

# Care at home – Voluntary care in the lives of those who provide and need help in three (post)socialist states

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## Abstract

During the state socialist era in the GDR, the People's Republic of Poland and Czechoslovakia, care for the elderly and people in need of help was often provided at home. Volunteers from the national Red Cross societies, the East German organization People's Solidarity or neighborhood helpers from the residential area cared for needy people in the place that determined their reality of life – their own home. The way in which the home shaped social voluntary care for helpers and those in need before and after 1989 will be the subject of this paper.

Keywords: care, elderly, home, volunteering, state socialism, German Democratic Republic, People's Republic of Poland, Czechoslovak Socialist Republic

## Keywords

social care, volunteering, home, socialism

## 1 Introduction

The home is a place that people habitually come to for universal needs such as sleeping, eating or personal hygiene. At the same time the home is a very personal place, whose furnishings express individual preferences and habits. Moreover, the home is a place where social relationships, especially family relationships, develop and express themselves. As individual needs change in the course of life, for example due to leaving school, entering working life, parenthood, or similar, expectations of the home also change. Home is therefore a place of needs, a place of relationships, and, pragmatically speaking, a place where people may spend a lot of time. It is obvious that this is particularly true for people who, due to illness, age or other limitations, are rarely able to leave their own homes.

One could therefore claim that people have a strong attachment to their home, which in this narrow definition would be translated as “place of residence”. For older people, a home ideally also has to offer certain living conditions. These include, for example, appropriate heating, cleaning and maintenance of the home, appropriate furnishings and facilities, and accessibility, which cannot be taken for granted. All this still implies that people will be able to look after themselves at home independently when they are old. According to this, *“in no other phase of life is the importance of the home or housing so great and so decisive for well-being, health and independence as in old age”*.<sup>1</sup>

This paper takes a closer look at notions of the ideal home in the three socialist and post-socialist societies of East Germany, Poland and Czechoslovakia/Czech Republic, by examining the particular field of home care. Since home care was provided in the place that was most important to those in need of help – their own home – the relationship between those providing and those receiving help additionally touched upon very personal ideas of the home. Therefore home care can be seen as a confrontation of the private and the public spheres, where ideas of good living, good housekeeping, and a good home came together.

The paper assumes that there are so-called care ideals in the three societies studied, according to which relatives or at least voluntary caregivers are to be preferred over state care and nursing services. On the one hand, these care ideals express images of biological and social aging in a society. On the other hand, they are an expression of gender roles in the course of which women in particular are regarded as ideal carers. Using the example of three countries and three different organizations that offered home care during the socialist period and still offer it today, this paper examines how, in addition to socialist ideology, home care has shaped ideas of a better home and a better care for older people.

The main hypothesis of this paper is that in all three case studies similar concepts of an ideal home survived the political transformation of 1989 and the subsequent privatization, allowing the three organizations presented to remain active in home care with their volunteers even under the new circumstances. Furthermore, with their home care they helped to overcome the isolation of needy people at home and assisted in turning

1 Schmidt, Udo-Jürgen: *Altern in der sozialistischen Gesellschaft*. Jena 1982, p. 19.

the home once more into a place of relationships for them. This confirms the central function of care as an indicator for social organization in general and for the value of older people in these societies.<sup>2</sup> The following chapters deal with home care of the East German organization People's Solidarity in the German Democratic Republic (ger. Volkssolidarität, hereafter abbreviated as VS), the Polish Committee of Social Help in the People's Republic of Poland (pol. Polski Komitet Pomocy Społecznej, hereafter abbreviated as PKPS) and the Czechoslovak Red Cross in Czechoslovakia (czech. Československý červený kříž, hereafter abbreviated as ČSČK).

The main question here is to what extent the practical policy and actions of care for the elderly differed from the state's official discourse. Which (different) roles did the state and the volunteer organizations play? Care provided by the above-mentioned organizations was at least partially financed by the state. Did the definition of a happy home for the elderly therefore depend on the material, social, and psycho-social conditions that were recognized by the communist parties? Could home care make a contribution to securing these conditions? And if so, did this contribution change with the peaceful revolutions of 1989 that occurred simultaneously in East Germany and its neighboring countries in Central and Eastern Europe? Have care practices changed fundamentally throughout the subsequent transformation period or do they rather follow overlapping universal and specific local needs?

Who cares and who is cared for in a society tells us about its social organization as a whole.<sup>3</sup> In this regard, the present paper aims to provide a contemporary historical insight into everyday care practices. The archive material used for the VS comes from the Saxon Main State Archive in Dresden (ger. Hauptstaatsarchiv Dresden). The archive material on the PKPS comes from the National Digital Archives (pol. Narodowe Archiwum Cyfrowe) and the archive material on the ČSČK from the District Archive in Pilsen (czech. Státní oblastní archiv v Plzni).

This paper is an outgrowth of my ongoing post-doc project on volunteering and care in transformation, for which I conduct oral history interviews with (former) volunteer caregivers. At the same time, I work with little-known archive material, which I will use in this paper to show common problems and dynamics of socialist states. I will reflect on the discrepancy that emerged between the discourse of socialist governments and reality. In home care, which will be the subject of this paper, the volunteers moved between a political-ideological domain controlled by the state and a domain of practical help, in which they performed independent of ideology.

With my post-doc project I aim to contribute to transformation research, for which conceptual models were provided by i.e. Raj Kollmorgen<sup>4</sup> or Philipp Ther<sup>5</sup>. More than

2 cf. Thelen, Tatjana: *Care as social organization: Creating, maintaining and dissolving significant relations*. In: *Anthropological Theory* 2015, Vol. 15(4), pp. 497–515.

3 cf. Firth, Raymond: *Some Principles of Social Organization*. In: *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 85, No. 1/2 (1955), pp. 1–18.

4 cf. Kollmorgen, Raj: *Handbuch Transformationsforschung*. Wiesbaden 2015.

5 cf. Ther, Philipp: *Die neue Ordnung auf dem alten Kontinent. Eine Geschichte des neoliberalen Europa*. Aktualisierte Ausgabe, Berlin 2016.

30 years after the peaceful revolutions in East Germany and East Central Europe, I will look at individual people, their perceptions, interpretations and memories, in search of a better understanding of multiple transformation processes that continue to this day. Following up on the social-anthropological care research of Tatjana Thelen<sup>6</sup> or Rosie Read<sup>7</sup>, the focus is on aspects of everyday history, everyday life, and so called lifeworlds<sup>8</sup>.

