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IPF NOTES

How can we support informal carers of older people?

Marijana Bađun

*An **estimated** 80% of long-term care for the elderly in Europe is provided by family members. The majority of family carers are women, which has a negative impact on their employment rates, income, health and work-life balance. The present Note describes the key features of informal carers in Croatia and lists the most recent support measures aimed at improving the carers' positions. In order to make informal care a choice rather than a necessity, high-quality formal care services need to be developed, especially those that enable a person to remain in their own home for as long as possible.*

The **2023 Nobel Prize in Economic Sciences** was awarded to Claudia Goldin for “having advanced our understanding of women’s labour market outcomes”, which primarily pertains to employment rates and salaries. Despite women’s higher education levels and labour market participation rates, they earn less than their male



counterparts. In her research, Goldin has established that this salary gap widens with the birth of the first child. The justification for the award states that we now know much more about the barriers which may need to be addressed in the future. However, childcare is not the only type of care dominantly provided by women. A large number of family (informal) carers for the elderly are women, which further widens the gender gap at the labour market.

In 2023, the [OECD](#) published a report on how to improve long-term care in Croatia. One of the report's main recommendations is to provide additional support to family carers since long-term care in Croatia strongly relies on family.¹ The report was based on a survey conducted in 2020 by OECD on a sample of around 1,100 family carers and 200 visiting nurses. The survey data shows that almost 75% of carers are women. Research conducted in 2014, covering only participants from the [City of Zagreb](#), reported 83% of female carers.

Consequences of informal care provision

The 2022 [European care strategy](#) reports that taking care of elder family members has major consequences on women as it affects

¹ There is no reliable data on what share of the Croatian population provides care to their elderly. The 2016 European Commission document estimated this share at 16%, while OECD's 2019 data report it at 13%, but the latter number pertains only to the population over the age of 50. According to data provided by the non-governmental organization Eurocarers for 2022, as many as 38% of Croatians provide informal long-term care. The cause of these vast differences in estimates are the various definitions of informal carers and frequency of care.

their present and future income – potentially leading to risk of poverty – and their mental health. Women who are taking care of their parents or other elder family members are often forced to adjust their approach to work by reducing their working hours, temporarily pausing their careers or working part-time and sometimes even completely withdrawing from the labour market. Single mothers are in a particularly difficult position as they need to take care of both their children and elder family members. The impact on employment rates is most substantial in cases of highly intensive care (more than 40 hours per week) and when the carer and the care recipient share a household. The same applies in the case of impact on mental health.²

Balancing professional and personal life

Family carers often feel it is their duty to take care of their elder and infirm family members; in other words, it is not their personal preference but rather a social norm.³ In order to make informal care a choice rather than a necessity, formal care services need to be

² For additional information, see research by [OECD](#) on the topics of ageing and long-term care, in particular [Colombo et al. \(2011\)](#) and [Rocard and Llana-Nozal \(2022\)](#).

³ Article 64 of the Croatian Constitution states that children are obliged to take care of their elder and infirm parents. In the research conducted in [the Netherlands](#), only 6% of carers stated that they provided care because they enjoyed it, 31% provided it because they felt it was their duty, 17% because they were the most suitable carer, 13% because they were the only family member with time to do it, 15% because they already took care of the entire household, 3% because the care recipient did not agree to anything else, etc.

more widely available, such as nursing homes or in-home assistance. However, informal care providers need to be further supported by additional measures, all of which can be roughly categorised into three groups: a) measures for improving work-life balance, b) measures for improving mental health and c) financial compensations. In recent years, much more focus has been put on employed persons who are also taking care of a family member. In the framework of the European Union, the **Directive** of the European Parliament and of the Council on work-life balance for parents and carers was a major step forward. This Directive entered into force in 2019 and Member States had three years to implement it into their legislation.⁴ The Directive includes a provision on carers' leave, which enables a family carer to take five days of paid leave per year.

