Final report

Czech Republic

Deliverable T3.1 & T3.2

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Work package:	WP3
Lead Beneficiary / Author:	APSS ČR
Type:	n/a
Dissemination level:	Public
Format:	Electronic
Language:	English
Version:	V.1
Delivery date:	30. 5. 2024
Previous Version:	n/a
Delivery date of previous version:	n/a
Keywords:	Skills, Czech Republic, Green skills, Digital skills, Soft skills, Entrepreneur skills, Social sector, Care, Education, Education Methods
Abstract:	n/a
Contact Persons	Simona Matějková, projekty@apsscr.cz

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1. Introduction

1.1. About the document

This document has been developed as an output of the activities of *WP3 Definition of a forward-looking Upskilling and Reskilling Strategy for the elderly care* sector implemented within the Eldicare 2.0 project. Specifically, the document summarises the outcomes identified during the implementation of *Task 1 Action 3.1.3 (consultation workshops)* & *Task 2 Action 3.2.3 (in-depth interviews)* conducted in the Czech Republic.

The aim of WP3 is to identify and design competence-based occupational profiles for caregivers to facilitate the transition to the post-covid era, to define a forward-looking upskilling and reskilling strategy for the elderly care sector.

1.2. Project Eldicare 2.0

Eldicare 2.0 contributes to make elderly care in the EU more available, accessible and of better quality for all, and upgrades professional long-term care services, rolling-out accessible digital and green solutions in the provision of care services, upskilling elderly care workforce with entrepreneurial and soft skills, ensuring high-quality criteria and standards for long-term care providers through a sectoral skills long-term strategy.

The project's mission is to strengthen the cross-sectoral cooperation among sectorial partners and VET providers in healthcare, as well as to update the occupational profiles and competencies of professionals in the caregiving sector, providing a sectoral skills long-term strategy that will tackle skills gaps on the labour market and anticipate future skills ends.

- Develop **a long-term skills strategy for elderly care professionals**, by creating a Skills Ecosystem for Elderly Care workforce.
- **Upskill and reskill the elderly care professionals**, to be able to meet the growing needs of the ageing population.
- **Upgrade the existing and emerging Occupational Profiles with up-to-date and essential skills** for the elderly care practitioners, by focusing on the principles of digital and green economy, the entrepreneurship and a patient-centred care.
- **Bridge the skills gaps of elderly care professionals,** by analysing the skills mismatches in the post COVID era in order to ensure a common basis for the competences.
- **Establish a methodology for addressing future skills needs**, by creating a skills anticipation mechanism and developing policy recommendations.
- **Provide new teaching and learning approaches**, by creating competence-based courses, work-based learning procedures, employers' handbook, with the use of micro credentials and the MOOC platform.
- **Bring together education actors (VET providers, HEIs) with market representatives and umbrella organizations**, by mobilizing and incentivising them to take action, in order to achieve a systemic and structural impact.
- **Raise the quality and the attractiveness of training in the health care sector at a European, National, Regional and Local Level,** by developing a common perception among the key stakeholders.

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2. Czech social sector in nutshell

As of 31 December 2022, the total of 10,827,529 people[1] were living in the Czech Republic. The Czech Statistical Office distinguishes three major age groups – children below the age of 15, the working age population from 16 to 64 years of age, and the 65+ age group of senior citizens. It was in the senior citizens age group where the largest increase – by 26.7 thousand – was recorded in 2020. In total, there are 2.208 million of persons in this category, which is an increase compared to 2021. For the first time in the history of the Czech Republic the level of two million of senior citizens was exceeded in 2017. This is clear evidence that the population ageing process continues. The average age of the population reached 42.6 years in this period. Population projections predict that in 2059 there will be 3.205 million of people over 65 years of age living in the Czech Republic. This is an increase by 997 thousand (by 31.1%) compared to 2022.[2] This is indicative of the growing necessity and importance of the social services sector. Generally, it can be stated that the social systems in the Czech Republic had to go through a major change after the social changes following the end of the Communist party rule in 1989. The entire reform was built on three pillars – social assistance, social support and social insurance. The first changes were enacted as early as in 1995 (sickness insurance, pension insurance, minimum subsistence level, state social support), but the entire process lasted until 2011, when it was finished by the adoption of the Act on Provision of Benefits to Persons with Disabilities and on Change of Related Acts. An actual Social Services Act was adopted together with the Act on Assistance to Persons in Material Need after more than ten years from the reform launch as late as in 2006, with effect from January 2007. One of the first acts which we include in the social reform was the Sickness Insurance Act. Within the Czech system of social protection of the population, the sickness insurance and the health insurance systems are designed as separate.

