

REPUBLIC OF CROATIA
Reporting on the implementation of the Council Recommendation on
access to affordable high-quality long-term care

1. Context and baseline

1.1. Diagnosis of the gaps and remaining challenges

During 2023, the OECD issued a Publication entitled “Improving long-term care in Croatia”. The Publication pointed out the shortcomings of LTC in terms of the development of social services as well as monetary benefits for people who need LTC. (*OECD 2023 Publication: Improving long-term care in Croatia*).

“The Croatian long-term care system is fragmented and provides a lower coverage of public social support than in many other EU countries. Currently, Croatia does not have specific legislation on long-term care nor a comprehensive system but provides a range of social benefits and services for people with disability with different need assessments and eligibility criteria. Overall, 5% of older people received LTC benefits at home, compared with 8% on average across 15 European countries with available data. At least 3% of older people lived in a residential care setting in Croatia in 2018, compared with an OECD average of around 4%. Even when factoring in LTC beds in hospitals, the overall rate of LTC beds remains lower than in most other EU countries. In contrast, about one-third of older people may have long-term care (LTC) needs, based on limitations of activity of daily living (ADL) and instrumental activities of daily living (IADL). This share is well above the EU average and there are large variations across the country. In addition, the Croatian LTC system is underfunded and has gaps in equity. The estimated LTC expenditure as a share of GDP is among the lowest in the EU. In addition, benefits and services are based on strict eligibility criteria on income, limiting public support for home care and residential care. This is challenge, given limited means among the population: almost 30% of older Croatians are below the income poverty line, one of the highest rates among EU countries. Even though nearly two-thirds of older Croatians own their dwelling, options for selling assets to pay for long-term needs are limited because only 5% of older people who live alone own their dwelling. Family carers provide the bulk of care. A survey conducted by the OECD in Croatia in 2020 highlighted that family carers are concentrated among women who provide support to their parents, in-laws, or spouses. Nearly 75% of carers are women and the mean age of carers is 62 years old. About 70% of carers do not work, of which close to 45% of carers are retired. An estimated half of surveyed carers live below the poverty line, rendering additional financial support necessary for an important share of carers. About 60% provide personal care, help with household chores and other types of (non-medical) care. Most carers

provide help every day, and the rest mostly on a weekly basis. About one-fourth of carers provide intense personal care in terms of hours. Caregiving takes a physical and mental toll on family carers. Family carers with care recipients who are immobile or with advanced dementia have the heaviest burden because these latter require permanent attention. The publication points out the shortcomings of the system in the Republic of Croatia regarding access to benefits and services for LTC based on the OECD analysis and suggests guidelines for strengthening the formal component of LTC based on good practice from other EU countries and OECD countries, especially in relation to caregivers.”

This Report was based on data from 2018 and 2019, and over time the situation regarding LTC has partially improved, and Republic of Croatia has intensively implemented measures and activities to develop accessible social services and improve support for caregivers.

Aware of certain shortcomings of the LTC system in Croatia, a new Social Welfare Act was enacted (Official Gazette 18/22, 46/22, 119/22, 71/23, 156/23) which defined long-term care: “Long-term care includes benefits and services prescribed by the Social Welfare Act, which are provided to a beneficiary with impaired health and reduced functional capacity for more than a year”.

Strategic and action plans with measures and activities were also adopted:

- a) The National Plan for the Development of Social Services for the period from 2021 to 2027 and the associated Action Plan (2021-2024) which proposed measures (and provided funds) for the development and expansion, i.e. regional uniformity and availability of social services, while creating conditions for the improvement of their quality, as well as the development of innovative social services;
- b) The National Plan for the fight against poverty and social exclusion for the period from 2021 to 2027 and the associated Action Plan (2021-2024) which proposed measures (and secured funds) in the areas of health, education, social welfare, pension system, housing, regional development and civil society development. The areas of intervention with the measures include, in addition to the above, culture, computerization and sports;
- c) National plan for the equalization of opportunities for persons with disabilities for the period from 2021 to 2027 and the associated Action Plan (2021-2024), which proposed measures (and provided funds) for the protection and promotion of the rights of persons with disabilities, in accordance with the UN Convention on the rights of persons with disabilities.

