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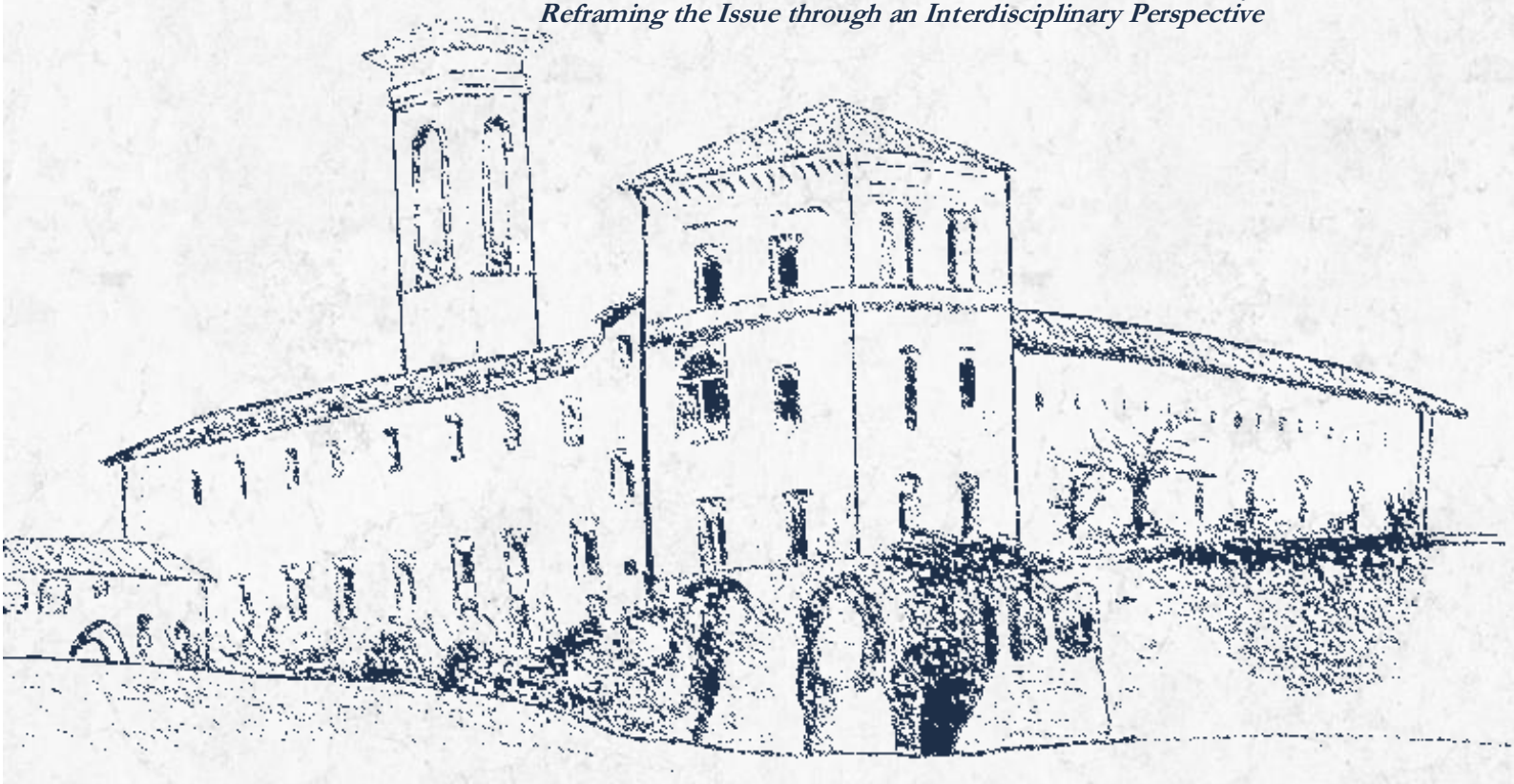

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Family Caregivers in Croatia: Between Paid and Unpaid Work in the Social Welfare System

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Abstract. Throughout history, the care for children, elderly and disabled family members in the family structure was traditionally entrusted to women, but with the beginning of the industrial revolution and the progress of urbanization, the need for all able-bodied family members to work arose, which triggered the need for new forms of care. This caused an additional burden on family members (primarily women) because now, in addition to their work, they still had children and elderly family members to care for. In welfare state theories, these situations were attempted to be alleviated by social policies that would provide compensation to caregivers and provide them with formal caregiver status instead of an informal one, recognizing their vital contribution to society.
In Croatia, there was also a need to clarify the status of caregivers, especially prompted by the factors such as the aging population, declining birth rate, and the emigration of a part of the working-age population (caused especially by country's EU accession in 2013), which created a shortage of educated and qualified personnel to provide adequate care for those in need of it. Despite the import of foreign labour force, the needs have not been met adequately, and the solution here continues to be state intervention by establishing the institute of caregivers and caregiver parents.
Additional amendments to the already existing Social Welfare Act have provided the opportunity for family members to provide care almost

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professionally (under strict and definitive legally prescribed conditions), thus meeting the needs of children with disabilities and elderly people in need of care, while at the same time integrating care providers into the workforce, preventing their inactivity and giving them all the rights and obligations of a worker. This form of "work" has not yet reached its full potential, and this paper will analyse the changes introduced by the new law and how the legal status of caregivers is regulated and whether there are some possibilities of it to change, allowing the caregivers to be considered equal and active participants on the labour market.