This paper deals mainly with the care for the elderly, so that cultural-historical approaches on growing and being old are also considered. I approach the care actors through organizations, which is why I also draw on work from organizational science and organizational sociology. In particular, I would like to mention the work of the sociologist Susanne Angerhausen, who dealt with intermediary organizations in the transformation period and also with the VS, which I mention as an East German example.<sup>9</sup> The history of the VS was also researched by Philipp Springer, but he limited his study to the period of time between 1945 and 1969.<sup>10</sup>

The history of the national Red Cross societies, which I also include in my paper, has already been well researched, but without a concrete consideration of volunteering or care in transformation. Research on the German Red Cross in the GDR was pursued by Andrea Brinckmann<sup>11</sup>, Dieter Riesenberger<sup>12</sup> and Stefan Schomann<sup>13</sup>. In my dissertation I compared the Red Cross societies in Poland and Czechoslovakia under the aspect of self-organization during state socialism.<sup>14</sup>

Due to the pandemic of COVID-19, I had to postpone many of my oral history interviews, and thus am not yet able to present findings from contemporary witness interviews in this paper. Nevertheless, I want to give impulses for research on care in connection with voluntary work. Volunteering is a term that contemporary historical research uses only cautiously, especially with regard to state socialism. However, in the following

6 Thelen, T.: *Care as social organization*, p. 507.

7 cf. Read, Rosie: *Caring Values and the Value of Care: Women, Maternalism and Caring Work in the Czech Republic*. In: *Contemporary European History* (2019), 28, pp. 500–511. DOI:10.1017/S0960777319000122.

8 Lifeworlds (ger. Lebenswelten) is a term of the Austrian sociologist Alfred Schütz that is currently used for the everyday and micro-historical research of the German “Wende”. Cf. *Die lange Geschichte der „Wende“*, Ed. K. Brückweh. Berlin 2020, p. 35.

9 cf. Angerhausen, Susanne: *Radikaler Organisationswandel*. Wie die „Volkssolidarität“ die deutsche Vereinigung überlebte, Opladen 2003; Angerhausen, Susanne: *Überholen ohne einzuholen*. Wohlfahrtspflege in Ostdeutschland. Opladen – Wiesbaden 1998.

10 Springer, Philipp: *Da kommt' ich mich dann so'n bißchen entfalten*. Die Volkssolidarität in der SBZ/DDR 1945–1969. Frankfurt a. M. 1999.

11 cf. Brinckmann, Andrea: *Das Rote Kreuz in der DDR*. humanitäre Grundsätze und staatliche Lenkung – die Geschichte der Hilfsorganisation von 1952 bis 1990. Berlin 2019.

12 Riesenberger, Dieter: *Das Deutsche Rote Kreuz*. Eine Geschichte 1864–1990. Paderborn 2002.

13 Schomann, Stefan: *Im Zeichen der Menschlichkeit*. Geschichte und Gegenwart des Deutschen Roten Kreuzes. München 2013.

14 cf. Szymoniczek, Joanna: *Polski Czerwony Krzyż w latach 1945–1989. Między misją a wymaganiami władzy*. In: *Wyzwoleni, ale nie wolni (1945–1989): studia z historii najnowszej*, 2 (2015), pp. 33–44; Hachmeister, Maren: *Selbstorganisation im Sozialismus: Das Rote Kreuz in Polen und der Tschechoslowakei 1945–1989*. Göttingen 2019.

chapters, I will show that simultaneously in three (post-) socialist societies, volunteering appeared on a large scale, especially in a systemically relevant area like care.

I use a contemporary historical concept of voluntariness, which refers less to the civil society defined by Ralf Dahrendorf, Jürgen Habermas or Jürgen Kocka<sup>15</sup>, but a concept that is broader in scope.<sup>16</sup> As my study of home care will show, volunteering was often about a kind of compulsory choice, necessary social work and care ideals. For this purpose in particular, I find it insightful to compare the conditions for home care as depicted in contemporary discourses in the three societies.

## 2 Home care provided by the People's Solidarity (VS)

For the society aging is a natural, continuous process that is part of its biological reproduction. In the science of aging one also speaks of continuity, because aging always occurs within a certain proportion of society. For individuals, on the other hand, aging and old age represent a new, unique and unknown stage of life. The connotations and perceptions of growing old and being old therefore differ.<sup>17</sup> Individuals often associate old age with the loss of previous qualities, such as leaving the workplace, giving up a certain role in the family, giving up social participation, or losing physical health through illness or age-related frailty. There even seems to be a kind of expectation in the society that these negative consequences of aging will occur.

In the GDR, sociologists, medical practitioners and scientists promoted a positive image of aging. Older people should remain in their collective contexts, for example their professional environment, for as long as possible. In return, the society should actively involve them and take care of them. At that time, the mass organization that stood out most in the field of care for the elderly was the People's Solidarity (VS). In 1988 the VS registered over 2 million members.<sup>18</sup>

This organization, too, had a concrete vision for growing old and being old in the GDR: care was a responsibility for *society as a whole*, to which everyone could contribute. According to its later chairman, Bernd Niederland, the VS “from 1949 to 1989 [...] with its focus on the care of elderly citizens, on sociability in old age, cultural events and excursions, with the clubs, with the household care and the provision of food, developed into a mass organization with the aim of promoting the quality of life of elderly people within the given social framework”.<sup>19</sup>

The Secretary of the Central Committee of the VS, Wolfgang Storost, formulated in 1989 that the members of the VS were “*citizens of all age groups regardless of ideological*

15 cf. Kocka, Jürgen: *Zivilgesellschaft in historischer Perspektive*. In: *Forschungsjournal Soziale Bewegungen* (16) 2003, pp. 29–37.

16 cf. Spieker, Manfred: *Katholische Kirche und Zivilgesellschaft in Osteuropa*. Postkommunistische Transformationsprozesse in Polen, Tschechien, der Slowakei und Litauen. Paderborn 2003, p. 374.

17 Schmidt, U.-J.: *Altern in der sozialistischen Gesellschaft*, p. 62.

18 Angerhausen, S.: *Radikaler Organisationswandel*, p. 128.

19 Niederland, Bernd: *Soziales, Sozialpolitik, Solidarität, Volkssolidarität: Aufsätze, Vorträge, Interviews 2000–2010*. Hamburg 2010, pp. 117–118.

*attitude or religious confession and party-political ties. The People's Solidarity offers every citizen of the GDR the opportunity to practically document his or her basic humanistic attitude as a member or contributor for the benefit of the older generation.*"<sup>20</sup>

The State Publishing Company of the GDR took up this vision and defined care for the older generation as “*not a one-sided task consisting of care measures, but [...] according to our understanding, an activating, mobilizing function that provides well-being, happiness and social security for the lives of veterans*”.<sup>21</sup> In a text published for the state authorities, one would have expected the authors to insist particularly on the state's responsibility for welfare. Instead, the text explicitly focused on two groups, namely the providers of care, whose task should be to provide the “*care measures*” in question, and the so-called “*veterans*”, who should be enabled to live a meaningful and at least economically carefree retirement. The term veterans refers to people who were no longer working and being honored as so called *veterans of work*.<sup>22</sup> At that point of time a more inclusive vision for the future of the GDR was already called for, because in the summer and early autumn of 1989 the prospect of “*well-being, happiness and social security*” prompted a mass of GDR citizens to flee to the West via Budapest and Prague rather than to hope for an “*activating, mobilizing*” care in the GDR.

Discourses about older people in the GDR were accompanied by a concise language, which was already rhetorically intended to create a contrast to the Federal Republic of Germany (hereafter abbreviated as FRG). People did not simply retire, but remained with their experience and knowledge in so-called *active rest*<sup>23</sup>, which was equivalent to unpaid voluntary work, often within the framework of a fixed local group, the family or the residential area. The underlying idea was, of course, that the capacities of state care institutions were very limited. Hospitals and other medical care institutions experienced enormous shortages of materials and personnel. It was therefore in the interest of the state that older people stayed in work for as long as possible and were then cared for in their private environment, at home, with their family or in the residential area. Where this was no longer possible, voluntary carers from the Red Cross, the VS or neighborhood help came into play.