Healthcare Sector

a) National Health Development Plan for the Period 2021-2027

The National Health Development Plan for the period 2021-2027 envisions the development of a model for linking the healthcare and social care systems in the area of long-term care. This aims to improve coordination and integration of healthcare with social care in the field of long-

term care and ensure measures for the provision of physical accessibility, efficiency, sustainability, and affordability of healthcare and long-term care services to the population at the levels of home care, community care, and all levels of healthcare from primary to tertiary levels. This includes health promotion and disease prevention, as well as a focus on particularly vulnerable population groups.

b) Law on Amendments to the Health Care Act (Official Gazette 33/23)

To enhance the availability and efficiency of healthcare provision, it has been made possible for Health Centers to organize a counseling unit for long-term care and care for complex patients. This is a new development introduced by the Law on Amendments to the Health Care Act (Official Gazette 33/23). Additionally, in order to provide integrated care, the amendments allow Health Centers to collaborate with institutions from the social care system, which was not previously foreseen. This is planned to facilitate future activities for the integration and coordination of the two previously separate systems. The amendments also introduce the possibility for Health Centers to organize nursing counseling units for chronic diseases, which did not exist before. All these changes aim to strengthen the provision of services to patients requiring long-term healthcare.

c) Public Healthcare Network (Official Gazette 49/24)

The Public Healthcare Network determines the necessary number of healthcare institutions, the required number of beds by activity, the number of healthcare teams, and private healthcare workers with whom the Institute signs contracts for the provision of healthcare services for the area of the Republic of Croatia, regional self-government units, and the City of Zagreb. The new Public Healthcare Network has increased the number of teams, thus enabling greater accessibility to healthcare for people needing long-term care. Specifically, there is an overall increase of 93 teams in home health care, a total increase of 21 coordinators and 21 palliative teams in primary healthcare palliative care, an increase of 320 teams in home physical therapy, an overall increase of 14 beds in palliative care institutions, and an increase of 47 palliative beds in Health Center infirmaries. Additionally, the new Public Healthcare Network introduces new teams in nursing counseling at the primary healthcare level, speech therapy at the primary healthcare level, psychology at the primary healthcare level, dispensaries for mental health and early intervention at the primary healthcare level, occupational therapy at the primary healthcare level, physical therapy at the primary healthcare level, and mobile clinics and pharmacies in general/family medicine, as well as mobile teams for psychiatry, all facilitated through amendments to the Health Care Act. Furthermore, the new Public Healthcare Network has increased the number of palliative beds in hospital healthcare institutions by 120% (from the previous 349 beds to 768 beds).

d) Strategic Framework for Mental Health Development until 2030

The purpose of adopting the Strategic Framework for Mental Health Development until 2030 is to establish long-term goals for improving existing and developing new models of mental health care in line with already adopted complementary strategies in other areas, especially in health protection. This aims to reduce the incidence of mental disorders and related disabilities while increasing the accessibility of care throughout Croatia. Quality care foundations include

raising awareness about mental health issues, timely detection of mental disorders, and appropriate treatment and rehabilitation. Quality care results in the complete recovery of individuals with mental disorders and their reintegration into the community through active participation in the therapeutic process. The improvement and protection of mental health are crucial for the overall community as they enhance the health quality of citizens, contributing to personal satisfaction, social inclusion, and the productivity of the entire community. This reduces the need for care and promotes economic and social development. For the implementation and monitoring of the Strategic Framework, the Government of the Republic of Croatia will adopt Action Plans in areas such as mental health improvement, prevention, early detection and treatment of mental disorders, mental health protection for children and youth, implementation of community mental health protection systems, and care for people with dementia. These tools will track the achievement of result indicators related to the implementation of measures.

To solve long-term care, good coordination between the health care system and the social care system, as well as developed services in the community according to needs, is important. For this purpose, The Operational Plan for the Development of Long-Term Care of the Ministry of Health (MoH), and the Ministry of Labour, Pension System, Family and Social Policy is currently being developed (MoLPSFSP).

1.2. Stakeholders' involvement

*This section explains **how the various stakeholders were involved** in reviewing national long-term care policy in relation with the long-term care Recommendation and in defining national measures to address the identified challenges.*

The Operational Plan for the Development of Long-Term Care of the Ministry of Health and the Ministry of Labour, Pension System, Family and Social Policy is currently being developed, which will determine priorities in relation to LTC.