Keywords: *Welfare state; Caregiver; Formal and informal care; Social Welfare Act.*

1. The Welfare State

The welfare state, as an ideal type developed in industrial societies, was primarily designed to meet the needs that were inadequately addressed through the market, such as interruptions of income due to retirement, unemployment, illness, disability and any other mismatches between income and need during one's life cycle.[1] It also took on responsibilities in other significant areas, such as healthcare and education, where reliance on private markets would have otherwise been inefficient. As a contrast to that, in most countries, the social care for the elderly and the disabled has been left to be handled by the family structure, with state interventions in that area being limited and corresponding services weakly developed.[2]
European welfare states have undergone substantial changes throughout the years, in terms of objectives, areas of interventions, and instruments, with different challenges and expectations in front of them. They are expected to help and push non-working people back into the employment, complement work income for the working poor, help parents reconcile work and family life, promote gender equality, support child development, and provide social services for an ageing society.[3]
Demographic and economic transformations have placed new pressures on the existing arrangements and the rising life expectancy, and the growing proportion of elderly increased the demands for social care and

[1] P. Taylor-Gooby, (ed.) (2006.), *New Risks, New Welfare: The Transformation of the European Welfare State*, Oxford University Press, p. 2
[2] *Ibidem*
[3] G. Bonoli and D. Natali (eds) *The politics of the new welfare state*, Oxford, Oxford University Press, 2012, p. 3

caused a strain to traditional pension and healthcare systems.[4] Improvements in medical care and supportive services have also led to significantly higher survival rates among children with severe developmental or neurological disabilities, particularly in those groups that were previously considered unlikely to survive further into childhood.[5] Number of people depending on the care of others has therefore significantly increased, both in children and adults with disabilities, as well as the elderly. Parallelly to this, labour market changes, primarily due to technological developments in production, resulting in decline of unskilled industrial jobs and international competition, have tightened the link between education and employment, exposing poorly educated groups to greater risks of exclusion. Care responsibilities further complicated this picture, as they limited employment opportunities and reduced income, affecting employment and heightening the risk of family poverty,[6] at the same time as women have managed to gain greater advancement in education and employment and were continuing to press for more equal opportunities.[7] The family structure changed, going from having only one main provider, to sharing this role between two, both men and women participating on the labour market.

These structural changes happening in the post-industrial society are what scholars refer to as "new social risks"[8]. They are linked to family formation, care responsibilities and access to employment, affecting people at earlier stages of their lives, making them reconcile paid work with care obligations, and they also expose vulnerable groups to heightened risks of poverty and exclusion. As a result of that, the boundary between the public and private responsibilities has been redrawn, raising normative questions about the distribution of obligations between families, markets and the state itself.[9]

Depending on the national regime, these risks are addressed differently across Europe. In Nordic countries, well-developed care services and active labour market policies manage to mitigate many of the tensions by supporting both employment and caregiving. In corporatist systems of

[4] P. Taylor-Gooby, *op.cit.*, p. 3

[5] D. Strauss, R. Shavelle, R.J. Reynolds, L. Rosenbloom, and S.M. Day, (2007) *Survival in cerebral palsy in the last 20 years: signs of improvement?* in *Developmental Medicine & Child Neurology*, 49(2), 86–92, p. 86

[6] P. Taylor-Gooby, *op.cit.*, pp. 3-4

[7] *Ibidem*, p. 2

[8] Unlike the previously mentioned "old social risks" such as sickness, disability or retirement which affected large sections of the industrial working class

[9] P. Taylor-Gooby, *op.cit.*, pp. 5-6

Central Europe[10] reliance on traditional gender roles and compromises between social partners delays the development of collective provision. Liberal regimes[11] prioritise market-based solutions, resulting in unequal access to care, while Mediterranean systems heavily rely on family caregiving, reinforcing women's employment disadvantages. Comparative research confirms that welfare states shape caregiving arrangements by determining whether support is provided through formal services, caregiver's allowances or family obligations.[12] One of the welfare state policies' goals is to organize care for the elderly and the disabled as well as to influence the distribution of social risks, gender equality and class stratification. By expanding public services and "defamiliarizing" care, some regimes have succeeded to reduce the intensity of informal caregiving and support women's labour market participation. These regimes also directly affect the caregivers' ability to remain in employment, by influencing whether the care is recognized, compensated and supported through public infrastructure.[13]

If we take Croatia into consideration, since this paper will have the country's approach to family caregiving arrangements as its main focus, we can recognize that, by all its characteristics, it could be described as a blend of two models - the Mediterranean welfare state model, where the provision of caregiving services is limited and the majority of responsibilities is burdened upon family members, but it also demonstrates some elements of corporatist model, where the social benefits are heavily relying on state intervention. We will analyse the care services provided to children with developmental issues and adults with disabilities, in the frame of the Social Welfare Act and the institutes of parent caregiver and caregiver, both combining family care and provision delivered by the state, while giving the caregiver a status similar to that of an employed person, with some important differences that will be discussed throughout the paper.