It is probably a characteristic of many socialist states that social tasks were not carried out by the one propagated welfare state alone, but were rather declared to be the responsibility of the whole of society. What is interesting for the area of care is which institutions, organizations or individuals took over these tasks, or at least should take over in the vision of the state. The State Publishing Company of the GDR again presented

20 Storost, Wolfgang: *Tätigsein – Geselligkeit – Fürsorge*. In: Staatsverlag der Deutschen Demokratischen Republik, *Fürsorge im Alter*. In: Kommunalpolitik aktuell – Schriften für Abgeordnete und Mitarbeiter der Staatsorgane. Berlin 1989, pp. 15–19, p. 15.

21 *Staatsverlag der Deutschen Demokratischen Republik: Fürsorge im Alter*. In: Kommunalpolitik aktuell – Schriften für Abgeordnete und Mitarbeiter der Staatsorgane. Berlin 1989, p. 5.

22 *Bezirksausschuß Berlin der Volkssolidarität: Die Entwicklung der Berliner Organisation der Volkssolidarität 1977 bis 1981*. Berlin 1982, p. 12.

23 cf. *Tätige Ruhe (1983–1985)*; / [deutschefotothek.de, http://www.deutschefotothek.de/documents/obj/71517707](http://www.deutschefotothek.de/obj/71517707), cited 12. 8. 2020.

a clear sequence of responsibilities: *“This means that the complex care of elderly citizens is a concern for society as a whole, which is realized jointly by family members, state organs, mass organizations, the National Front of the GDR, companies, cooperatives and institutions.”*<sup>24</sup> This quotation reflects care ideals of 1989, according to which care in old age should be provided primarily within the family, then by the state and only then by organizations, companies and other institutions.

What is striking in this vision is that although the family is identified as an ideal carer, it should hardly participate in the forming of care: *“In all activities of caring for people in old age, their needs and interests must be taken into account even more strongly. And these are essentially shaped by the individual’s life course, by his or her profession, convictions, experiences and family traditions.”*<sup>25</sup> While different stages of the life course, namely employment, are mentioned here as places that strongly influence a person and should therefore be taken into account in the care of elderly people, *“family traditions”* come last among the *“needs”* and *“interests”*. In the official display of 1989, the supposedly public sphere of work was thus still being accentuated in comparison to the supposedly private sphere of the family. In practice, it was certainly hardly possible to exclude families from providing care when the elderly were cared for by their family members at home or by voluntary carers who visited them there. However, it is to be noted here that the individual is admitted his or her own needs and interests even in the official statements, so that there is no impression of all retirees being exactly the same, or being only categorized according to their illnesses and weaknesses.

From these considerations the following picture of old age emerges: In the ideal conception of the socialist state, older people were integrated into society, participated in it either professionally or voluntarily, were in active exchange with other generations and kept themselves mentally and physically fit independently and on their own responsibility, so as not to burden the progress of socialism. In reality, state institutions were overburdened with the care of the elderly because they lacked structures and resources.<sup>26</sup> Volunteers took over numerous tasks in the field of care – a sacrifice for which they were in turn honored by the state, because it was in the spirit of a socialist common good.

In every society there is probably a certain idea of how growing old and being old will proceed. This idea is shaped by various factors, some of which originate from collective memory, state propaganda and official positions, and others from individual experiences. In the GDR, the image of old age was ideologically grounded and conceived as a contrast to its capitalist neighbor (the FRG). Pictures of happy pensioners, who apparently had everything they needed, must nevertheless be questioned. Let us therefore have a look at what exactly the home care of the VS looked like.

The VS united two groups of helpers in its structures: firstly, the so-called People’s Helpers (ger. Volkshelfer), who worked on a voluntary basis, and secondly, the so-called Domestic Helpers (ger. Hauswirtschaftspflegerinnen), whose help was subsidized by the

24 Staatsverlag der Deutschen Demokratischen Republik: *Fürsorge im Alter*, p. 5.

25 Ibid.

26 cf. Sächsisches Hauptstaatsarchiv Dresden, SED-Kreisleitung Bischofswerda, inv. no. 13002/IV/D.4.02. Nr.127, Zuarbeit eines Kreisarztes (1981), pp. 1–18.



state. The great advantage of these lay helpers was that they knew “*the living conditions, the wishes and needs of the elderly citizens living in the helpers’ area*”.<sup>27</sup> Both were usually active in their own residential area or block of flats. This allowed them to deal with “*the quite different situation in the residential areas*” with common sense rather than fixed protocols, because, also according to Robert Lehmann, chairman of the Central Committee of the VS, “*there can be no recipe that is valid always and everywhere and that has an answer for all possible incidents in life*”.<sup>28</sup>

Living in the same place was an important criterion for helping out at home. “*The extent of a [...] helpers’ area should be measured primarily according to the fact that the People’s Helper can maintain regular personal contact with the pensioners living there in the time available to him*”, which is why family members and neighbors were often the closest carers. In addition, “*the personality of the People’s Helper, his profession, his health, his free time etc.*” was taken into account. Depending on the area of residence, one People’s Helper was then assigned for 20 pensioners, or 20 households or one house.<sup>29</sup>

The tasks of a People’s Helper were mainly of a social nature. He held friendly conversations with the elderly people, was in contact with their families, organized neighborhood help (e.g. for shopping or carrying heating material). If this was no longer sufficient to ensure the care of a person, the People’s Helper also assisted in requesting a VS Domestic Helper, who then took care of the household and warm meals.<sup>30</sup> All this of course was done in the individual’s home.

Last but not least, it was also one of the tasks of a People’s Helper to persuade the elderly people to leave their homes from time to time. The explicit aim of the VS was “*to leave no one alone and to give everyone the opportunity to participate in social life until old age*”.<sup>31</sup> To achieve this, the VS operated its own meeting places and so called veteran clubs (ger. Veteranenklubs). After leaving work, many pensioners therefore became involved in their neighborhood and the local VS clubs. The veteran clubs often fulfilled needs that were previously met in the own home, such as staying in a heated room, eating a hot meal, playing cards together or watching TV. A female visitor to one of these veteran clubs in Berlin made the following statement in 1960: “*I was so alone and felt weak and sick. I’m sure I’d be dead already if you hadn’t created this beautiful club.*”<sup>32</sup> The VS thus also influenced whether and to what extent older people perceived themselves as healthy (or ill), as part of a community (or isolated) and alive (or dying). Being able to leave home to visit one of the veteran clubs thus meant much more than just physical care, but also social interaction and participation.

For those who could not leave their homes at all, the VS Domestic Helper was one of the most important people they could relate to. In a newspaper interview in *Neues*

27 *Sekretariat des Zentralausschusses der Volkssolidarität: Volkshelfer – Vertrauter der Veteranen*. Berlin 1981, p. 2.

28 *Ibid.*

29 *Ibid.*, p. 9.

30 *Ibid.*, pp. 12–15.