The Republic of Croatia concluded a RAS contract with the World Bank (WB) for the Strengthening Long-Term Care Provision in Croatia Project. In April 2024, a consultation was held with stakeholders in the preparation of LTC implementation measures. In addition to representatives of the World Bank, representatives of the Ministry of Labour, the Pension System, Family and Social Policy (MoLPSFSP), the Ministry of Health (MoH), the Croatian Institute for Health Insurance (CIHI), the Croatian Institute for Social Work (CISF), the Croatian Institute for Public Health (CIPH), the European Commission and various LTC service providers participated in the meeting.

The WB team also organized (i) an event on coordination and integration, drawing on the experiences of Austria, Italy, and Germany, (ii) a multi-stakeholder working meeting to finalize the definition of long-term care and the framework for the **Background Study**.

Key agreements reached:

- **Definition of LTC.** For the Background Study, and building on the European Commission's (EC) definition of LTC, the following definition would be adopted: A spectrum of medical and social services and assistance design to support individuals, aged 18 years or above, who, due to mental and/or physical frailty and/or disability over an extended period, rely on help with daily living activities or require permanent medical, nursing, or social care. There is also agreement that, in addition to formal medical and social services, LTC encompasses informal support, which would be acknowledged in the Background Study.
- **Framework for analysis** that includes diagnostics on: (i) long-term care needs; (ii) Management; (iii) Delivery of the service; (iv) Labor force; (v) Financing; and (vi) System Enablers (i.e., cross-sector agreements). An interactive exercise held on 21 March 2024 identified the Government's priority areas associated with each of these categories, further validating the analytical approach.
- **Technical Working Group.** The activity of the Government Technical Working Group (TWG) was agreed upon on May 15, 2024, to (i) provide technical advice and support to the World Bank team during the development of analyses and (ii) ensure alignment of the study with the Government's strategies, programs, and reforms.
- **Data and information.** The representatives of MoLPSFSP and MoH will provide data sets and information necessary for the background study (i.e administrative data, a collection of relevant laws and a list of specific health and social long-term services).
- **Key next steps.** In the upcoming period, the World Bank team will work closely with the focal points from the MoH and the MoLPSFSP to (i) finalize a methodology for the qualitative research component of the Background Study, aiming to commence fieldwork in May 2024, (ii) receive the administrative data required for the quantitative analysis component of the Background Study, and (iii) organize another knowledge-sharing event on one of the priority topics identified in the aforementioned interactive exercise.

2. Policy objectives and measures (to be) taken

2.1. Overall policy response

This section describes how the gaps identified in relation with the objectives of the Recommendation have been/will be addressed. It provides a breakdown of the overall policy response into a list of concrete measures, mapped to the extent possible with the relevant articles/ letters of the Recommendation.

The Government of the Republic of Croatia in 2023 adopted the **Act on Inclusive Allowance** (Official Gazette 156/2023), which is a continuation of the comprehensive reform of the social welfare system and the fulfilment of the goal in the dialogue with the national Commission for Persons with Disabilities. Inclusive allowance is a monetary compensation intended for a person with a disability to overcome various obstacles that may choose his equal participation in society with others. It combines the 4 previous benefits into one: 1. the

right to personal disability allowance and 2. the right to a supplement for assistance and care according to the Social Welfare Act, 3. the right to a supplement for a child in an increased amount, which is realized on the basis of damage to health, or severe disability in accordance with the Child Allowance Act and 4. the right to financial assistance for unemployed persons with disabilities, which is realized on the basis of the Labor Market Act. Only one expert opinion is conducted, there are 5 levels of support (instead of the previous 3), higher amounts of cumulative fees are determined for all users, and the base is €120 (€506 million value of the Act).

In July 2023, the **Personal Assistance Act** (Official Gazette 71/2023) entered into force and it has been fully implemented since January 1, 2024.

Personal assistance is a social service that provides assistance and support to a person with a disability in activities that he cannot perform on his own. type and degree of disability, which she needs daily at home and outside the home, as well as help and support in communication and receiving information, and for the purpose of a greater degree of independence and involvement in the community, protection and ensuring the human rights of persons with disabilities, as well as achieving equality with others. Until the passing of the Law, the Ministry of Labour, Pension System, Family and Social Policy had been project-financing associations that employed personal assistants for the past sixteen years. The Law on Personal Assistance ensures that users of personal assistance services are provided with the same as their guaranteed right. According to the Ministry's projections, more than 15,000 people with disabilities could receive personal assistance services in the coming period, for which more than 176 million € have been provided in the budget (9 times more than before the passing of the Law).