[10] Using Esping-Andersen's typology, also called conservative or Bismarckian systems, which would include countries such as Germany, Austria, France, Belgium, Luxembourg

[11] Such as United Kingdom and Ireland in Europe

[12] A. BERTOGG and S. STRAUSS, *Spousal care-giving arrangements in Europe: the role of gender, socio-economic status and the welfare state* in *Ageing & Society*, 40(4) (2020), 735-758, p. 740

[13] *Ibidem*, p. 736

2. Rising Disability Rates and Shortage of Institutional Care

Current estimates suggest that more than one billion people, which would be around 15% of the world's current population, live with some form of disability, while between 110 million and 190 million people experience significant difficulties in functioning through daily activities. In Croatia, the data on the prevalence of disability are monitored through the Croatian Register of Person with Disabilities, demonstrating a rising trend in disability rates. In 2007, persons with disabilities accounted for 10.7% of the country's total population, while the most recent data from September 2024 indicates an increase to 17%.[14] The majority of persons with disabilities, 304,692 (46.6% of the total number) are aged 65 and over, while 268,658 (41.1%) fall within the working-age population group (20-65)[15]. Disability rates are also on the rise in childhood population, from ages 0-19, accounting for 12.3% of all persons with disabilities.[16]

The growing number of persons with disabilities, together with an increasingly ageing population, raises a critical question about the future of formal care, specifically how it will be organized and whether sufficient care professionals will be available to provide it, or if family members will be expected to step in and carry out the majority of the necessary care.

Alongside countries like Bulgaria, Romania, Hungary and Slovenia, Croatia is expecting a pronounced "care drain"[17] in the recent years, with its skilled and professionally trained care workers emigrating out of the country. The main drivers of this trend are higher pay and better working conditions abroad, which attract experienced care workers to wealthier EU countries. This intensifies labour shortages in lower-income economies such as Croatia, which is simultaneously facing a rapid aging of the population, a galloping trend through all of the European continent.

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[14] T. Benjak, G. Vuletić, A. Vuljanić, V. Vasiljev Marchesi, Z. Špoljarić, D. Bouillet, L. Kiš-Glavaš, M. Mirić, M. Gojčeta, M. Dumančić and M. Pavlić (2022) *Kvaliteta života osoba s invaliditetom starije životne dobi u Republici Hrvatskoj* in *Medica Jadertina*, 52(4), 247–256, p. 248

[15] 20-64 years

[16] Izvješće o osobama s invaliditetom u Republici Hrvatskoj (autor T. Benjak), Hrvatski zavod za javno zdravstvo, Zagreb, rujan 2024., https://www.hzjz.hr/wp-content/uploads/2024/10/Bilten_-_osobe_s_invaliditetom_2024_g.-1.pdf (Accessed on 10 August 2025)

[17] The 2021 Ageing Report, *Economic and Budgetary Projections for the EU Member States (2019-2070),* European Commission, Institutional Paper 148, May 2021, https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en, (Accessed on 10 August 2025)

According to the most recent, 2021 population census, 22% of Croatia's 3,87 million inhabitants are aged 65 and over, and the European Commission estimates that, by the year 2030, this share could rise up to 30%.[18]

The Croatian long-term care system is therefore currently relying predominantly on the care provided by family members, despite it becoming increasingly unsustainable due to shrinking family size, greater geographic mobility and the growing labour market participation of women, who continue to provide the majority of informal care. According to an OECD survey from 2023, future generations of Croatian women are unlikely to prioritize caregiving to the same extent, which will further intensify the demand for formal services. Between 2013 and 2023, approximately 2,400 skilled nurses emigrated from Croatia, with the healthcare system currently requiring 4,000 additional nursing staff.[19] Despite an immigration surge currently ongoing in the country, Croatia is mostly drawing in foreign workers in sectors such as construction, tourism and service[20], while it is not attractive enough for care workers, especially compared to countries such as Austria or Germany. One of the reasons for this might also be the administrative and language barriers when entering the country and the longevity of the process of obtaining a valid nursing licence.[21] A statistical review of issued permits for residence and work of foreigners published by the Ministry of the Interior shows that between the years 2017 and 2020, healthcare and social welfare accounted for less than 1% of all permits issued.[22]