Social services in the Czech Republic are defined in Act No. 108/2006 Coll., on Social Services, in Sections 32 to 70. Under the new legislation, social services are divided into three areas:

- Social counselling
- Social care services
- Social prevention services

The act also contains a classification of the forms in which these services may be provided. This includes:

- Stay-in services – services involving the accommodation in social services facilities.

[1] *Czech Statistical Office, Population Statistics Division - Population Development of the Czech Republic (https://www.czso.cz/documents/10180/191186447/13006923.pdf/502e34ad-0540-4378-9cb1-fa19fbdbc4cb?version=1.6)*

[2] *Czech Statistical Office, Population Statistics Division - Population Development of the Czech Republic – 2018–2100 (https://www.czso.cz/documents/10180/61566242/13013918u.pdf/6e70728f-c460-4a82-b096-3e73776d0950?version=1.2)*

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- Ambulatory (outpatient) services – services provided in social services facilities which a person attends or where a person is accompanied or transported, where accommodation is not part of the service.
- Field services – services provided to a person in such person's natural social environment.

The individual forms of social services are combined to ensure their maximum efficiency. The basic activities during the provision of social services are defined in Section 35 of Act No. 108/2006 Coll., on Social Services, as amended, and the scope of the performances provided within a basic activity for the individual types of social services is given by an implementing regulation (Decree No. 505/2006 Coll.).

To be able to carry out its activity, a social service provider must fulfil the condition of obtaining registration and subsequent addition in the Social Services Provider Register.

2.1. Equipment of the regions of the Czech Republic with social services for senior citizens

The need for care in all European countries has been viewed as a new social risk in recent years. A unified definition of this term does not exist, nevertheless it is understood, as a rule, as a long-term or permanent loss of self-sufficiency in everyday activities. The criteria frequently used to define the need for care are the ADL (Activities of Daily Living). This includes the ability or disability to dress and undress oneself, manage one's own personal hygiene, put oneself in bed and get up, and move in one's own flat. In general, care to senior citizens in the Czech Republic is most frequently provided in their own households through a social care service. Year 1990 brought the development of additional forms of services, primarily outpatient ones; but their offer is not evenly distributed over the territory of the country.

The structure of the forms of the individual social services is given by the geographical profile of a region: the availability of social care services in regions with a predominantly flat profile will be higher than in regions with a predominantly mountainous profile. In those regions, on the other hand, homes for the elderly are more frequent. To assess the scope of the services provided in the individual regions, one cannot apply the same criteria over the entire territory. We have to remember that there are objective characteristics which determine certain differences ensuing from, for example:

- the population structure of the individual territorial units, the size of a municipality and the population density;
- urbanisation rate;
- the structure of the population in a given territory in terms of age, qualification, profession and social structure, as well as the religious specifics of individual regions;
- the level to which the care for the elderly is secured by the traditional functions of the family;
- various sociological changes taking place in the society, particularly the break-up of multi-generational families.

All in all, we can say that the offer of social services in the Czech Republic is insufficient from the quantitative viewpoint. The waiting periods for placement in homes for the elderly

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are long and the offer of field social services is insufficient – these are the major issues which social care providers have to deal with basically in all the regions of the Czech Republic. The fundamental role in this issue is played by the existing system of funding social services. It is based on a high level of central regulation and dependence of social care providers on subsidies from the national budget, to which no legal entitlement exists.

2.2. Funding of social services

Social services in the Czech Republic are funded from multiple sources, through a combination of public (national budget subsidies, regional and municipal budgets, health insurers, and European Social Funds) and private funds (payments for care and other payments). Since 2013, the costs of the social service system have been continually growing, which lead to the increase in funding from both public and private sources. The crucial source of funds for social services is the subsidies from public budgets, the care allowance, and the reimbursements of nursing and rehabilitation care from public health insurance. The expenditures on the provision of social services are constantly increasing.