There are vast **differences** between EU countries in terms of duration, conditions and financial benefits of carers' leave. For instance, in Estonia, the Netherlands, Germany and Spain paid leave for providing care to a non-terminally ill family member can be approved for up to one month. In some countries, such as Denmark, France, Luxembourg and Sweden, paid leave is approved only to provide care for a family member who reached the final days of their life. In Denmark, such leave can be taken for an indefinite period. Czechia enables leave for taking care of family members who had previously spent at least one week in hospital and who

⁴ Croatia was one of the 11 Member States that failed to fully implement the Directive before the defined deadline (2 August 2022), so the **Commission** gave it additional two months to take the required measures; otherwise, it would be forced to file a case before the Court of Justice of the European Union.

need a minimum of one month of home care. Such leave can be taken for a period between 30 and 90 days, but it is subject to the employer's approval. 90% of beneficiaries of this type of leave are women. In Poland, maximum duration of paid leave is 60 days per year during which the carer receives 80% of their salary.

The Directive referred to above should provide more flexible working conditions for carers (i.e. reduced working hours, flexible working hours and flexible place of work); however, it is yet to take full effect in practice. In Austria, Belgium, France and Germany, carers' leave is connected with flexible working conditions and can be used full-time or part-time. Remote work can also help the carers balance between their work and providing care. Such working arrangement is much more beneficial to women, who need it more; however, to reach gender equality, we need to break gender stereotypes and include more men in providing care to the elderly.

Common traits of family carers in Croatia

According to the **OECD** report, the average age of carers in Croatia is 62, while around 40% of carers are under the age of 60.⁵ Around one-half of carers are suffering from some form of chronic disease or disability and are themselves limited in performing day-to-day activities. Carers have lower education levels, live in lower-income households and are, for the most part, not employed. Around 45% of carers are retired, 29% are employed, 14% are full-time housekeepers, 10% are unemployed, 2% are incapable of work due to long-term illness, while 1% is still in education. A vast majority of

⁵ For research results on informal carers in Zagreb, see **Štambuk, Rusac and Skokandić (2018)**.

employed female carers are in full-time employment, while only 4% work reduced hours so as to be able to provide care. The group of unemployed carers includes 4% of female carers who left their jobs to provide care.

Around one-third of employed carers live in a household with an underage child. Since this population largely includes female carers, in traditional households they would be expected to tackle three fronts: 1) perform tasks related to their paid occupation, 2) perform chores in their capacity as a housewife (cleaning, cooking, etc.; unpaid) and 3) provide care for their children and older family members (unpaid). Almost one-third of these women face major problems of balancing care duties with their other daily activities. As many as 90% of family carers in Croatia feel fulfilled from providing care to a family member; however, at the same time, around 40% of them are faced with financial consequences, one-half are experiencing mental health issues, while another half are having relational problems with the person to which they are providing care. Carers providing care to bedridden patients and those suffering from dementia are in an especially difficult situation.

Recent support measures aimed at family carers in Croatia

Croatia puts greater emphasis on care recipients through the system of social benefits. However, the Social Welfare Act enables granting carer status to a spouse or non-marital or civil partner of a person with disability who is completely dependent on the assistance and care by another person. Since 2022, the carer status can also be granted to a person of the care recipient's choice, upon their consent and if all legal requirements are met. The carer has the right to an **allowance**, four-week leave and may be entitled to

second income as per the Personal Income Tax Act. Around half of **disabled persons** in Croatia are over 65 years of age, while it is more often older women who are more limited in performing day-to-day activities than older men.

As of 1 January 2023, the Labour Act provides for the options of working at a separate location and remote work, which should benefit family carers. Person working at the employer's premises may request amendments to their employment contract for personal reasons or for balancing their professional and family commitments, whereby they can temporarily define working at a separate location for providing personal care to an immediate family member or person living in the same household whose serious medical condition demands such care.

Person providing personal care who has been employed with the same employer for more than six months, regardless of the nature of their employment contract (i.e. fixed-term or permanent), may request from their employer a temporary amendment to their employment contract switching from full-time to part-time work or adjusting their working hours. In **2022**, only 6% of women in Croatia between the ages of 18 and 64 were employed part-time, while the EU average is 28%. For men, this share was 4%, while the EU average is 8%. Romania was the only country in which this share was lower than in Croatia.