With all this in mind, it has become clear that most of the children and persons with disabilities in need of a long-term care are not going to get the necessary care in institutions and will instead rely on that provided by their family members. Changes affecting the structure and dynamics of the family, society and system have strong implications for the development of informal care and the ability of the family to provide

[18] M. Bađun (2024), *Long-Term Care Workforce in Croatia: A Qualitative Study on the Potential Role of Immigration* in *Revija za socijalnu politiku, 31*(3), 261-278, p. 262

[19] *Loc.cit.*

[20] Statistika usluga Test tržišta rada i Radne dozvole, https://www.hzz.hr/statistika/statistika-usluga-test-trzista-rada-i-radne-dozvole/, (Accessed on 10 October 2025)

[21] M. Bađun, *op.cit*, pp. 272-273

[22] H. Butković, V. Samardžija and I. Rukavina (2022) *Foreign workers in Croatia: Challenges and opportunities for economic and social development*. Zagreb: Institut za razvoj i međunarodne odnose (IRMO), p. 148

support to individuals in need.[23] The shift to informal care hasn't been only a side-effect of insufficient personnel in the area of formal care, but has been an argument[24] experts, researchers and even politicians use when discussing deinstitutionalization of care, stating that persons with disabilities should be more included into the society, as their life quality could be improved by remaining in the family.[25]

3. Informal Caregivers and their Compensation

The description of who can be seen as an informal caregiver outlines access to any services offered by the governments and has important repercussions for the support they receive, and it varies in different national and regional legislation. The term informal caregiver or carer is often used inter-changeably with the term family carer or caregiver. Some notions of informal caregivers tend to exclude paid but non-professional caregivers providing care in private households. Others focus only on those providing informal care to older people with specific care needs.
In France, the informal caregiver[26] of an older person losing autonomy refers to "any person who is cohabiting or having a close and stable relationship with the person in need of care, and who is helping frequently and regularly, on a non-professional basis, to accomplish all or part of the activities of daily living".[27] In Italy, a caregiver is defined as "a non-professional individual, typically a family member who provides continuous care to a severely dependent person within a defined personal relationship".[28] With all this in mind, we could define informal care as non-professional care provided, by choice or by default, by family members (next of kin), friends, neighbours or other persons caring for

[23] M. Banadinović, D. Vočanec, I. Lukačević, Lovrenčić, K. Lončarek and A. Džakula, *Role and perspectives of informal care: a qualitative study of informal caregivers in the Republic of Croatia* in *BMJ Open* 2023;13:e074454. doi:10.1136/bmjopen-2023-074454, p. 2
[24] Eurocarers, 2022, *Informal care, poverty and social exclusion*, Eurocarers Position Paper. Available at https://eurocarers.org/ (Accessed on 15 August 2025)
[25] B. Teodorović and D. Bratković, *Osobe s teškoćama u razvoju u sustavu socijalne skrbi* in *Revija za socijalnu politiku*, vol. 8, no. 3–4 (2001), 279–290, p. 282
[26] "Proche aidant" or informal carer, defined by the Act on adapting society to an ageing population (*Code de l'action sociale et des familles* (France), art L113-1-3, inserted by *Loi n° 2015-1776 du 28 décembre 2015 relative à l'adaptation de la société au vieillissement)*
[27] United Nations Economic Commission for Europe (UNECE) (2019) *Policy Brief on Ageing No. 22: The Role of Housing in Long-Term Care of Older Persons*. Geneva: United Nations Economic Commission for Europe. Available at: https://unece.org/ (Accessed on 27 August 2025)
[28] Legge 27 dicembre 2017, n. 205, art. 1, comma 255 (Italy)

people with long-term care needs at all ages, usually in private households. The informal caregivers are not only important co-producers of long-term care, but they are also persons in need of being recognized and provided with material and non-material support.[29]

The role of informal caregivers is still dominated by women of working age, but the increase in the share of women in the labour market has also affected the dynamics of providing care at home. Meeting the needs of informal caregivers is one of the tasks of public services, aiming to ensure not only adequate care, but an adequate quality of life as well.[30] The result is the increase in care programmes for informal caregivers that include financial benefits, special legal or work statuses and programmes focusing on respite, or rest from the care.[31] Benefits and services for caregivers have always been in the shadow of long-term care policies primarily focusing on the care recipients. In the EU, among the Member States we can differentiate between three different types of so-called cash-for-care allowances, with the degree of support varying according to the type of allowance and the level of their generosity.