2.2.1. Care allowance

The care allowance is provided to persons who are dependent on another person's assistance under Act No. 108/2006 Coll., on Social Services, as amended by later regulations, and Decree No. 505/2006 Coll., Implementing Certain Provisions of the Social Services Act, as amended by later regulations. Through this allowance, the state participates in the provision of social services or in other forms of assistance for ensuring self-sufficiency. Eligible for this allowance is a person who needs the assistance of another physical person for the purposes of self-care due to their long-term unfavourable health condition and for ensuring self-sufficiency, where this assistance is given by:

- a close person,
- a social care assistant,
- a registered provider of social care.

The dependence on another person's assistance is divided in four degrees. For old persons who are not self-sufficient due to their long-term unfavourable health condition the degrees of dependence are the following:

- Degree I (low dependence) – a person is not able to cope with three or four acts of self-care and self-sufficiency;
- Degree II (medium dependence) – a person is not able to cope with five or six acts of self-care and self-sufficiency;
- Degree III (heavy dependence) – a person is not able to cope with seven or eight acts of self-care and self-sufficiency;
- Degree IV (total dependence) – a person is not able to cope with nine or ten acts of self-care and self-sufficiency and needs daily assistance, supervision or care from another individual.

When determining the dependence degree, the self-care and self-sufficiency domains assessed stem from the Katz Index of Independence in Activities of Daily Living, and include e. g. Mobility, Orientation, Personal hygiene, Communication, Feeding, etc.

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When assessing the ability to cope in the individual self-care domains, considered is the functional impact of a long-term unfavourable health condition on handling these simple acts. The total number of persons receiving a care allowance in the Czech Republic is over 370 thousand.

Aside from the care allowance, there are also other allowances provided in the Czech Republic within the regime of assistance to persons in material need or allowances for disabled persons. The allowances within the assistance to persons in material need are, as a rule, paid on the basis of the assessment of the overall social and income situation of applicants and their families. The allowances to people with disabilities are paid based on the assessment of the social consequences stemming from the applicant's disability. Also in this case, the applicant's overall income situation is considered.

From 1 June 2018, long-term nursing care has been introduced as a new tool in sickness insurance. This tool will provide employees security for a period of up to 3 months when they assume care of, for example, a parent dependent on another person's assistance following a minimum of one week hospitalisation.

2.2.2.Subsidy scheme

The subsidy scheme for funding social services in the Czech Republic is very closely tied to ensuring tasks by regions within the social service system. Regions are bound by law to ensure the availability of social services in their territory and comply with the medium-term social service development plan. Regions ensure the availability through a network of social services, having full competence over their structure, while considering information on the needs of the population obtained from the municipalities in the region. For the fulfilment of this obligation, the Ministry of Labour and Social Affairs of the Czech Republic ("MoLSA" or "Ministry") provides subsidies. A subsidy may only be used to finance common expenditures connected with the provision of the basic types and forms of social services within the scope determined by the basic activities within the individual types of social services. To be eligible for a support for the provision of social services, one has to be part of the network of the social services specified in the medium-term social service development plan of a given region.

For a given year, the MoLSA announces Subsidy Priorities reflecting the selected needs of the Czech Republic and thereby defines the aid to social services which, for instance, ensure the care for specific target groups (e.g., persons with autism spectrum disorders). The Subsidy Priorities also take into account the funding of a given type of services, such as in the context of other sources of funding which is not continuous (e.g., social prevention services, which are partially funded from the resources of structural funds). The MoLSA Priorities are published in the "Call for applications for a subsidy from the national budget submitted by regions and the capital of Prague".

The national budget subsidy is intended to finance common expenses on social services, except for health care, despite the fact that in some social services the provision of health care is the central activity. In this respect, the provision of a subsidy is restricted because the funding of health care in the Czech Republic is ensured strictly from the funds of health insurance companies.

