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Carers of elderly persons with disabilities

Marijana Bađun, Marija Penava Šimac*

Carer's allowance is one type of support to providers of informal long-term care. The 2022 Social Welfare Act enabled not only spouses or domestic partners of persons with disabilities to be granted carer status, but also persons of the care recipient's choice, which means that children, relatives, friends and others can be granted the status of carer, provided that they share a household with the care recipient. In addition, people over the age of 65 may also become carers now. The present Note demonstrates how these changes led to an increase in the number of elderly persons with disabilities who were granted a carer - rising from 1 in early 2022 to 109 in mid-2024. However, the latter number is still small. A large number of elderly people with severe limitations in performing personal care and household activities are not supported; the government should put long-term care in the centre of its social policies.

In the past decade, **Japan** has seen the sales of adult diapers outpacing those for infants, which demonstrates the extent of Japan's population ageing. Around **30%** of Japan's population is over the age of 65, while 1 in 10 people are aged 80 or over, causing a rise in the number of people that require ongoing assistance for performing activities of daily living, i.e. long-term care. One-third of Japan's elderly are living with their descendants, meaning that family members account for the majority of **caregivers**. However, such informal care has been declining because of demographic trends and labour market changes.

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Ubasute or *oyasute*, literally translated as abandoning an old woman or abandoning a parent, is an ancient practice from Japanese folklore that involves leaving a sick or elderly relative on a mountain or some other desolate place to die. Such legends were meant to inspire piety in children and to discourage them from abandoning their elderly parents. In one of the best-known *ubasute* tales, an elderly mother is carried by her son up a mountain, where he intends to abandon her. Although the mother is aware of what her son is doing to her, she still cares for him and scatters broken twigs on the ground so that he would be able to find his way down the mountain. Throughout the world, providing care to elderly family members is often motivated by inter-generational social norms. However, there are limits to prioritizing other peoples' needs over one's own as providing care can have negative effects on employment, income and health.

European Commission projections predict that Croatia will reach present-day Japan's elderly population shares in 25 years. The fairy tale *Kako je Potjeh tražio istinu* (Potjeh in Search of Truth), written by Ivana Brlić-Mažuranić, is part of mandatory reading in schools. It also deals with the duty of the offspring to take care of their elderly family members. Three grandsons set off on a quest for power, wealth and truth, abandoning their elderly grandfather. The one grandson that is aware of their wrongdoings (Potjeh) is punished most severely by the author - by death. The obligation of the children to provide care to their elderly or sick parents has been defined in Article 64 of the Croatian Constitution and, just like in Japan, the majority of caregivers are family members. However, unlike Japan, where long-term care has been in the centre of social policy for a number of years and which introduced mandatory long-term care insurance in 2000, in Croatia this topic is not sufficiently being put in the political spotlight.

Existing forms of support provided to family caregivers in Croatia have already been described in previous issues of *IPF Notes*. One form of support is awarding the status of carer, which will be explained in more detail in the present Note, focusing more specifically on carers of elderly people with disabilities (aged 65 or above). Almost 50% of **disabled persons** in Croatia are over the age of 65 - more specifically 313,197 out of a total of 657,791 - with an upward trend. In **2023**, the prevalence of disability in the elderly population was 36.1 to 100 persons, while in **2008** this number stood at 27.8.

Obtaining the status of carer

The **Social Welfare Act** (Articles 61 to 69) makes a distinction between parent-carers and carers.¹ The status of parent-carer or carer is granted for providing care to a child with developmental difficulties or a disabled person that:

- is completely dependent on the assistance and care of another person as their life support depends on specific care being provided in the form of medical and technical procedures that the carer is trained for,
- is completely immobile, even with the assistance of orthopaedic aids,
- is on the autism spectrum of the fourth degree,
- has several fourth-degree impairments (physical, mental, intellectual or sensory) which make them entirely dependent on the assistance and care of another person for meeting their basic life needs.