The first type of allowance is paid to the care recipient, based on the level of need and sometimes income, reserved for employing a caregiver. While not directly providing a service, it provides a mean to afford suitable care. This allowance reduces the need for family care and enables caregivers in employment to carry on working. Sometimes, this allowance can also be used to hire a family member, allowing the caregiver the choice between being paid to perform care and staying in their previous job, as well as offering inactive family members the opportunity of becoming paid working caregivers.[32] The second type of care allowance is also paid to the care recipient, but it can be used freely and doesn't have to be strictly used for acquiring care services with the allowance sometimes being offered as an alternative to services.[33] In many cases, this care allowance is used to pay for care in the informal, often migrant, labour market, or to informally compensate the either way present and included family caregiver.[34] It can be difficult for countries to control what care recipients effectively do

[29] United Nations Economic Commission for Europe (UNECE) (2019), *loc.cit.*

[30] *Ibidem*

[31] *Ibidem*

[32] B. Vanhercke, S. Sabato and D. Bouget (eds.) (2017) *Social policy in the European Union: state of play 2017, Brussels*, European Trade Union Institute (ETUI) and European Social Observatory (OSE), pp. 168 -169

[33] *Ibidem*

[34] *Ibidem*

with these cash benefits, in particular when they are provided without any monitoring, and it has been argued that a lack of control of cash benefits can fuel a grey market.[35]

The third type of care allowance is the caregiver's allowance – unlike the first two examples, specifically provided to the family caregiver who must apply for it. Eligibility criteria vary according to the age and the severity of the disability, the caregiver's earnings, whether or not they are in employment, if they have a legal residence in the home of the care recipient, the age of the caregiver, their gender or their marital status. As opposed to the first type of benefits, this care allowance does not constitute a formal wage and is not based on a formal work contract.[36] In all countries providing this allowance, caregivers build up social security entitlements towards the old age pension funds. Some countries grant similar social security entitlements even in the absence of a caregiver's allowance. The person must be recognised as being the main caregiver, with no additional help from social care services or from a hired person paid through a publicly financed allowance.[37] The different patterns are based on the inclusiveness of the system, the role of the cash for care schemes and their specific regulations, as well as the views of informal care and the care work that they entail.[38]

The Croatian legislator chose the type of allowance that is paid to the caregiver, establishing the institute through the Social Welfare Act, differentiating between a caregiver and a parent caregiver, where either of these statuses is given to a family member providing majority of the care, describing it not only as a social policy measure aimed at ensuring quality care to children and adults with disabilities, but also serving as an active labour market measure, given that the caregivers are individuals who are not engaged in any other form of paid employment. Some of these caregivers have left their jobs in order to assume the role of a caregiver, while others were outside of the labour force prior to starting to care for a dependent family member or a child with disabilities, and are now once again being activated and are engaging in activities after a period of economic inactivity or unemployment.

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[35] OECD, *Supporting Informal Carers of Older People: Policies to Leave No Carer Behind*, OECD Health Working Paper No 140 (Directorate for Employment, Labour and Social Affairs, Health Committee, 2023), p. 41

[36] B. Vanhercke, S. Sabato and D. Bouget (eds.), *loc.cit.*

[37] *Ibidem*

[38] B. Da Roit and B. Le Bihan (2010) *Similar and yet so different: Cash-for-care in six European countries' long-term care policies*. Social Policy & Administration, 44(3), 286–305, p. 305

When trying to categorize the type of care these caregivers are providing, the question that arises is – once the state is included and playing the part that would usually belong to an employer, could we talk about formalized care once again and have we reached a point of formalisation of previously informal care? While care now becomes comparable to real work, with it including regular and predictable monthly payments[39] and recognized social security rights, forming a relationship between the state and the caregiver, it still lacks one key element for it to be able to stand on an equal footing with formal care, and that is professional training and validation of skills, leaving the parent caregivers and caregivers without proper education and professional guidance, which prevents them from being categorized as formal caregivers and equate them to professional care workers. Their duties are strictly tied to the one (or more) individual they are providing care for, and once their status is for whichever reason terminated, they wouldn't be able to use this experience and potential medical or technical knowledge as relevant for continuing their careers as professional care workers and competitively participate on the labour market as such. Also, we cannot put it into the same category as regular work because, despite having some similarities, it is lacking a key element of employer-employee relationship and an employment contract that defines it, including all the rights and obligations that it would usually contain. The obligations of a caregiver and a parent caregiver derive solely from the Social Welfare Act, as do the responsibilities of the state. This is why we analyse the institution of parent caregiver and caregiver, under the Croatian Social Welfare Act, as a variant of paid, but still informal care.

4. Croatian Social Welfare Act and the Parent Caregiver and Caregiver Status

The Republic of Croatia, as a welfare state, assures the right to assistance to all its citizens under the same conditions. Social welfare includes a series of benefits and services aimed at securing subsistence to the persons who have been left without necessary means, and it incorporates assistance such as financial aid and institutional care. In addition to that, it includes a whole series of professional measures in the field of the family-law protection, the protection of children and the youth, assistance to

[39] United Nations Economic Commission for Europe (UNECE), *loc.cit.*

persons with disabilities and to the elderly.[40] The funds for carrying out these social welfare activities are secured in the state budget, as well as in the budgets of local and regional governments. Institute for Social Work is the governing body, and its offices may be established exclusively by the Republic of Croatia, while social welfare homes and centres for assistance and care may be established by other subjects[41] as well. The proceedings for granting social welfare rights are conducted by the Institute for Social Work office branches which operate on the local level in almost all larger towns across the country. The Croatian social welfare system includes financial support, social welfare services and institutional care – all governed by the Social Welfare Act as the main normative source.[42]

The institutes of a parent caregiver and a caregiver are also regulated by the Act, which defines the circle of the possible beneficiaries (both caregivers and care recipients), the conditions under which the status is recognized, the rights attached to it, as well as the circumstances that lead to the suspension or termination of the status. To get where we are regarding these institutes today, a lot of changes to the initial version of the Act were made throughout the years, with the newest, 2023 version's most important changes being the significant widening the circle of persons who can attain the status, raising the amount of monthly allowance and postponing the termination of the status in those cases where it's caused by the death of a child.