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2.3. Education of employees in social services

Education for the social services sector in the Czech Republic is regulated by the Social Services Act. This legislation applies to all types of social services regardless of their focus (target group of clients). The Act also regulates the education of social workers, but here it goes beyond the domain of social services and applies also to social workers employed by municipalities and regions or in other services using social workers (such as health care). Legislation distinguishes two levels of education:

- Qualification education – education which an employee must complete to be able to perform a job in social services
- Further education

Qualification education of social workers

The basic activities of a social worker include, for example, social investigation, handling social agenda, which includes resolving social legal issues in facilities providing care for the elderly. Social workers also carry out screening activities (screening for persons at risk of social exclusion), provide crisis assistance, social counselling and social rehabilitation, provide for the needs of the inhabitants of a municipality, and coordinate the provision of social services at community level.

Legislation also assumes that social workers acquire their qualification through study at:

- a higher vocational school in fields focused on social work and social pedagogy, social law activities, social and humanitarian work, charity and social activities;
- university-level education acquired in Bachelor's, Master's or doctoral degree programmes focused on social work, social care, social policy, social or special pedagogy, social pathology, or social law.

Further education of social workers

The acquisition of qualifications for the performance of a profession is only the beginning of a life-long process of education and self-improvement. By law, in the Czech Republic an employer is obligated to ensure for social workers further education to the minimum extent of 24 hours per calendar year. Law also stipulates the forms of such further education. These specifically include:

- specialized education provided by universities and higher vocational schools following up on the professional skills acquired for practising the profession of a social worker;
- participation in accredited courses;
- traineeships;
- participation in trainings;
- participation at conferences.

Education of workers in social services

In contrast to social workers, workers in social services are a more differentiated group. Legislation distinguishes four groups of workers in social services. In general, a worker in social services may be defined as a person who provides direct service to persons in outpatient or stay-in facilities. Direct service involves the training of simple daily activities, assistance with

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personal hygiene and dressing, handling of objects of everyday use, support for self-sufficiency, and satisfaction of psycho-social needs. The same applies to cases where the users live in their own homes. In this case, added to the above-given activities is also a comprehensive care for client's household and personal assistance. Under the supervision of a social worker, a worker in social services may also carry out other activities, such as screening, educational, mobilisation and other activities involving the provision of assistance during the assertion of rights and legitimate interests of users.

To be able to perform their job, workers in social services must satisfy the qualification requirement of the minimum of basic education and the completion of an accredited qualification course. The content of the course is defined by the Implementing Decree No. 505/2006 Coll. and consists of a general and a special part.

The prescribed minimum scope of the course is 150 lessons, of which the special part must make up at least 80 lessons. Just like for social workers, employers must ensure further education to the minimum extent of 24 hours per calendar year also for workers in social services, in order to renew, enhance and supplement their qualifications.

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3. Consultation workshop report

This report summarizes a comprehensive exploration into the impacts of the COVID-19 pandemic on the elder care sector, particularly focusing on digital and soft skills. The initiative employed consultation workshop, specifically group discussions, intended to gather insights from key stakeholders in the field—experts and professionals. Spanning approximately 1.5 hours, the discussions was structured for 5 participants.

Workshop took place on 4th March at the "U Biřičky" senior home in Hradec Králové, underscoring the project's practical engagement with care environments. This initiative aligns with the European Commission's vision for a skilled care workforce, addressing the growing needs of Europe's ageing population.

The 5 participants were the professionals across the care giving – social workers, caregiving methodologists, and service managers.

3.1. Key findings

A key issue was the **disregard for regulations and the occurrence of clandestine contacts**, exacerbating the spread of the virus. The pandemic's onset saw care workers, predominantly women in their **30s with children at home, grappling with the closure of childcare facilities**, underscoring the need for comprehensive support systems for healthcare workers.

Misinformation and inconsistent communication from media and state authorities compounded the crisis, leading to confusion and inadequate preparedness. The sector was forced to operate outside normal labor regulations, with supplies and solutions being sought independently by care facilities rather than supplied by the state, revealing a **significant gap in governmental support** and infrastructure.

The imposition of regular testing, while necessary, put additional **strain on both staff and families, leading to widespread exhaustion**. The government's laissez-faire approach effectively left facilities and individuals to fend for themselves, sparking initiatives driven **by community support** rather than institutional aid.

Significant shifts towards adopting telemedicine were considered, yet the applicability for clients with dementia remained questionable, indicating a need **for tailored technological solutions that accommodate the specific needs of the elderly population**. Traditional preferences among the older generations, such as resistance to digital consultations and a preference for tangible interactions, posed challenges in integrating modern healthcare technologies.