If a child with developmental difficulties has no parents, their parents do not live with them or are unable to provide care due to their psychological and physical condition, the child is entitled to a carer. The Act clearly specifies who may qualify as carer for children with developmental difficulties. However, the present Note focuses on providing care to adults.

Eligibility conditions for carers are also stipulated in the Act. A carer must meet the following conditions:

- is of age and has legal capacity,
- has psychological and physical abilities to provide the care required,
- lives in the same household and at the same address as the disabled person they would be providing care to,
- has been properly trained for providing specific care by performing appropriate medical and technical procedures,²
- is under the age of 65, unless still meeting all the conditions above.

In previous versions of the Social Welfare Act, which was in force until February 2022, the status of carer could be granted only to the spouse or domestic partner

¹ Croatian Level 1 war invalids (with 100% disability rating) are also entitled to a carer, under specific conditions defined by the **Regulation** based on the **Act on Croatian Homeland War Veterans and Their Family Members**. Carers of war invalids are not analysed in the present Note.

² The training itself (who delivers it and in what manner) has not been specified, but a certificate issued by a general practitioner, paediatrician or specialist constitutes proof that the carer has been trained for providing specific care to a disabled person by performing appropriate medical and technical procedures.

under the age of 65, which was often impossible in practice, especially in cases of elderly persons, whose spouses or domestic partners were often over 65. The current Act made the status of carer more accessible, expanding the pool of people who are eligible to become carers and enabling the disabled person to choose their own carer if the carer meets the conditions above. This means that an offspring, relative, friend, etc. may be a carer if they share a household and residential address with the care recipient.³

A disabled person may not be entitled to a carer if they are using the social accommodation service, organised living or day-care centre and if they concluded a lifelong support agreement (even if it is in the process of annulment). The procedure for exercising the right to carer is initiated by the care recipient at the Croatian Institute for Social Work competent on the care recipient's territory. The disabled person is sent for appraisal at the Institute for Expert Evaluation, Professional Rehabilitation and Employment of Persons with Disabilities. The Institute for Social work assesses, based on medical and other documents, whether the carer possesses the required knowledge and psycho-physical capabilities and maintains records of people that were granted the status of carer.⁴

Carer's allowance

The allowance amounts to 1000%, 1200% or 1500% of the baseline fee in the social welfare system, which is defined by the Government (OG 23/22) and currently (as of 26 February 2022) stands at 500 HRK (66.36 EUR). More specifically, a carer currently receives a monthly allowance of a) 663.61 EUR (1000% of the baseline) or b) 796.34 EUR (1200% of the baseline) if the person with disability is unable to take part in community-wide programmes and services due to their health condition, or c) 995.42 EUR (1500% of the baseline) for providing care to two or more persons with disabilities. The current allowances have been in force since mid-2023 (OG 71/23), rising from 800%, 900% and 1000% respectively (OG 18/22). According to the [Work Programme of the Croatian Government for 2024-2028](#) (p. 33), the carer's allowance will increase further, by 30% by the end of the current Government's term.

There is no income- or means-testing procedure to be able to claim carer's allowance. The carer is entitled to the same pension insurance, mandatory health insurance and unemployment rights as an employed person. In addition, a carer is

³ Article 19 of the [Social Welfare Act](#) defines the services and fees in the social welfare system (including granting carer status) that are available to foreign citizens.