The lawmaker's intent is to align the national legislature with the European Pillar of Social Rights (EPSR), which is an initiative jointly approved by the European Parliament, the European Council and the European Commission defining 20 principles for the European Union to become more inclusive, fairer and to improve the lives of all of its citizens.[43] Its goal is to build fairer and better functioning labour markets across the EU, as well as good welfare systems for the benefit of all its citizens. Some of the core principles are addressing the rights and needs of caregivers, such as Principle 9, addressing the work-life balance and

[40] N. Žganec (2002), *Social welfare in the Republic of Croatia; on the road towards reform* in Lj. Kaliterna Lipovčan, S.-A. Dahl (eds.) *Employment Policies and Welfare Reform*. Zagreb: Institut društvenih znanosti Ivo Pilar, 178–196, p. 179

[41] Including religious communities, corporations, associations and other domestic and international physical and legal persons by means of the resources they have secured for that purpose by themselves.

[42] N. Žganec, *op.cit.*, p.180

[43] European Pillar of Social Rights, https://employment-social-affairs.ec.europa.eu/policies-and-activities/european-pillar-social-rights-building-fairer-and-more-inclusive-european-union_en, (Accessed on 16 August 2025)

stating how parents and people with caring responsibilities have the right to suitable leave, flexible working arrangements and access to care services. In Principle 18 long-term care is addressed as everyone's right to affordable and quality services, with special accent on home-care and community-based services. Principle 12 states how all workers, including self-employed and those with atypical employment contracts, have the right to adequate protection – which can be further extended to informal caregivers and their right to protection against poverty and social exclusion.

While the institute of parent caregiver and caregiver existed in the previous variations of the Act as well, Croatia is trying to improve its social policy towards an innovative welfare state, implementing the principles of the EPSR into its legislation,[44] the same way it does with other areas of social policy and protection, especially when it comes to labour market modernization and the measures of social inclusion.

4.1. Recognizing the Caregiver Status

The process of recognizing the caregiver status of an individual starts at the request of the intended person, who applies to their local Institute for Social Work office, providing comprehensive medical documentation of the intended care recipient, which can sometimes mean that years' worth of medical documentation is being submitted, adding to the longevity of the bureaucratic procedure itself, partly due to the limited capacities of the staff. From there, the person has to go through a detailed assessment at the Institute for expertise, professional rehabilitation and employment of persons with disabilities, whose opinion is sent back Institute for Social Work, who then determines whether or not the status will be awarded.

It's an administrative procedure involving two separate public institutions, as well as requiring previous medical documentation and has been largely criticized by the public, interested persons and the representatives of the media. The procedure can also be started on-line[45], through an automated

[44] The European Pillar of Social Rights in 20 principles, https://employment-social-affairs.ec.europa.eu/policies-and-activities/european-pillar-social-rights-building-fairer-and-more-inclusive-european-union/european-pillar-social-rights-20-principles_en, (Accessed on 16 August 2025)

[45] Uvedena mogućnost podnošenja zahtjeva za priznavanje prava na status roditelja njegovatelja ili njegovatelja i preuzimanja potvrde u ime djeteta o statusu u sustavu socijalne skrbi na portalu e-Građani, https://mrosp.gov.hr/vijesti/13148 (Accessed on 16 August 2025)

portal "e-Građani", which provides public services electronically and might offer easier access to the intended applicants, allowing remote processing without the need to visit the Institute's offices. Once the process is over, the right is granted or denied on the basis of a decision from the designated Institute for Social Work and, in a case of a positive decision, it is recognized from the day that the decision becomes legally effective.[46] So, instead of an employment contract signed by two parties, the status of a caregiver is determined by an official, one-sided decision, issued and signed by the Institute, which is one of the main reasons this relationship between the beneficiary and the state cannot be considered that of an employment, as its missing one of the key elements to be recognized as that.

The number of caregivers is published annually by the Ministry of Labour, Pension System, Family and Social Policy and in the year 2024 there were 6,996 caregivers in total (6,037 parent caregivers and 959 caregivers). In Table 1 we can observe a total number of caregivers increasing from 2019 onwards, with a slight decrease of caregiver number in the years of the COVID-19 pandemic, while the number of parent caregivers experienced constant increase.