Efforts to enhance care through the introduction of new courses and emotional support mechanisms for staff highlighted the **critical role of continuous education and psychological support** in maintaining high-quality care. Despite these initiatives, the sector continues to struggle with low remuneration and recognition, underscoring the essential yet undervalued contribution of care workers to society.

The report suggests that while technological enhancements, such as tablets and advanced care facilities, **offer potential benefits, the fundamental needs of clients—such as quality meals and comfortable living conditions—remain priority**.

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3.2. Main themes that emerged during the group workshop

The notes and outcomes from the workshop highlight several major themes and issues within the context of the COVID-19 pandemic's impact on the senior care sector:

- **Regulatory Non-compliance and Informal Practices**: The pandemic saw a rise in non-adherence to regulations and the use of clandestine contacts, contributing to the virus's spread. This underscores the critical need for stringent adherence to health guidelines and transparent practices.
- **Challenges in Work-Life Balance**: Caregivers, especially those around 30 with children, faced significant challenges due to the closure of childcare services, highlighting the need for supportive measures to balance work and family responsibilities.
- **Information Discrepancies:** Conflicting information from media and inadequate state communications compounded the crisis, pointing to the necessity for reliable, clear, and consistent information dissemination.
- **Resource Scarcity and Self-reliance**: The sector's struggle with obtaining necessary supplies due to state failures emphasizes the importance of self-reliance and the establishment of a robust supply chain.
- **Physical and Emotional Strain**: The immense exhaustion experienced by caregivers and the government's hands-off approach reveal the need for comprehensive support systems, including mental health services.
- **Technological Adaptation and Limitations**: While telemedicine emerged as a potential aid, its applicability varied, particularly for clients with dementia, indicating the need for technology that suits all care scenarios.
- **Recognition and Remuneration**: The sector's low compensation despite the high demands of caregiving points to an urgent need for fair wages and recognition of caregivers' invaluable contributions.
- **Client Preferences and Quality of Life**: The findings that clients value quality meals and comfortable living conditions over technological gadgets stress the importance of focusing on the essentials of care and personal preferences.

Overall, these themes highlight critical areas requiring attention and improvement to enhance the quality and effectiveness of senior care during and beyond the pandemic.

3.3. Limits and points of debate

We widely discussed the point and use of assistive technologies and such devices in LTC. In recent years, the advent of assistive technologies and digital devices like tablets has heralded a new era in eldercare, providing unprecedented opportunities for seniors to connect with their families and the world around them. This technological boon was especially highlighted during the global pandemic when physical distancing measures were at their peak, and the vulnerability of the elderly population necessitated innovative solutions to bridge the gap of isolation.

However, as the acute phase of the pandemic subsided and the world began to adjust to a new normal, a noticeable shift occurred in the utilization of these digital tools among the elderly and the staff supporting them. Despite the initial enthusiasm and the clear advantages these technologies presented, there was a gradual return to traditional modes of

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interaction and a decreased reliance on digital communication. This trend can be attributed to several factors, notably the inherent human craving for physical presence and direct human contact. For many seniors, the tactile experience of a handshake, the warmth of a hug, or the comfort of a shared space with a loved one holds irreplaceable emotional value that technology cannot replicate. The subtle nuances of face-to-face communication, such as body language, facial expressions, and the energy of physical proximity, contribute to a sense of connection and belonging that virtual interactions struggle to match.

An interesting observation in this context is the role of routine activities, such as doctor's visits, in the lives of senior citizens. Traditionally, such outings were not merely errands but social events that seniors prepared for with anticipation. Dressing up, traveling to the appointment, interacting with healthcare professionals and other patients, and the overall change of scenery provided a sense of purpose and routine. These activities served as vital social stimuli and contributed to their overall wellbeing by breaking the monotony of daily life. However, the shift towards telemedicine and virtual consultations, while offering convenience and safety, inadvertently diminished these opportunities for social engagement. Encounters with healthcare providers were reduced to transactions on a screen, lacking the personal touch and the broader experiential aspect of in-person visits. This change, while subtle, had profound implications for seniors' social interactions and their sense of involvement in their own care processes.