31 *Ibid.*, p. 16.

32 *Zentralsekretariat der Volkssolidarität: Einsam? Die Veteranenklubs der Volkssolidarität bieten Geselligkeit, Wissen, Freude und Frohsinn!* Berlin 1960, p. 1.



*Deutschland*, the Domestic Helper Helga Purmann, commented on her involvement with the VS as follows: “I am often asked whether it is necessary to be trained as a Domestic Helper. No, it’s not a profession, it’s more like a calling. Because first of all one’s heart has to speak along when one devotes oneself to older people. You need empathy, patience and reliability.”<sup>33</sup>

Heinz Richter, however, explained already in 1967 that the work of the Domestic Helper did include nursing activities: “Domestic help includes the [...] care and support of the person in need, which are absolutely necessary and which the person is no longer able to perform because of his health or physical condition. It also includes simple nursing assistance or care of the sick which, according to the physician’s findings, can be carried out without special expertise.”<sup>34</sup>

Since this home care of the VS was provided by lay people, it could in no way replace medical services. Nevertheless, it did contribute to better networking (and monitoring) of persons in need of help in their own residential area. In this way, retired people living alone received regular visits to their homes and were accompanied on the way out of their homes. It is still necessary to differentiate between organized volunteers, such as the People’s Helpers or the Domestic Helpers, and family members providing care as unpaid work.<sup>35</sup>

The activities of the VS in the field of elderly care were entirely in the interest of the state, for which community life was a welcome demonstration of socialist solidarity in the home environment. For those in need of help, the personal and trusting contact with the People’s Helpers meant that they were not only addressed “as a group of people in particular need of help and care, but as working people with equal rights, who also want to prove and confirm their personality in old age”.<sup>36</sup> In 1981, the state had therefore made 6.3 million GDR marks (equivalent to approximately 1.5 million Euro today) available for the VS Domestic Helpers alone.<sup>37</sup>

To conclude, one can say that the People’s Helpers were organized volunteers, whom the VS promised a concrete role in the socialist society: “Hundreds of thousands of elderly citizens receive attentive care every day from our People’s Helpers and Domestic Helpers. As a confidant of the veterans you do your personal share in a highly recognized way.”<sup>38</sup> And as such confidants, people would welcome them into the shelter of their homes.

According to Paul Betts the home was “an emblem of personal security, socialist achievement, and postwar prosperity [...] and the material dimension of the private sphere in GDR life.”<sup>39</sup> Further he states that “if it was true that the home was the citizen’s first and most

33 *Neues Deutschland: Täglich mit dem Herzen dabei, damit sich die älteren Bürger wohl fühlen*. In: *Neues Deutschland* 16. 8. 1989, p. 3.

34 Richter, Heinz: *Sozialfürsorge in der Deutschen Demokratischen Republik*. Berlin 1967, p. 260.

35 cf. Read, Rosie: *Caring Values and the Values of Care: Women, Maternalism and Caring Work in the Czech Republic*. In: *Contemporary European History* (2019), Vol. 28, pp. 500–511.

36 *Sekretariat des Zentrallausschusses der Volkssolidarität: Kulturkonferenz Volkssolidarität September 1981*. In: *Ansborn* 62 (1981), p. 6.

37 *Bezirksausschuß Berlin der Volkssolidarität: Die Entwicklung der Berliner Organisation der Volkssolidarität 1977 bis 1981*. Berlin 1982, p. 12.

38 Sekretariat des Zentrallausschusses der Volkssolidarität, *Volkshelfer*, p. 1.

39 Betts, Paul: *Within walls*. Private life in the German Democratic Republic. Oxford 2010, p. 121.

*influential material environment, then the actual form and habitus of the home were instrumental in properly educating socialist citizens*".<sup>40</sup> In the context of care, people granted each other access to this very important place.

However, this does not make helping and being helped at home a typical socialist trait. Organizations such as the VS have indeed specialized in (home) care practices during the socialist period. Indeed very successfully, because even in March 1989 the VS had 2.1 million members and cared for about 86,500 people in need of help.<sup>41</sup> Still to this day, regardless of political conditions, the VS is active in East Germany in the field of home care and nursing both through volunteers and employees. Today about 18,000 employees and 21,000 volunteers work in the care services of the VS and provide daily care for more than 51,000 people.<sup>42</sup>

### 3 Home care provided by the Polish Committee of Social Help (PKPS)

*"The analysis of the social care for elderly people in Poland presents a rather grim picture"*, Brunon Synak announced in the *Journal of Cross-Cultural Gerontology* in 1989.<sup>43</sup> As in other socialist countries at the time, home care in Poland aimed to keep the elderly independent in their homes and integrated into their social environment for as long as possible. According to Synak, however, the helpers and those in need of help faced particularly difficult conditions in Poland: on the one hand, due to the precarious home situation of most elderly people and, on the other hand, because of specific care ideals that dismissed residential care in state institutions as a lack of family loyalty.

Poor housing conditions do not mean the too small size or the crowded living in smaller apartments with the whole family. It was rather a matter of the inadequate equipment, which did not allow the elderly to live independently and made it difficult for the home care providers to support them adequately. According to Synak most apartments occupied by elderly people lacked basic facilities: *"25% do not have running water; 60% are without central heating; 40% lack W.C.; 46% lack a bathroom; 85% lack a telephone."*<sup>44</sup> Housing conditions were thus one of the main reasons why older people lost their functional independence and had to leave their familiar surroundings.

There were two main actors in the field of community care in the People's Republic of Poland during the socialist period, who specialized in helping precisely these people in their domestic environment: The Polish Red Cross (PCK) and the Polish Committee of Social Help (PKPS). The PKPS was a nationwide welfare organization founded on 7 May 1958 and recognized as an organization of higher usefulness (pol. Stowarzyszenie

40 Ibid, p. 122.

41 *Neues Deutschland: Gute Bilanz der Volkssolidarität*. In: *Neues Deutschland* 30. 3. 1989, p. 3.

42 Die Volkssolidarität – der Sozial- und Wohlfahrtsverband (s. d.) / volkssolidaritaet.de, <https://www.volkssolidaritaet.de/ueber-uns-bundesverband>, cited 12. 8. 2020.

43 Synak, Brunon: *Formal Care for Elderly People in Poland*. In: *Journal of Cross-Cultural Gerontology* 4/1989, pp. 107–127, p. 125.

44 Ibid, p. 120.

wyższej użyteczności<sup>45</sup>) by decree of the Council of Ministers in November 1968.<sup>46</sup> With this label, the PKPS joined a group of mass organizations that were awarded by the government for exceptional charity, such as the PCK<sup>47</sup> or the Voluntary Fire Fighters<sup>48</sup>. While the PCK documented a peak of over 5 million members during the socialist period (in 1968)<sup>49</sup> and was therefore very widespread as a mass organization, the PKPS still seems to be rather less well known until today.