In the National Recovery and Resilience Plan 2021-2026, in the component "Development of services in the community for the prevention of institutionalization", the investment "**Construction and equipping of centers for the elderly**" is foreseen. Additional capacities for the provision of accommodation services will be provided by the construction of 18 centers for the elderly, in 18 counties, which will provide a variety of services appropriate to the needs of users in the environment in which they live. The construction of centers for the elderly will enable access to the use of various non-institutional services to improve the quality of living in one's own home, ensuring integrated care by functionally combining health services at the primary level with centers for the elderly, and accommodation services for users who, due to impaired functional ability and impaired health condition requires the help and supervision of another person in meeting all needs to the full extent. Funds for financing are provided in the National Recovery and Resilience Plan in the amount of approximately 49 million euros, and 54 million euros from the State Budget, and the total value of 18 projects is approximately 159 million euros. The construction of 18 centers for the elderly will provide 1,849 accommodation capacities and non-institutional services for 4,549 users which will enable the elderly to stay in their own homes as long as possible.

The **Ordinance on the needs assessment methodology** (Official Gazette 90/2023) was adopted, based on which the needs for individual services at the county level will be

determined. The needs assessment methodology is a key framework designed to help county authorities determine the state of current services, identify service needs and project future social service needs for their population. At the same time, social plans should inform the MoLPSFSP about the needs for social services for the purpose of expanding the network of social services and contracting new services. The development of social services at the county level should be coordinated with other reform processes, especially with the process of deinstitutionalization of children and youth, adults with disabilities and mental disorders.

The MoLPSFSP adopted the **Ordinance on Social Service Quality Standards** (Official Gazette 31/2023), which prescribes social service quality standards and guidelines for their introduction, as well as criteria for determining compliance with social service quality standards. Quality standards refer to 1. Availability of information, 2. Availability of services, 3. Connection and collaboration, 4. Assessment and planning, 5. Admission and discharge, 6. Decision making and self-determination, 7. Privacy and confidentiality, 8. Security from exploitation, 9. Restrictive procedures, 10. Objections and appeals, 11. Management, 12. Management, 13. Employees, 14. Work of volunteers, students on internships and interns, 15. Accessibility of the environment, 16. User-friendly conditions, 17. Safety and security. Compliance with standards is measured with quality indicators through evidence that confirms compliance with the requirements of quality standards. Depending on the evidence available to the service provider, compliance for each individual standard is expressed in three levels. The first level of compliance requires the existence of written and systematized documentation on procedures and procedures, as well as other activities carried out by the service provider to achieve the set goals and tasks in accordance with the requirements of the standard. The second level of compliance builds on that achieved at level 1 and requires the existence of evidence confirming the compliance of work practices with the requirements of the standard. The third level of compliance builds on what was achieved on the 1st and 2nd levels and requires the existence of evidence by which the service provider confirms the consistent monitoring and analysis of results and work practices for the purpose of continuous improvement of the quality of the social services it provides. An important feature of the standards is their universality – they are applicable to all types of social services and to all social service providers, regardless of whether they are state institutions, profit or non-profit organizations that provide social services. Only foster families are exempt from this rule. The improvement of the quality of the provision of social services is encouraged by continuously conducting training to strengthen the competences of social service providers, by providing available funds and prices that follow the quality of the service, by monitoring quality standards, by improving legal regulations, by improving interdepartmental cooperation, by means of regular inspection, by licensing providers and by providing professional support to service providers.

The Ministry of Labour, Pension System, Family and Social Policy adopted the Ordinance on criteria **for the provision of social services** (Official Gazette 110/2022), which defined the standards of space, equipment, professional and other workers, the content, scope and method of providing social services according to the type of social service in the smallest benchmark. The scope of services, the associated numerical code and the number of professional and other

workers for each service provided to the user is prescribed in the 1st Catalog of social services and the 2nd Catalog of auxiliary technical jobs, which are integral parts of the Ordinance.

