants

	Formalized PHS sector social care	Non-formalized PHS sector Czech workers	Non-formalized PHS sector foreigners
Prevailing form of employment	Full-time employment contract	Short-term, or small-jobs contract, no contract at all	Short-term, or small-jobs contract, self-employment, no contract at all
Health insurance coverage	Fully covered within the state health insurance system as an employee	Fully covered within the state health insurance system as non-active population (students, pensioners, unemployed)	Paying compulsory insurance for foreigners, insured in private companies outside state system of healthcare insurance
Social insurance	Fully covered	Not covered	Not covered
Job stability	High	Low	Low
Employer	Officially registered and controlled (public institutions, NGO, firm)	Staffing agency – registered, or households - unregistered	Staffing agency – registered, but <b>poorly regulated (providing „hidden“ live-in service)</b> or household – unregistered
Collective bargaining	Possible but extremely rare	Not present	Not present

# Actors and their actions

Actors	PHS sub-sector	Legal form	Agenda	Activities
Asociace agentur domácí péče	Home healthcare (public, formalized)	Association representing employers in the sector	Negotiating financing with health insurance companies and protecting working conditions of nurses in home healthcare service	Media presence with the topics of working conditions in home healthcare
Česká asociace sester – sekce domácí péče	Home healthcare (public, formalized)	Professional association	Negotiating financing with health insurance companies and protecting working conditions of nurses in home healthcare service , nurses professional development	Improving working conditions in home healthcare, <b>joining trade unions in strike alert in 2019</b>
Odborový svaz zdravotnictví a sociální práce	In general health and social care workers	Trade union	Not recognizing domestic workers as a specific group	Representing workers in residential healthcare and social care services
Sdržžení pro integraci a migraci (SIMI)	Non-formalized	NGO	Increasing protection of foreign domestic workers	<b>Campaign on raising awareness about domestic workers and their working conditions</b>

# Conclusions

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- ❑ Sector not understood as a „sector“, no recognition of domestic work issues
  - ❑ Increasing demand on homecare services, partially covered by public sector and family members carers (elderly, childcare)
  - ❑ State support informal care of family members, but also other persons
- ❑ Limited number of actors in the sector
  - ❑ NGOs rising the issue and trying to reintroduce the discussion on ILO convention
  - ❑ Trade union poorly aware about the issues of domestic workers