Looking back, the PKPS writes about its origins as follows: *“In the first years of the PKPS it was crucial to define the scope of activity, which remains valid until today – the organization of various material aid and basic care services at home for the elderly and sick and unable to live independently. At the beginning these were economic services, neighborhood services. Gradually, they started to build a system of social support, in which the PKPS has its own important place.”*<sup>50</sup>

The statutes of 1973 then defined that the PKPS was supposed to complement the state organs in the field of social assistance and to initiate and organize the activities of citizens in providing necessary help, care services and facilities for people who were in difficult life situations.<sup>51</sup>

The work of the PKPS was based on local needs and possibilities and could therefore vary from place to place. In Raszków (near Ostrowo, in the voivodship of Lower Silesia), for example, where a PKPS group was established in 1973, it involved the town and the municipality of Raszków. In mid-1987 the organization there counted 368 members and 20 groups. Its activity was to provide financial and material help as well as care and household services. The number of people covered by the assistance varied in different years. In 1983 there were 418 persons, in 1986 only 20.<sup>52</sup> In Godziesze Wielkie (near Kalisz, in the Wielkopolska voivodeship), where a local PKPS group was founded in the same year, the organization gathered only 17 members until the year 1988, who existed as one village group. Due to its modest financial means, its activities were limited to the granting of three one-time grants and the distribution of clothes to two persons.<sup>53</sup>

45 cf. Archiwum Państwowe Przemysł, inv. no. 397, Afisze, plakaty i druki ulotne z terenu Przemysła w zasobie Archiwum Państwowe w Przemysłu, sg. 3215, Apel (20. 9. 1976).

46 Rozporządzenie Rady Ministrów z dnia 18 listopada 1968 r. w sprawie uznania „Polskiego Komitetu Pomocy Społecznej” za stowarzyszenie wyższej użyteczności (1968) / isap.sejm.gov.pl, <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU19680430310>, cited 12. 8. 2020.

47 Zarządzenie Rady Ministrów z dnia 30 listopada 1936 r. o nadaniu statutu stowarzyszeniu „Polski Czerwony Krzyż” (1936) / isap.sejm.gov.pl, <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WMP19362930523>, cited 12. 8. 2020.

48 Rozporządzenie Rady Ministrów z dnia 2 lipca 1959 r. w sprawie uznania „Związku Harcerstwa Polskiego” za stowarzyszenie wyższej użyteczności (1959) / isap.sejm.gov.pl, <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU19590440272>, cited 12. 8. 2020.

49 cf. Domańska, Irena: *The Work of the Red Cross in Poland*. In: International Review of the Red Cross, 9 (1969) 95, pp. 59–70, p. 69.

50 *Polski Komitet Pomocy Społecznej: 60-lecie PKPS*. In: Biuletyn, wrzesień/2018, p.1.

51 Archiwum Państwowe w Kaliszu, inv. no. 96052, Zarząd Gminny Polskiego Komitetu Pomocy Społecznej w Godzieszach Wielkich 1988–1989, sg. 11/1311/0.

52 APK, inv. no. 96010, Polski Komitet Pomocy Społecznej Zarząd Miasta i Gminy w Raszkowie 1975–1991, sg. 11/1269/0.

53 APK, inv. no. 96052, sg. 11/1311/0.

An appeal by the chairman of the PKPS in Przemyśl, Zdzisław Więclaw, who was at the same time the vice-voivode, in September 1976 also pointed out that the material options for action were limited. On the one hand he did mention that *“the effort with which the People’s State is making up many years of delay and social and economic negligence in relation to citizens of post-working age, pensioners, retirees [...] is fully appreciated”*.<sup>54</sup> On the other hand, however, he criticized the fact that his organization had to rely on the willingness of the inhabitants to donate: *“Resources for this purpose include the social and legal generosity of PKPS members. We are convinced that our society – as always in such cases – will show a lot of understanding and sensitivity by materially supporting the activity [of the PKPS] in the region Przemyśl.”*<sup>55</sup> In his opinion, this was insufficient, since the PKPS was supposed to supplement state activities with social resources only. Referring to the volunteer work of his helpers, he even attributed an inspiring function to the PKPS: *“The Polish Committee of Social Help [...] supplements the activities of the State in the field of care and assistance with social resources. [...] The PKPS plays an inspiring role in the overall socio-economic activity, especially for elderly people without family care, people with physical disabilities, families in a difficult material situation, single women raising children, people affected by natural disasters, etc. In addition, the PKPS provides free legal, maintenance and post-work assistance.”*<sup>56</sup>

Barbara Klich-Kluczewska ascribes a special normative quality to voluntary social care at the end of the 1980s, which led to a gain in competence and contact with the West. According to her *“economic and social insufficiency of the state produced a kind of moral opposition to the authoritarian state, whose role in the field of social care was taken over by the voluntary civil initiatives. Economic crisis and growing poverty forced the authorities to tolerate the activity of these independent organizations and the support from the West.”*<sup>57</sup> This seems to be the case for the PKPS, which was financed by donations from within the country but also from abroad.<sup>58</sup> It may explain why organizations like the PKPS were (and remained) active in the field of social care. But why did home care predominate in the care for the elderly? In 1989, Synak explained that *“the main form of help in the area of services is care of an elderly person at home”*.<sup>59</sup> Let us therefore have a look at what exactly the home care in Poland was composed of.

There were two well-known care services, the first one was organized by the PCK and often followed the evaluation of the physician in charge. The service was *“administered by nurses of the PCK and neighbors paid for their services. The services include basic care in the sphere of hygiene and sanitation, nursing help recommended by the physician and help in satisfying everyday needs.”*<sup>60</sup> The second service was offered by the PKPS whose services included *“various household chores performed by home helpers who do the house cleaning and*

54 APP, inv. no. 397, sg. 3215, Apel (20. 9. 1976).

55 Ibid.

56 Ibid.

57 Klich-Kluczewska, Barbara: *Social policy and social practice in the People’s Republic of Poland*. In: *Social Care under State Socialism (1945–1989)*. Ed. S. Hering. Opladen 2009, pp. 161–173, p. 171.

58 *Polski Komitet Pomocy Społecznej: 60-lecie PKPS*, p. 1.

59 Synak, B.: *Formal Care for Elderly People in Poland*, pp. 111–112.

60 Ibid.

*shopping, prepare meals, feed disabled persons, do the laundry, provide the dependent with heating coal and water and take care of the various day-to-day matters. These services are charged for on the basis of the income of the dependent person.*"<sup>61</sup> Considering that most elderly people did not have running water and heating at home, which made home care a real challenge, this reimbursement for water, coal etc. seems appropriate.

It is important to understand at this point that the majority of home care was still provided by lay people who could not make a living from their work with the PKPS. So if we are talking about old people paying for care, then this is more of a symbolic compensation for the PKPS. The work of the carers remained voluntary. This was similar to the situation of the VS Domestic Helpers in the GDR. Although their work was financed by the state, it was intended as an hourly or daily part-time job for those who were not employed<sup>62</sup> and was allowed for a maximum of eight hours a day<sup>63</sup>, so that it always remained a part-time job that the Domestic Helpers could not live on.