The Operational Plan for Deinstitutionalization, Prevention of Institutionalization and Transformation of Social Service Providers in the Republic of Croatia from 2022 to 2027 was adopted with the aim of reducing the number of users in institutions and ensuring their life in the community, as well as the development of support services in the community, with the aim of ensuring regional uniformity and availability of services. Within the project of direct allocation to the Ministry related to the process of deinstitutionalization and prevention of institutionalization, are being carried out activities aimed at developing a mechanism for monitoring the transition from institutional care to care and support in the community, based on databases.

2.2. Detailed description of the measures

*This section provides further details for each of the measures listed in the previous section. For each measure, MS should provide a detailed description. This could include, for example, information on the **aim, type** (e.g. legislative reform, investment, etc.), **target group** (definition and size), **results and impact** (expected or achieved), **timeline, financial resources** (national and/ or EU funding), **implementing body(ies)** and **cooperation with stakeholders, evaluation and cross-linkages with other measures**.*

The new Act on Social Welfare from 2022 brought about a new organization of the social welfare system in such a way that the Croatian Institute for Social Welfare was founded, which began its work on 1 January 2023. The Family Centre was founded as an independent institution. The Institute has consolidated the previous centres for social welfare and enables the new organization to standardize procedures, professional supervision, strengthening and improvement of the professional work of the worker, as well as the professional performance of analytical, legal, economic, and other tasks in a single professional service, which relieves professional workers. Such an organization strengthens the expertise of the Institute.

The new Act on Social Welfare from 2022 expanded the circle of persons who can be recognized as having the right to the status of caregiver and prescribed the right to a higher amount of compensation. The allowance for a parent carer or carer is EUR 663,61 per month (1000% of the base) or EUR 796,34 per month (1200% of the base) if the child with developmental disabilities or persons with disabilities cannot be included in community programmes and services due to their health status or EUR 995,42 per month (1500% of the base) for a parent who independently nurtures two or more children with developmental disabilities or persons with disabilities and who is entitled to pension insurance, compulsory health insurance and unemployment rights, as an employed person under special regulations. The parent caregiver or caregiver shall be entitled to compensation during the four-week rest period of the year, as well as during the temporary incapacity to provide care for up to two months, established by appropriate application of the rules of compulsory health insurance establishing temporary incapacity for work. During the use of rest or temporary incapacity to provide care to a parent caretaker or caretaker, a child with developmental disabilities or a

person with disabilities may be granted the right to a accommodation service. The parent caregiver or caregiver may take four weeks' leave during the year. During the period of rest, the parent caregiver or caregiver shall be entitled to compensation.

The National Plan for the Development of Social Services for the period from 2021 to 2027 is focused on non-institutional services.

I. Further development of social services in accordance with established priorities and needs. Reduction of regional inequality in the provision of social services by ensuring a wider scope of social services and developing new services and new profiles of workers in accordance with planned priorities at the local level to meet the needs of socially vulnerable groups and support life in the community.

Priority 1: Availability and balanced regional development of social services

Special objective 1. Increasing the availability of social services

1.1. Increasing the scope of providing non-institutional services in areas where these services are not sufficient,

1.2. Continuation of the process of deinstitutionalization and transformation of social service providers,

1.3. Construction of centers for the elderly

1.4. Encouraging the development of foster care (increasing the number of foster families)

Special objective 2. Introduction of new services (social innovation)

2.1. Development of new services

2.2. Introduction of new profiles of workers for the provision of social services

II. Improving the quality of social services. Improving the management of social services and strengthening the capacity of social service providers. Improving the legal framework, standardizing professional treatment, improving the collection of data on needs, establishing an information system for the exchange, monitoring and analysis of data on users and social services, introducing a unique methodology for calculating the prices of social services and strengthening the human potential of social service providers.

Priority 2: Quality and sustainable development of social services

Special objective 3. Improving the management of social services

3.1. Determining the prices of social services for social service providers in the network based on a unique methodology for calculating prices,

3.2. Harmonization of the regulatory framework for the provision of social services with the needs of the development of social services

3.3. Improving the digitization of the social welfare system in order to connect social service providers,

3.4. Improvement of needs assessment in accordance with the unique methodology for needs assessment

Special objective 4. Strengthening the capacity of social service providers

4.1. Improvement of infrastructural capacities for the provision of social services

4.2. Employment of an additional number of workers,

- 4.3. Education and supervision to raise the competence of experts and foster parents,
- 4.4. Volunteering as a contribution to the provision of social services
- 4.5. Training social service providers for sustainable development (organizing training for acquiring knowledge, techniques and skills on sources and methods of fundraising; establishment of social enterprises)

III. Development and improvement of long-term care

Long-term care is divided between the health care system and the social care system. therefore, better coordination between the two systems is necessary. The Operational Plan for the Development of Long-Term Care of the MoLPSFSP, and the MoH is currently being developed, which will determine priorities in relation to LTC.