Moreover, the use of digital technologies and telemedicine presents specific challenges for seniors with cognitive impairments, such as dementia. The abstract nature of interacting with a screen and the absence of physical presence can be confusing and disorienting, diminishing the effectiveness of such encounters. The current generation of seniors did not grow up with digital technology as an integral part of their lives. Their familiarity with, and openness to, adopting new technologies vary significantly, with many finding the learning curve steep and the interfaces non-intuitive.

As a result, there's a growing recognition of the need to tailor technological solutions to better meet the unique needs and preferences of the elderly population, balancing the benefits of digital innovation with the intrinsic value of human connection.

3.4. Conclusion

This report encapsulates the insights gleaned from a dedicated workshop aimed at exploring the profound effects of the COVID-19 pandemic on the elder care sector, with a specific focus on the integration of digital tools and the enhancement of soft skills among professionals. Held at the "U Biřičky" senior home in Hradec Králové, this initiative brought together a diverse group of experts and practitioners, including social workers, caregiving methodologists, and service managers, for an in-depth discussion on the pressing challenges and emerging opportunities within the field. This engagement was not only aligned with the European Commission's vision for a skilled care workforce capable of addressing the needs of Europe's aging population but also served as a testament to the collaborative spirit of the Eldicare 2.0 project.

In drawing to a close, it is pivotal to underscore that the insights detailed in this report stem directly from the outcomes of the comprehensive workshop, meticulously designed to delve into the impacts of the COVID-19 pandemic on the elder care sector. The active participation of all attendees, encompassing a diverse group of professionals from various facets of

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elder care, was instrumental in uncovering the nuanced challenges and opportunities that emerged during this unprecedented time. The collective engagement in the workshop not only enriched the discussions but also ensured that the findings encapsulated a holistic perspective of the sector's experiences. As we move forward, the insights gained from this collective endeavour will undoubtedly serve as a valuable compass in navigating the evolving landscape of elder care in a post-pandemic world.

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4. Individual in-depth interviews report

This report summarises a comprehensive exploration of the impact of the COVID-19 pandemic on the elderly care sector, with a particular focus on green and entrepreneurial skills. This initiative used individual structured interviews with the aim to gather insights from key stakeholders in the field - experts and professionals. Each interview lasted on average 1 hour and a total of 10 interviews were conducted. These 10 interviews were conducted with professionals from the social services sector - nursing home directors, lecturers in social services - between March and May 2024.

4.1. Key findings

The key finding was that the work was initially very complicated. **Complications were caused by erratic regulations and actions by the government, with the lack of conceptual leadership** and common sense. There was also a greater emphasis on a human approach in the stressful situations in which people found themselves, not only at work but also at home.

The crisis has changed the way we communicate, both between employees and clients/family members, among employees and between employees and the employer. **There has been a high increase in electronic communication and a greater emphasis on individual attention.**

With the arrival of the pandemic, **many facilities have also had to deal with staff losses** (either due to the closure of childcare facilities or due to illness). Nevertheless, outside help was also provided - whether it was volunteers with experience in the social services sector or not. **There was a need to integrate volunteers into service provision.**

The implementation of green policies is mainly faced with a lack of financial resources. **Investing in green policies is usually very financially demanding** and the investment payback is long term. Thus, **projects that focus more on care than on ecology are more often prioritised**.

The lack of understanding to implement green measures is also faced within the state sector by the providers. At least a partial understanding was given to social services during the energy crisis, that this need is there.

Waste management is a big issue. Especially the waste generated by the large number of single-use tools - incontinence aids, gloves, etc. The amount of this type of waste is enormous and undoubtedly puts a heavy burden on the environment. **Gastro-waste is also a major problem, but there is potential for its further use.**

The emergence of robotization and other technologies facilitating care is also perceived. Smart technologies and artificial intelligence are still accepted rather cautiously, but as an inevitable part of development.

In times of pandemics, c**ommunication**, whether face-to-face or electronic, **and an individual approach have proven to be crucial** in social services.

4.2. Main themes that emerged during the individual in-depth interviews

The notes and outcomes from the workshop highlight several major themes and issues within the context of the COVID-19 pandemic's impact on the senior care sector:

- **Lack of conceptual leadership:** The crisis was worsened by haphazard regulations and measures by the government, highlighting the need for conceptual leadership.