This format actually allowed only three groups of people to be involved in home care: housewives, pensioners, and schoolchildren. To this day, care is a women's domain. Dobrochna Kałwa described the role of women as carers in the socialist society as "*torn by the contradictory patterns among labour and public activities on one side and motherhood and housewifery on the other.*"<sup>64</sup> In her opinion "*neither the state authorities nor the dissident option-forming institutions of the Catholic Church and the Solidarity was interested in changing women's roles. Still it is generally believed that it was the communist regime which made women equal and disturbed the 'traditional' gender order.*"<sup>65</sup>

Considering the caring role of women in private life, it is hardly surprising that it was mainly women who provided home care at that time. Photographs from the National Digital Archives show either women helping the elderly, such as the PCK nurse Janina Pietrzak (1981),<sup>66</sup> or people who are old themselves and care for other elderly people, such as the social custodian Jadwiga Gorzalczyńska (1970)<sup>67</sup>.

Care as a women's domain is currently being researched in terms of contemporary history, cultural history and above all anthropology and gender studies. Recent studies on this topic have been published by Chiara Bonfiglioli,<sup>68</sup> Tatjana Thelen and Rosie

61 Ibid, p. 112.

62 cf. Richter, H.: *Sozialfürsorge in der Deutschen Demokratischen Republik*, p. 264.

63 Ibid, p. 260.

64 Kałwa, Dobrochna: *Between emancipation and traditionalism – the situation of women and the gender order in Poland after 1945*. In: *Social Care under State Socialism (1945–1989)*. Ed. S. Hering. Opladen 2009, pp. 175–187, p. 185.

65 Ibid.

66 APK, inv. no. 96052, sg. 11/1311/0.

67 Narodowe Archiwum Cyfrowe / Archiwum Grażyny Rutowskiej, inv. no. 5971474, Jadwiga Gorzalczyńska, sg. 3/40/0/18/331.

68 Bonfiglioli, Chiara: *Gendering Post-Socialist Transition*. *Studies of Changing Gender Perspectives*. In: *Journal of Contemporary Central and Eastern Europe*, 21:1 (2013), pp. 120-122. DOI: 10.1080/0965156X.2013.836855.

Read. Denisa Nečasová,<sup>69</sup> as well as Radka Šustrová and Jakub Rákosník<sup>70</sup> also provide general information about the role of women in socialist societies. Some of the first oral history interviews that I conducted for my post-doc project in Saxony also point in the direction that mainly women worked as voluntary carers – both before and after 1989. The PKPS and the PCK were therefore not special cases in terms of the gender issue. My upcoming interviews with contemporary witnesses in the border triangle will hopefully produce further findings about gender ideology in the period when socialist societies changed to post-socialist ones.

For the PKPS, it remains to be concluded at this point that it is still active in Poland today, regardless of the political circumstances. In 2018, on the occasion of its 60th anniversary, the organization remembered the troubled period of transformation. According to the PKPS in the West Pomeranian Voivodeship, they had to learn “*how to apply for EU funds*” after Poland joined the EU in 2004 and today it is “*important for us that both central and local government authorities see more clearly the role of organizations and associations in public life*”.<sup>71</sup>

#### 4 Home care provided by the Czechoslovak Red Cross (ČSČK)

Since their foundation in the interwar period (1918-1939), the national Red Cross societies in Central and Eastern Europe are regarded to be amongst the most renowned traditional associations in the welfare sector. One of these humanitarian organizations is the Czechoslovak Red Cross (ČSČK). In the course of its organizational history, the ČSČK has experienced the transformation from capitalism to socialism and back, remaining committed to its humanitarian mission and establishing itself in the social and health care sector. During the socialist period the ČSČK documented a peak of about 1.5 million members.<sup>72</sup>

The main successes of the ČSČK during the socialist period include the tracing service for missing persons of the Second World War and the honorary blood donation, furthermore the training of Red Cross nurses and a broad work for the youth. Less well known is that the ČSČK – similar to the national Red Cross societies, the VS and the PKPS in the GDR and Poland – offered two other services that were specifically designed to improve the situation of older people. The first is the so-called signaling service (czech. signalisátorská služba) and the second is the nursing service (czech. pečovatelská služba).

Since the mid-1970s, the demographic development had been perceived as a problem by Czechoslovak politicians. A report of the Social Commission of the ČSČK (czech. So-

69 cf. Nečasová, Denisa: *Buduj vlast – posílíš mír! Ženské hnutí v českých zemích 1945–1955*. Brno 2011.

70 cf. Šustrová, Radka – Rákosník, Jakub: *Rodina v zájmu státu*. Populační růst a instituce manželství v českých zemích 1918– 1989. Praha 2016.

71 *Polski Komitet Pomocy Społecznej: 60-lecie PKPS*, p. 1.

72 cf. Národní archiv v Praze (NA), ČSČK/Praha, ka 15, Československý červený kříž: *Za nová vítězství socialismu, za zdraví lidu, za mír* (10. 10. 1964), p. 4.



ciální komise ČSČK) in 1981 also spoke of a “*problem of the aging population*”, since “*our Republic, together with the GDR, has the highest proportion of people over 60 in the population of all socialist states*” and “*the proportion of citizens over 80 will increase. And it is precisely this group that is most exposed to the risks of old age, especially in regard to the increasing dependency and reliance on the help of others. Of these people, there will be more than a quarter of a million in the whole of the ČSSR in 1990.*”<sup>73</sup> The ČSČK was at that time one of the few organizations that responded to the question of who would take care of so many needy people with concrete plans and measures, namely its signaling and nursing services.

The signaling service was a rather general voluntary neighborhood assistance, which was not limited to older people, but – similar to the services of the PKPS in Poland – also included other people in difficult life situations. A so-called signal giver (czech: signalisátor) was supposed to inform the ČSČK about people in need, so that the latter could then coordinate help. The ČSČK in Pilsen described the signaling service as follows: “*The prerequisite for a good signaling service is thorough research into the health and social needs of the population living in the area of the local organization. At the beginning [...] the local organization gets acquainted with the situations and can develop measures to improve the social health situation of needy citizens. [...] it is made aware of elderly and disabled citizens, especially those living alone, children of alcoholics, gypsies and their families, as well as citizens with a reduced capacity for working.*”<sup>74</sup> The signaling service paid particular attention to “*the physical and mental health of citizens, housing conditions, personal hygiene and housekeeping, independence, income, contacts with family and peers, interests, concerns, etc.*”<sup>75</sup>

Once a need was identified, volunteers of the ČSČK would support with occasional or regular visits or assist in the organization of other services. In Pilsen, the ČSČK created the function of a social consultant specifically for the coordination of such social care, with the explicit task of “*organizing visits to elderly citizens living alone*”, “*deploying the nursing service as needed*”, “*recruiting geriatric nurses for the ČSČK*” and generally managing the voluntary social activities of the organization.<sup>76</sup>

More important for the specific care of elderly people at home was the nursing service of the ČSČK. This was a type of home care provided by voluntary and unpaid carers. In an agreement that the ČSČK concluded with the Ministry of Labor and Social Affairs (czech. Ministerstvo práce a sociálních věcí) for the years 1981 to 1985, it made a commitment to prepare its members for the special requirements of an aging society and to actively involve them in coping with it. Akin to the VS in the GDR, the care for the elderly was to be distributed among as many volunteers as possible – in this case in the organization’s own nursing service. The ČSČK explicitly committed itself to instruct its members “*to secure contacts with old and disabled citizens living alone in their households and to help them participate in social and cultural life*” and “*in the care of old and chronically*

73 Archiv města Plzně (AMP), ČSČK Plzeň, ka 4296, Sociální komise – zápisy, komentáře k sociální činnosti 1977–1980, Sociální komise dne 27. července 1981, p. 1.