Table 1 Number of registered caregivers in Croatia from 2019 - 2024

Year	Number of parent caregivers	Number of caregivers	Total number
2019	3,934	799	4,733
2020	4,551	626	5,177
2021	4,747	590	5,337
2022	4,883	682	5,565
2023	5,694	851	6,545
2024	6,037	959	6,996

Source: Ministry of Labour, Pension System, Family and Social Policy, Annual Statistical Reports[47]

In the last two years, 2023 and 2024, the data on the gender of the caregivers has been published as well, and it clearly demonstrates that

[46] Pravo na status roditelja njegovatelja ili status njegovatelja, https://gov.hr/hr/pravo-na-status-roditelja-njegovatelja-ili-status-njegovatelja/726?lang=hr, (Accessed on 12 August 2025)

[47] Available at https://mrosp.gov.hr/pristup-informacijama-16/strategije-planovi-programi-izvjesca-statistika/statisticka-izvjesca/12012, (Accessed on 26 October 2025)

most of the caregivers from both of these groups are women, especially dominating the category of parent caregivers, adding to the theory of Croatia still being a society with traditional gender role divide, where women predominately take on the roles of primary caregivers for the children, the disabled persons and the elderly. The aforementioned data can be observed in Table 2, where we can see how the percentage of women in both groups of caregivers doesn't go below 76%.

Table 2 Percentage of women out of registered caregivers in Croatia from 2023-2024

Year	Percentage of women parent caregivers	Percentage of women caregivers	Percentage of women in total
2023	90.79%	76.03%	88.88%
2024	90.95%	76.54%	89.98%

Source: Ministry of Labour, Pension System, Family and Social Policy, Annual Statistical Reports[48]

The two types of caregivers are regulated with nine Articles (61-69) of the Social Welfare Act, beginning with the definition of the institute itself. In Article 61 it is stated that the status of a parent caregiver or that of a caregiver can be granted for the care of a child with developmental disabilities or a person with a disability, who is entirely dependent on another person's help, concerning the fulfilment of their basic needs. This includes the following cases:

1. where an individual's survival depends on specific medical or technical procedures that, by the recommendation of a physician, can be performed by the caregiver;
2. where the individual is completely immobile or relies on the assistance of different orthopaedic aids;
3. where the individual has a fourth-degree autism spectrum disorder[49];
4. where the individual suffers from multiple fourth-degree impairments, which includes physical, mental, intellectual or sensory impairments.

[48] *Ibidem*

[49] The degree of disability in relation to work is determined using a scale of five degrees (0-4) and the fourth degree is if the obstacles and difficulties in relation to work are complete and are rated from 96% to 100%, as described in the Rulebook on professional rehabilitation and centres for professional rehabilitation of persons with disabilities (Official Gazette of the Republic of Croatia 44/14)

The caregiver status is granted to a person chosen by the individual with disability or by their legal representative, provided that they meet the requirements prescribed by the Act. The status of a parent caregiver is reserved for the parent of a child with developmental disabilities or a person with disability. In cases where there are two or more affected children or persons within the same family, both parents may be granted this status[50], which is a novelty introduced by the newest addendum to the Act and hasn't been a possibility until recently.

Parents are not the only ones who can exercise the right, as the status can also be given to a legal spouse, partner or life-partner of a parent. The circle has also been broadened, including informal partners as well as persons in registered, same-sex partnerships. Where parents are absent, unable to provide care, or do not live in the same household with the child, the status can be extended onto an even wider circle of persons, including relatives in the direct line and up to the second degree of collateral kinship.[51]

As it was pointed out before, it is not sufficient for a person to be chosen by the person with disability to become a caregiver, or for them to be a parent of a child with a disability to become a parent caregiver, as they also need to fulfil a specific list of requirements, stated in the Article 64, the first one being that they have to be of legal age and possess a legal capacity, both of which are under the Croatian law acquired once a person turns 18 years of age[52]. In the case of a parent caregiver, one of the requirements is for them not to be stripped of their parental capacity by a court ruling. A caregiver must demonstrate a psychophysical ability to provide care, and they have to live in the same household, including having the same permanent residence, as the person they are providing for. When the individual's survival depends on specific medical or technical procedures, the caregiver has to be trained in providing these actions.

When discussing the age of the parent caregiver and the caregiver, it becomes apparent that the lawmaker's intent was to use some elements of typical employment relationship and build them into this institute as well – one of them being restricting the age at 65, which is also a legal

[50] Social Welfare Act (Official Gazette of the Republic of Croatia 18/22,46/22,119/22, 71/23,156/23,61/25), Article 62

[51] *Ibidem*

[52] As set by the Family Act (Official Gazette of the Republic of Croatia 103/15, 98/19, 47/20, 49/23, 156/23). But in some cases such as when a person is a minor and gets a court ordered legal capacity in order to enter a marriage

retirement age in Croatia[53]. In cases where a person continues to meet all the other requirements, the status may be further extended, having the care recipient's best interest in mind. In a similar way, persons can also continue to work after the age of 65, but in both cases, the continuation doesn't happen automatically and it's a process that requires additional administrative and legal evaluation. If the Institute for Social Work comes to a conclusion that there are no legal obstacles for the status to be prolonged, it extends it after the caregiver reaches the age of 65. This is significant because a person's disability doesn't cease once their caregiver reaches the retirement age, they still continue to have the same needs and the requirements as before and it is easier for someone who is already accustomed to it to continue providing the care, with allowing a well-known and established routine to proceed, instead of forcing the care recipient to have to move into an institution and get used to new arrangements.