It would contain the following key elements:

- (1) An overview of unmet LTC needs and the underlining causes for these gaps related to the financing and delivery of existing public LTC provision,
- (2) Proposed reform areas, such as in financing, service delivery (i.e., eligibility and/or quality of care), coordination mechanisms and/or other areas as the Government sees fit, supported by international experiences, and,
- (3) Recommendations concerning the proposed reform areas, with a view to expanding home- and community-based services and improving care coordination and integration. These recommendations would address challenges in LTC provision, financing, and in deploying and managing a care workforce, including assessments of the pros and cons of different approaches given Croatia's context.

According to Social Welfare Act (Official Gazette 18/22, 46/22, 119/22, 71/23, 156/23) article 70 the definition of social services is: Social services include activities aimed at identifying, preventing, and solving problems and difficulties of individuals and families and improving the quality of their life in the community.

Social services are: first social service, comprehensive assessment and planning services, consultancy, expert assessment, psychosocial counselling, social mentoring, family mediation, psychosocial treatment for the prevention of violent behaviour, psychosocial support, early development support, assistance in the inclusion in education programmes, home care, day care, organised housing and accommodation.

According to data from the Croatian Bureau of Statistics, in the middle of 2022, the Republic of Croatia had 871,870 inhabitants over the age of 65.

The total number of people over the age 65+ who in 2022 used long-term care in the social welfare system through benefits (assistance and care allowance, personal disability allowance) and services (day care, organized housing, home care, accommodation) is 75,980.

In 2022, 17,667 elderly people received publicly co-financed professional long-term care. 169 users used the accommodation service in state homes, and 10,525 in decentralized homes. There were 1,194 contracted accommodation capacities with providers in the network, and 2,402

people were accommodated in foster families, which is a total of 14,290 people who used publicly co-financed/financed accommodation services. 127 people used the service of day care in decentralized homes, 2 people used the service of organized housing, and 3248 elderly people received home care.

A total of 67,036 elderly people received publicly funded long-term care. In addition to the 17,667 elderly persons (65+) who in 2022 received publicly co-financed/financed professional long-term care through the services of accommodation, residence, organized housing and help at home (question 3.2.c, point 3), 36,617 elderly persons received a supplement for help and care, and 12,485 for personal disability allowance. The number of parents or carers in 2022 was 5,913. Of these, 267 persons achieved the status of a person over 65 years of age, or a person turned 65 during 2022.

In Croatia, there are 29,414 publicly financed places in residential care facilities, accounting for 3.68% of persons aged 65+, far lower than the 5% EU average. In 2022, a total of 27,056 elderly people used the accommodation service in a social care home.

There are 370 publicly co-financed places for day care services for the elderly. Of these, the MoLPSFSP has concluded a contract on the provision of social services with 10 service providers for day care for a total of 221 places. The capacity of decentralized homes for day care service is 149.

According to the data from the Annual statistical report of the Ministry for 2022, a total of 4,694 elderly people used the home care service (Social Welfare Act). According to the data collected from the counties there is 13,044 elderly people used the home care service through different programmes. The regulations do not limit the number of hours. Regional offices of the Institute for social work assess the need for home assistance on a weekly basis. Based on a comparison of a certain number of contracts, MoLPSFSP estimate that an average of 18 hours per month are paid by the state. Some users have an approved number of hours per year for one of the services, for example, some beneficiaries are entitled 8 times a year for one hour for the service for landscaping the garden.

National expenditures for social services in 2022 amounted to 220,412,564 EUR. National expenditures include home care service, services provided by non-profit organizations, homes for children with developmental disabilities and homes for adults with disabilities, homes for the elderly and infirm, homes for adults addicted to narcotic drugs and alcohol, homes for children, personal allowances for foster parents and fees for placement in a foster family, shelters for victims of domestic violence, shelters for homeless. The expenditures of local and regional self-government units in 2022 amounted to EUR 53,815,796.57. Total expenses amounted to EUR 274,228,360,57.