74 AMP, ČSČK Plzeň, ka 4297, Sociální činnost 1978–1979, Metodický list k signalisátorské službě, p. 1.

75 Ibid.

76 Ibid, p. 2.



ill citizens” to “participate in the voluntary nursing service”, in which it “trains and qualifies voluntary nurses [...] and recognizes them to the best of its ability”.<sup>77</sup>

A similar agreement was signed by the ČSČK in Pilsen and the department for social affairs of the National Committee of the City of Pilsen (czech. odbor sociálních věcí Národního výboru města Plzně) already in 1978. The aim of this cooperation was also “to attract volunteer carers from among the ČSČK members and to ensure their continuous training”, to create a list of voluntary on-call carers and to “develop a visiting service for people living alone”.<sup>78</sup> Social care was thus based on two pillars: firstly, the voluntary nature of the carers and, secondly, home care.

At the beginning of the 1980s, home care in Czechoslovakia could hardly be managed by just one organization. According to the ČSČK, one carer accounted for an average of 7,500 people over 65 years of age, and in the Southbohemian region, for example, for even more than 13,000. As part of the problem, the ČSČK found that the apartments in which most elderly people lived were inadequately equipped: “It cannot be denied that living in comfortably equipped first-category apartments also prolongs the independence of elderly people, reduces dependence on outside help and delays the need for stationary care. This is also confirmed by the statistics, which show that 65% of those receiving nursing care live in third and fourth-category flats.”<sup>79</sup> Comfortable and “first-category” means that flats are connected to the sewage system, have a gas connection or central heating. The fact that the apartments of elderly people were extremely poorly equipped was thus one of the sad similarities between the GDR, Poland and Czechoslovakia.

In addition, the ČSČK noted that more and more people were “lonely” if they had no partner or family who would care for them. Consequently, in 1981, the Social Commission of the ČSČK identified as the most “vulnerable” group of elderly people the single pensioners living in cities: “Among them, a relatively high percentage of people feel dissatisfied, want more visits, feel lonely frequently or constantly and state that they have no one they can trust.”<sup>80</sup>

Two topics therefore dominated the propaganda of the Health Education Office (czech. Ústav zdravotní výchovy v Praze) and the Health Education Department of the Regional Office of National Health in Prague (czech. Krajský ústav národního zdraví, hereafter abbreviated as KÚNZ): firstly, how to maintain health and independence into old age, and secondly, what to do if you do need help from others at some point.

The KÚNZ published various brochures that aimed at preventing the negative side effects of aging, e.g. *How to reach old age* (1980), *As a dynamic activist we protect ourselves against old age* (1980), *With exercise against aging* (1981), *Nutrition in old age* (1982) or *Sport*

77 AMP, ČSČK Plzeň, ka 4297, Dohoda o vzájemné spolupráci mezi českým ústředním výborem Československého červeného kříže a ministerstvem práce a sociálních věcí České socialistické republiky uzavřené na období 1981–1985, p. 3.

78 AMP, ČSČK Plzeň, ka 4297, Dohoda o vzájemné spolupráci mezi odborem sociálních věcí Národního výboru města Plzně a městským výborem Československého červeného kříže v Plzni (1978), p. 1.

79 AMP, ČSČK Plzeň, ka 4296, Sociální komise – zápisy, komentáře k sociální činnosti 1977–1980, Sociální komise dne 27. července 1981, p. 2.

80 Ibid, p. 3.

*and competition in old age* (1982).<sup>81</sup> All these titles suggest that old age was seen as a kind of disease that needed to be prevented with an appropriate lifestyle. As in the GDR, old age should ideally not be a retirement but more of an active rest. A contrast to this was a series of television films about old age, which were broadcast in 1981. According to the KÚNZ, they dealt with “*the psychology of the elderly, their personality, their relationship with friends and other people, the relationships between elderly people and their adult children, the work of a carer*”<sup>82</sup> and thus embedded old age in a much broader context of social relationships.

The titles of these publications show that there were two strategies for dealing with old age in Czechoslovakia. On the one hand, those who were still able to do so should leave their homes and be active. On the other hand, those who were no longer able to do so were to be cared for in their homes. But what was the strategy for those who, for no material gain, devotedly cared for the elderly in need of long-term care?

In fact, in the early 1980s, the Social Commission of the ČSČK in Pilsen tried to achieve more recognition for voluntary care: “*With regard to the [...] expected increase in the number of citizens over 80 years of age, care for these citizens in the form of voluntary nursing services or neighborhood help, where no family is available, would at least partially represent an alternative solution until there is a possibility of providing stationary care. Activists of the social organizations who are willing to engage in this activity should be relieved of all functions and be held in the highest moral and political esteem for their work.*”<sup>83</sup>

In order to give more value to voluntary work in the place of residence as opposed to public involvement, e.g. in the workplace, the Social Commission of the ČSČK, too, considered that “*it was necessary [...] to ensure [...] that voluntary help for needy elderly citizens in their homes is recognized as a highly social commitment of particular political importance, which will have the same prestige as any other social commitment in the workplace*”.<sup>84</sup> This quotation is alarmingly up-to date. It shows that care for the elderly was already an important and also political issue at that time, striving for an appropriate public and (material) appreciation of care.

In what is now the Czech Republic, the successor organization of the ČSČK, the Czech Red Cross (czech. Český červený kříž, hereafter abbreviated as ČČK) is of course still active. According to the ČČK the nursing service (czech. pečovatelská služba) still exists today, with the local groups organizing a voluntary nursing service and events for the elderly.<sup>85</sup>

81 AMP, ČSČK Plzeň, ka 4297, Přehled propagačních, edičních a filmových materiálů Ústavu zdrav. výchovy v Praze a odd. zdrav. výchovy KÚNZ, p. 1.

82 Ibid, p. 2.

83 cf. AMP, ČSČK Plzeň, ka 4296, Sociální komise – zápisy, komentáře k sociální činnosti 1977–1980, Sociální komise dne 27. července 1981.

84 Ibid, p. 6.

85 Sociální činnosti ČČK (s. d.) / cervenykruz.eu, <https://www.cervenykruz.eu/cz/socialni.aspx>, cited 12. 8. 2020.

## 5 Conclusion

When looking at home care in these three socialist societies, it is clear that it was by no means the state alone that took care of the elderly. Rather, volunteers and members of various mass organizations supplemented (or even replaced) state institutions whenever care was to be provided in the homes of the elderly. And they were meant to do so, partly because state institutions were overburdened, and partly because the people concerned wanted it this way. In addition, the communist governments welcomed initiatives for mutual help as demonstrations of socialist solidarity.

In all three countries trained Red Cross nurses were responsible for home nursing.<sup>86</sup> All other needs that were being met in the context of home care, such as social interaction and help in the home, as well as basic care, were in the GDR provided by the VS and in Poland by the PKPS. For such general tasks, the VS, the PKPS and also the ČSČK sent unpaid lay volunteers. The three socialist societies thus formed very similar structures for home care, with the national Red Cross societies occupying a dominant position in each and the other organizations supplementing them by involving volunteers.