⁴ Article 68 of the Social Welfare Act also defines when the status of carer is terminated.

entitled to the allowance even during their vacation period (four weeks per year) as well as during temporary incompetence for providing care (up to two months). During the carer's vacation or temporary incompetence period, the disabled person may be entitled to accommodation service. The person may also receive second income, pursuant to income tax regulations, throughout their eligibility period as carer. The allowance is calculated and disbursed by the Croatian Institute for Social Work, which also registers and cancels insurance rights and pays mandatory contributions. All the funds referred to above have been allocated in the State Budget.⁵

Carer's allowance is a common form of support, but different countries define **eligibility criteria** differently; for instance, the relationship between the caregiver and care recipient, level of care provided (e.g. hours per week), level of care recipient's dependency on care (usually high level), sharing a household, etc. In some cases, such allowance is subject to income-testing procedure, which demotivates some carers from joining the labour market. Regulations defining the allowance are usually quite strict in order to discourage people from leaving the labour market, especially low-income beneficiaries but also to take the pressure off state expenditures. Monitoring whether the allowance is actually used for providing care and exploring their effect on the well-being of persons in need of long-term care is also difficult.

Japan does not provide carer's allowance, but an increasing number of research is exploring the effects of introducing mandatory long-term care insurance. The authors of the recent working paper published by the *National Bureau of Economic Research - NBER* explored the correlation between the said insurance, formal care, informal care and inheritance in Japan. Their results show that, if parents meet the eligibility criteria for public long-term care insurance, their children are less likely to become their primary carers, which, in turn, lowers the children's expectations of receiving their parents' inheritance.⁶ This result also implies that inheritance is run by selfish or strategic motives - i.e. that parents leave inheritance to their children in order to make them provide care to them. The authors conclude that selfishness runs in both Japanese parents and Japanese children. This paper demonstrates the

⁵ Funds earmarked in the State Budget for carers of disabled persons are expressed cumulatively with funds earmarked for parent-carers of children with developmental difficulties, so the specific amount earmarked for the former group cannot be highlighted here. The total expenditures for carers and parent-carers in **2022** amounted to HRK 357.9 million, while data for 2023 is not yet available.

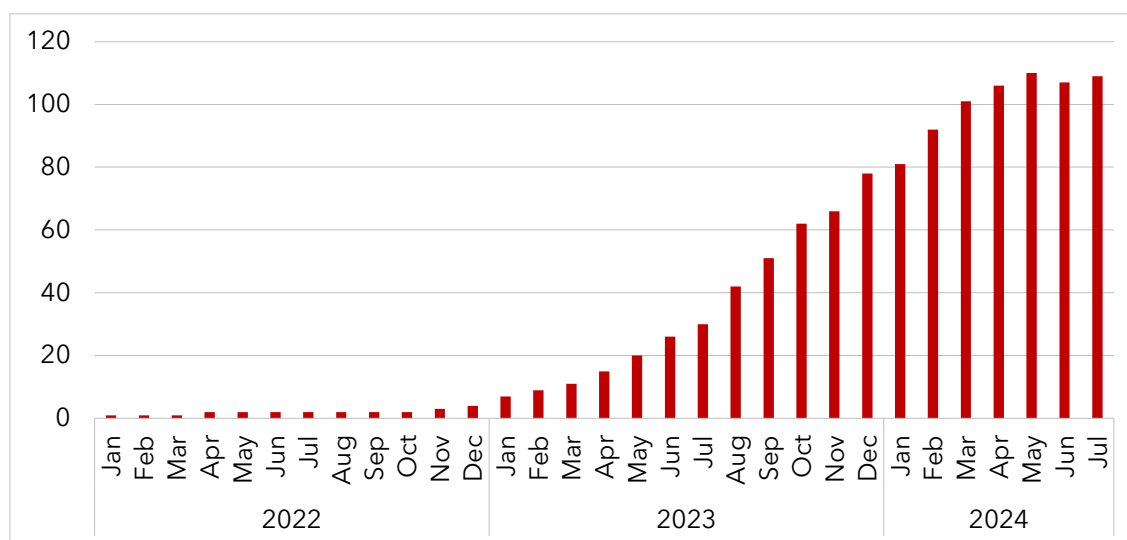
⁶ These rights pertain only to formal long-term care, such as covering expenses of nursing homes or formal in-house care provided by professionals. The system itself has been designed to lean toward formal care and since its introduction, the share of expenditures for long-term care in GDP has tripled.

complexity and volatility of inter-generational relations, which should definitely be taken into account when developing long-term care policies in Croatia.