The Labour Act provides for seven days of paid leave per year in case of severe illness of a family member. In addition, an employee now also has the right to five days of unpaid leave per year for providing care to an immediate family member or person living in the same household with severe health issues (carers' leave as referred to

above). Prior to approving this leave, the employer may request evidence of a severe medical condition. During this leave, the employer may not cancel the employee's mandatory insurance. The employer may authorise additional days of unpaid leave, but in such cases all employment rights become inactive. Pursuant to the Mandatory Health Insurance Act, an employee may request sick leave for providing care to their sick spouse but not to their sick parents.

Long-term care in Croatia will be given a positive boost with the opening of 18 **senior citizens' centres**, as announced in the **National Recovery and Resilience Plan**, which will not only increase housing capacities but will also be used for developing extra-institutional services such as household assistance, meal delivery, escort to medical examinations etc. In the context of family carers, these centres will provide care for the elderly during periods when their family carer is unavailable (so-called respite care) as well as trainings for carers. The **National Plan for Development of Social Services for 2021-2027** provides for the adoption of a new social welfare role – “carer for the elderly” – which would further enhance formal care in the recipient's own home as well as provide an alternative to family carers.⁶

⁶ „The role of carer [for the elderly] is to ensure support with regard to personal hygiene, intake of food in line with the care recipient's nutritional demands, housing, their day-to-day routine and maintaining relationship with their surroundings. Activities covered by elderly care also include motivating the elderly to perform physical activity (walking and exercising), assisting with the use of aids, measuring blood pressure, changing bandages and taking care of painful body parts, monitoring correct intake of medicine and organising medical care in case of emergencies. This

Formal home care is being used to a much lower extent in Croatia than the European average. In 2020, **the Ministry of Labour, Pension System, Family and Social Policy** conducted a survey through social welfare centres with a sample of 3,000 persons over the age of 65. Half of the respondents replied that they required assistance in their own home, while 14% of respondents required accommodation at a nursing home. As many as half of the respondents lived alone despite the fact that 75% of them had children. Two-thirds of respondents with children reported that they could count on their children's assistance, while the other third could not.

Conclusion

Informal care is beneficial for the state budget as it controls the growth of expenditures for long-term care; however, it can also lead to reduced income from social security contributions and taxes due to lower labour market participation rates of women. The economic value of informal care is estimated to **3.6% of the European Union's GDP**, which exceeds the expenditures for formal long-term care, which stood at **1.7% of GDP** in 2021.

On the one hand, the elderly prefer receiving care from their family members in their own homes; on the other hand, the family members should feel content for providing care to someone they love. However, participants in **OECD's** research feel that future generations of Croatian women will be unable or unwilling to put

service covers comprehensive support for several hours every day in order to enable the elderly to remain in their own homes for as long as possible and to prevent institutionalization.”

someone else's needs before their own to such an extent as is the case now; for this reason, formal long-term care and palliative care need to be improved. Population ageing, family size reduction, rise of female labour market participation rate, growth of the number of single-person households and geographic dispersion of family members already limit the availability of potential family carers, which will become an even greater issue in decades to come.

Carers bear financial, emotional and health-related costs of informal care, so one can only hope the governments will realise the social and economic importance of informal long-term care and provide additional assistance to persons providing such care (which are mostly women). Croatia, upon insistence from the European Commission, has initiated some positive changes, whose effects we will monitor in the future. However, at the same time the availability, affordability and quality of formal long-term care needs to be enhanced, taking into account regional inequalities, so that providing informal care to an elder and infirm family member would be a choice rather than a necessity.

The [World Health Organization](#) highlights that governments should adopt measures that change gender stereotypes in long-term care. For instance, no [OECD](#) country has yet designed a single policy measure that would be targeted at changing the gender distribution of family carers of the elderly. However, [changing](#) gender stereotypes is a slow process since children adopt the concept of division of labour by observing their parents. However, when designing measures for including more men in providing family care to the elderly, one might be guided by the experience gained from measures pertaining to childcare.

Croatian citizens should take more care of their health so that they could spend more of their old age without requiring any assistance for performing day-to-day activities. According to **health risk factors**, which include smoking, alcohol intake, unhealthy diet and lack of physical activity, Croatia is below the EU average.