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- **Waste and its disposal:** Social services generate a large amount of food waste and single-use waste, highlighting the importance of waste disposal and processing.
- **A non-toxic home**: In order to reduce the burden on the environment, great emphasis is placed on the use of environmentally friendly cleaning products and appliances while maintaining the necessary quality of hygiene and cleanliness.
- **Energy consumption:** Emphasis is placed on the use of smart technologies and less energy-intensive technologies that are needed for the operation of the home (e.g. in the laundry room the use of eco-friendly washing machines with automatic detergent dispensers). In addition, the energy efficiency of the building and the independence of renewable energy production are also emphasised. This trend highlights the need for low energy consumption and the use of renewable energy sources.
- **Technology and robotization:** Smart technologies and artificial intelligence are slowly entering the social services sector and will be able to replace humans in many activities. This is an inevitable part of the evolution of the social services sector, highlighting the need for greater digital and technological skills.
- **Competencies and skills of middle management:** Middle management employees are held to a higher standard because they act as both employer and employee. This implies that they need to have a certain set of skills and competencies that enable them to perform both roles.
- **Communication and an individual approach:** Communication and an individual approach were key elements in coping with social service crisis management during the pandemic, highlighting the need for these skills.
- **PR and external communication:** Social networks represent one of the levels of PR and external communication which is interesting for social services. However, the potential of information sharing through social networks is not being exploited in many organisations. Hence the need for skills in working with social networks - targeting and creating posts.

Overall, these themes highlight critical areas requiring attention and improvement to enhance the quality and effectiveness of senior care during and beyond the pandemic.

4.3. Limits and points of the interviews

The need for crisis management and sharing information from the organisation outwards was highly emphasised during the in-depth interviews. The need for PR and communication with the media emerged from various discussions. During the pandemic, it was very important to share information with the public about the reality of social services and that despite the crisis that everyone was in, social services were still able to take care of their clients. A large part of the public has no idea of the true extent of the social services that the sector provides. One of the positive things that the COVID-19 pandemic has brought with it is just the expansion of awareness of the sector. However, the low attractiveness and misrepresentation of the social services sector is a constant subject for debate. From this point of view, too, there is a need to shape the media image of social services from the bottom up, i.e. from individual social service organisations. However, the PR of social services is very specific, and the staff does not have the necessary knowledge in this area.

The need for communication and the acquisition of new skills in this area was also strongly highlighted, despite the fact that many of the interviewees agreed that improving the communication skills of staff is one of the consequences of the COVID-19 pandemic.

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Communication is seen as the foundation of social work and therefore assertive communication across all levels is extremely important. Good communication is also one way of trying to prevent inappropriate or violent behaviour.

During the pandemic, there was also a need for electronic communication, which was not so common. This is also apparent from the statements of many interviewees when they mentioned the lack of technological devices for their employees such as smartphones, tablets and laptops. Many workers have had to learn to use communication programs such as ZOOM, Microsoft Teams, and Google Meet, not only to communicate within the facility, but also as a means through which they are educated.

Focusing on education, it is necessary to mention first that MOOC as a form of education is not completely widespread in the Czech Republic. This is also evidenced by the frequent confusion of MOOC (e-learning) with online education using interactive classes, for example in Microsoft Teams. From this perspective, it is very important to focus on the benefits of this form of education and to highlight the experts who have contributed to its development. The educational methods used will also have a very important influence on the interest of the participants. Personal contact with the lecturer and the use of a form of experiential and personal experience is of great benefit and importance to the training. One of the challenges we see here is how to incorporate these elements into MOOC as well.

Finally, it should be stressed that the in-depth interviews revealed that all skills and competences, whether digital, entrepreneurial, soft or green, are quite closely interlinked and it is not a good idea to tackle these skills in a stand-alone manner.

4.4. Conclusion

This report summarizes findings from 10 structured in-depth interviews with experts that focused on exploring the impacts of the COVID-19 pandemic in the social services sector, with a focus on entrepreneurship and green skills. We discussed key challenges and emerging opportunities in the social services sector with experts.

Finally, it is important to highlight that the findings detailed in this report are based directly on the results of the individual interviews, which were structured to address the impact of the COVID-19 pandemic in the care sector. The active participation of all participants, including experts in the field, was essential in uncovering the challenges and opportunities that emerged in this crisis.

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