All three organizations were confronted with the long-lasting propaganda that *“with the development of the socialist system, social care would cease to be needed, since political changes would automatically solve all social problems”*.<sup>87</sup> Even as this turned out to be an illusion, social care lacked public awareness until the system collapse in 1989 (and beyond). In Poland, care was traditionally a family issue, where female family members were defined as the ideal carers. According to the PKPS, in 2018, when asked who takes care of people who cannot cope with their problems alone, more than half of the respondents continued to say that the family does.<sup>88</sup>

For the GDR, Marcel Boldorf notes that, with the deployment of paid care workers, home care also changed fundamentally: *“The focus of the social activities in the 1980s were the area of home care and the extension of nursery field work. Professional vocational training in social work was only promoted by one institution at the University of Applied Sciences in Potsdam in 1979. The deployment of paid welfare workers in the area of home care also put an end to the general reliance on volunteer work in this domain.”*<sup>89</sup>

For elderly people who needed care, the possibility of home care brought about an enormous improvement in their social situation or even prevented it from deteriorating in the first place. If they were previously overwhelmed with everyday life, isolated, lonely, or just waiting for a place in a nursing home, they now received the necessary individual support thanks to the VS, the PKPS and the ČSČK. This was particularly important because their home was a unique and individual place for them, in which they wanted to continue living as such or which they valued strongly when expecting to leave it behind

86 cf. Richter, H.: *Sozialfürsorge in der Deutschen Demokratischen Republik*, p. 259.

87 Synak, B.: *Formal Care for Elderly People in Poland*, p. 111.

88 *Polski Komitet Pomocy Społecznej: 60-lecie PKPS*, p. 8.

89 Boldorf, Marcel: *Social welfare in East Germany (1945–1990)*. In: *Social Care under State Socialism (1945–1989)*. Ed. S. Hering. Opladen 2009, pp. 79–91, p. 88.

soon. As the introduced organizations are still active today, the need for home care in the three societies seems to be unchanged.

One aspect of *socialist* home care that should be considered with caution, however, concerns the labeling of people as being in need of help. As the three examples have shown, it was not necessarily the needy person, who asked for help himself, but often an attentive neighbor, a relative or a *signal giver* of a mass organization which was under state surveillance. This might have resulted in opportunities for administrative and social sorting for both the state and the organizations in question.

Keith Breckenridge argues that such registration practices always follow a political or ideological motivation. According to him, in particular the socialist state was interested in registering individuals and collectives. The aim of such registration was, firstly, to monitor “*dangerous classes*”<sup>90</sup> and, secondly, to distribute social measures, equality and prosperity.

So was the ideal home of state socialism also a supervised home? Were the ideal carers those who always kept an eye on the others? Here the answer must be a clear no. The home care presented in this paper involved helpers who acted on their own initiative, as well as those in need of help who would otherwise have been left to themselves. The home was the place where these two groups of people established an individual and intimate relationship. Certainly, the ideal home of that time was marked (or rather limited) by government housing policies, scarcity and supply shortages. The political transformation of 1989 set in motion multiple social, economic and cultural changes, which did not, however, bring about an abrupt change, but rather lasted for many years. The fact that people in need of help wish to be treated individually, by a person they know and trust, and that they want to remain in familiar surroundings seems to have changed little during the transformation period. Rather, home care and, more generally, social care in a society depends on mutual trust. The continuity of the three organizations in this field proves that they have succeeded in establishing themselves as voluntary problem solvers and perhaps even as alternative ideal carers.

Since 1989, new opportunities have emerged in both economic and social respects for home care. While a household in which a person lived was previously considered the “*smallest economic unit in the national economy*”<sup>91</sup> and was therefore supposed to be “*productive*”, a household was now officially again what it actually was: someone’s home. Domestic help, on the other hand, is no longer treated as part of home care, so that access to this type of support is more fragmented than before. The former VS chairman, Bernd Niederland, commented on these changes as follows: “*This is [...] a cultural achievement in society, because people have helped themselves and others into the changed new times by volunteering. Through their commitment, they have opened up a new perspective on life after the social ruptures and opened up new opportunities for themselves.*”<sup>92</sup>

90 Breckenridge, Keith: *Registration and recognition*. Documenting the person in world history. Oxford 2012, p. 10.

91 Sütterlin, Werner: *Rat und Tat*. Anleitung zur Wirtschaftspflege. Leipzig 1990, p. 12.

92 Niederland, B.: *Soziales, Sozialpolitik, Volkssolidarität*, p. 120.

Nevertheless, archival sources show that in many places there was a significant decrease of volunteers in the early 1990s. For the Red Cross this was most evident in the area of blood donation, for the VS in the area of local groups. Before the system changed, voluntary work was often only made possible by exemptions or day releases from work in exchange for blood donations or other voluntary services. After this reward had been abolished, many people no longer had time (or possibly motivation) to continue their former commitment. This is most probably a common feature in the three societies I am investigating.

The appreciation of those who provide and those who receive help is an important and daily topic even after the dissolution of the three socialist states. Ideas about aging, being old, and ideas about a better home are central to this topic and central in the lives of the people concerned. To what extent the state behaved pragmatically rather than ideologically in the area of care, and to what extent this attitude is also reflected in the behavior of caregivers, I will try to explore in further research. In doing so, I will look for common characteristics of care, but also for different dynamics in the three countries.

## Resumé

Staří lidé, kteří potřebují péči, často využívají služeb dobrovolných pomocníků přímo ve svých domovech. Bližší pohled na Lidovou solidaritu (Volkssolidarität, VS) ve Východním Německu, Polský výbor pro sociální pomoc (Polski Komitet Pomocy Społecznej, PKPS) v Polsku a Červený kříž v Československu/České republice potvrzuje, že domácí péče hrála významnou roli v těchto třech socialistických státech v časech pozdního socialismu a post-socialistického transformačního období. Domácí péče byla poskytována na místech, která byla nejdůležitější pro ty, kteří ji potřebovali, např. v jejich vlastních domovech. Vztahy mezi těmi, kdo péči přijímali, a těmi, kdo ji poskytovali, byly tudíž utvářeny osobními představami o ideálním domově. V jistém smyslu domácí péče představovala konfrontaci soukromé a veřejné sféry, kde se propojovaly představy o dobrém bydlení, péči o domácnost i její obyvatele. Zatímco Červený kříž poskytoval zdravotní pečovatelské služby pro seniory, byli to laičtí pomocníci, kteří se starali o všechny možné nelékařské potřeby. Až do roku 1989 komunistické vlády tyto úpravy podporovaly, protože státní instituce byly péčí o seniory přetíženy a v neposlední řadě i proto, že sami senioři často preferovali domácí péči před tou ústavní. Domácí péče poskytovaná dobrovolníky, sousedy a členy masových organizací byla tehdy vítána jako výraz vzájemné pomoci a socialistické solidarity. Podobné formy péče o seniory do jisté míry pokračovaly ve třech postsocialistických společnostech i po roce 1989, kdy se překrývaly s nástupem nových pečovatelských ekonomik.



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