Within the framework of the Call for applications for three-year programs of associations operating in the field of social welfare under the name "Development and expansion of the network of social services provided by associations" for the period 2023 to 2025, the

MoLPSFSP financed 12 organizations that in 2023 implemented care programs at long distance for 877 elderly people, i.e. Telecare service for the elderly. From the data collected at the local level 207 elderly people use Telecare thorough different regional financing. Total number at national and local level: 1.084 elderly people.

3. Remaining challenges and needs for EU support

3.1. Remaining challenges

*This section describes any potential **remaining long-term care challenges not addressed** by those measures already taken/ planned. Reflections on why they cannot be addressed at national / regional level are welcome.*

Long-term care emphasizes the importance of comprehensive, coordinated, and person-centered health and social services that address the complex needs of individuals over the course of their lives. Family members and caregivers of people with LTC needs often take on significant caregiver responsibilities, often leading to caregiver burnout. The financial burden is high due to the costs associated with medical care, drugs, assistive devices, and other services. Collaboration among healthcare providers, social service providers, caregivers, advocacy organizations, and policymakers is essential to ensuring access to high-quality, sustainable long-term care.

Long-term care planning includes ensuring that care and support services are available, as well as financing options for these services and a system of benefits. For example, investing in the construction of centers for the elderly will enable non-institutional and institutional services and create prerequisites for providing integrated care (health and social care). Centers for the elderly should enable the elderly to improve their quality of life and stay in their own homes as long as possible, as well as provide accommodation for functionally dependent persons who require intensive and long-term treatment. Croatia is working on the implementation of quality standards and regulations for maintaining and improving the quality of long-term care services.

Challenges remain insufficient accommodation capacity, lack of nurses and caregivers, regional disparity, lack of reliable statistical data, insufficient compatibility of terminology in national regulations with the UN Convention on the rights of persons with disabilities.

3.2. EU support

*This section should highlight concrete **needs for further EU support, including in relation with remaining challenges not addressed by planned/ already taken measures, and highlight potential contributions from your MS to the EU level policy dialogue in the area of long-term care (e.g. good practice, high-level initiatives or networking opportunities, etc.).***

Demographic changes highlight population aging and low birth rates – challenges in the coming decades; changes in family structure with implications for care (children, long-term care); migration and mobility within the EU with implications for the labor market and social

integration; different frequency of poverty among age and cross-sectoral groups (gender, ethnicity, different occupations, etc.). Population aging, new forms of work, digital and technological changes, climate change and the green transition affect the design and scope of the social protection system and its financing.

The EU must continue to raise awareness on need for LTC regarding the changing society and needs for welfare standards. It is necessary to adjust the social protection system through three stages of the life path: early and family life, working life, old age, and the way to deal with it; labor market regulation, social protection systems, social services, preventive function and social investments.

With the aim of recognizing the equal right of all vulnerable groups to family and community life, the Republic of Croatia continuously undertakes effective and appropriate measures that facilitate their full inclusion and participation in the community. For this purpose, it continues with the process of expanding and increasing the availability of services, prevention of institutionalization and transformation of service providers.

In the process of further development of social services, priority is given to the development of services that are missing and reduction of regional inequality in the availability of services, which aims to achieve that users receive services in their homes and in the local community as a priority to prevent their institutionalization. In addition to existing social services, the need for the development of new social services (care leave, carer for the elderly and other services) was determined in accordance with the planned priorities at the local level to meet the needs of socially sensitive groups and support life in the community and prevent the social exclusion of individuals.

To compare the development of LTC services, it is important to monitor the provision of social services. Each EU member state has different social protection systems it is necessary to further develop monitoring indicators.

Considering the debates about the future of social protection and the welfare state at the EU level, the exchange of experiences among member states opens the opportunity for states to adapt their policies to contribute to the development of a social protection system with social investments that will be able to respond to the challenges they face.

Special attention should be paid to improving the management of social services by strengthening and improving intersectoral cooperation in the planning of social services, improving information systems for monitoring data, i.e. strengthening analytical capacities for monitoring the needs of the social welfare system to ensure harmony between social policies, user needs and system capacities.