Number of elderly persons with disabilities entitled to a carer

Graph 1 shows that, following the entry into force of the Social Welfare Act in 2022, the number of elderly persons with disabilities assigned a carer increased – from 1 in January 2022 to 109 in early July 2024. This demonstrates that legislative changes can quickly alter the number of beneficiaries of a right, but also calls for caution when designing specific measures. The number of beneficiaries is still quite small as eligibility conditions are restrictive, while persons with the most severe disabilities are often institutionalised. The increase was not immediate after the legislative changes came into force because the process of verifying eligibility conditions takes some time, whereby the health situation of the care recipient also needs to be appraised. The time gap suggests that perhaps the expert appraisal process should be accelerated and potential shortcomings removed.

Graph 1. Elderly persons with disabilities entitled to a carer



Source: Ministry of Labour, Pension System, Family and Social Policy, SocSkrb app (as on 27 August 2024).

The status of carer pertains to all people with disabilities, i.e. is not directed only to elderly persons. Even though half of disabled persons are over the age of 65, numerous elderly persons do not meet the eligibility conditions for being assigned a carer even though they require assistance for performing activities of daily living.

Eurostat data shows that Croatia comes second in Europe (behind Luxembourg) in terms of the share of persons over the age of 65 with severe restrictions in

performing activities of daily living who are not receiving assistance in personal care and housework. In 2019, this share was 71%, while the EU average was 47%. Persons living in single-person households are hit especially hard considering the fact that 60% of elderly persons living alone in Croatia are **at risk of poverty**.

OECD research conducted in Croatia has shown that almost half of family carers are retired, which makes them ineligible for obtaining carer status, i.e. receiving carer's allowance, even though the pensions are in general low. In addition, there are no control mechanisms that would ensure that the carer is providing high-quality care. The oversights are often accidental as carers are overwhelmed with the multitude of various activities that are part of providing care for a person with disabilities. Professional guidance may be beneficial for them, e.g. through visiting health care or mobile teams.

Conclusion and recommendations

The 2022 Social Welfare Act made the eligibility conditions for carers less restrictive compared to the previous act by increasing the freedom of choice of persons with disabilities and expanding the pool of people eligible to become carers. Even though the number of elderly persons receiving care increased, their number is still small as it is limited to persons with the highest level of disability and because carers have to meet strict conditions. According to Eurostat data referred to above, a large share of elderly persons with severe restrictions in performing activities of daily living is not receiving care.

National statistical data pertaining to long-term care in Croatia is generally quite "poor", but some data is available through the international research project **SHARE**, which Croatia is a part of. In terms of carer status, records should contain information on the age (of both the caregiver and care recipient) and relation to the care recipient (spouse or domestic partner, child, relative, friend, etc.). It would also be useful to know the carer's previous employment status, education level and sex (i.e. the share of female carers), in order to tailor decisions on forms of support in long-term care. Granting carer status could reduce grey economy in long-term care and lead to the professionalization of care; for this reason, it is important to determine the relationship between the caregiver and care recipient. Financial data should be presented separately for carers and parents-carers, while care recipients should be split into children with developmental difficulties and persons with disabilities.

Croatia should improve its long-term care system at the organizational, normative and financial levels. Examples from developed countries such as Japan demonstrate numerous challenges arising from population ageing, but also the need to develop policy measures aimed at solving these challenges. Croatia's neighbouring country Slovenia introduced a **Long-term Care Act** in 2021, while in July 2025 long-term care insurance becomes mandatory contribution. This Act has been in preparation for **20 years**. Croatia has no long-term care strategy; but even if it did, this alone would not be sufficient. Long-term care should play a much more important role in social policy because families will, for one reason or another, no longer be able to provide care to elderly and disabled members of the society to such a great extent.

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