In those cases where the care recipient is entitled to institutional care or to arrangements that include a full-day stay services (except in cases of accommodation provided to the victims of domestic violence), where a parent is currently exercising their maternal, paternal or adoptive leave or when there are legal barriers such as parental right restrictions or existing lifelong maintenance contracts – the status of a parent caregiver or a caregiver cannot be lawfully recognized.[54]

4.2. Compensation and Work Restrictions

Although the compensation is paid monthly, along with the health and pension contributions, it cannot be considered a salary but rather a social benefit, as it is not subjected to taxation and its amount remains below that of the current minimum wage in Croatia. The amount of the compensation itself is tied to the severity of the disability and the number of care recipients on one caregiver. It is tied to and calculated as a percentage of the government determined base – an amount set periodically by a government decision. The base for the year 2025 is set to €75 and for comparison, from 2016 to 2024 it was set to €66.36, with the fact that the change doesn't happen annually or follow the yearly growth of national minimum wage causing criticism.

There are three categories of the compensation:

[53] Pension Insurance Act (Official Gazette of the Republic of Croatia 96/25), Article 38

[54] Social Welfare Act. *op.cit.*, Article 64

1. €750 monthly (1000% of the base amount) to a parent caregiver or a caregiver who is caring for a child or a person with a disability.
2. €900 monthly (1200% of the base amount) to a parent caregiver or a caregiver who is caring for a child or a person with a disability who, due to their health conditions, cannot participate in community programmes or services.
3. €1125 monthly (1500% of the base amount) to a parent caregiver who is independently caring for two or more children or persons with disabilities.

In case that the status comes to a termination, the caregiver has the same rights as a formally employed workers, regarding the Croatian Employment Service, where they can apply for remuneration, provided that they are fulfilling the rest of the conditions prescribed by the Labour Market Act.[55]

Since the institute is designed for persons not included in employment of any kind, the caregivers and parent caregivers are therefore prohibited from being simultaneously engaged in other professional economic activities. Therefore, a caregiver who enters employment, self-employment, freelance employment, trade or a similar paid activity, automatically loses their status. Although the Social Welfare Act itself doesn't explicitly address part-time or contract-based work, in practice, the Institute for Social Work considers any paid work incompatible with the role of a caregiver, as it suggests that the person might not be fully dedicated to providing necessary care. This strict interpretation by the institution contrasts the treatment of any regular employees, as they are permitted to work overtime and hold multiple employment contracts at the same time, the current Labour Act recently abandoning its norms that stated that, in case when a worker wanted to work more than 40 hours per week and sign a contract with a different employer, they had to acquire a written permission of their current employer to do so. Since the Social Welfare Act doesn't mention whether or not these situations terminate the status itself, as long as it adheres to the Tax Act and doesn't take away from their caregiver responsibilities, it shouldn't lead to the termination of the status.

[55] If the employment didn't end with a fault or will of their own and they have spent at least nine months in employment in the past 24 months (6 months for persons under the age of 30)

4.3. Respite Care

Article 66 of the Social Welfare Act introduces the possibility for a parent caregiver or a caregiver to take four weeks of paid leave throughout the year. During this period, as well as during the period of temporary incapacity to provide care that lasts up to two months and which is determined by the health insurance regulations, a child with developmental difficulties or a person with a disability may be granted the right to use accommodation services in an institution or in a temporary foster family instead. For the duration of these circumstances, the caregiver is still entitled to the compensation despite temporarily taking a pause from providing the care. This was heavily influenced by the Labour Act's Article 77, which states that every worker is entitled to four weeks of rest yearly and in this case, caregivers were given the same legal minimum respite as persons in employment.

The problem regarding respite, is that the caregivers reside in the same household with the person they are taking care of, and it's difficult for them to use their guaranteed time for rest. Since this is their family member, they stay with them even throughout this time of respite, continuing their duties and not taking any real time off. This issue mainly occurs because, even though the law states that during that time the care recipient can be given an accommodation service, that doesn't usually happen in practice. There are not enough accommodation capacities available, and it is not adequately organized for an institution to take care of someone for such a short time, especially in the case of the paid sick leave, if it's a case of a sudden and unexpected ailment.

The practice has so far demonstrated that these rights are rarely used and the available data from 2022 states that only 8 parent caregivers and none of the caregivers have used the time of leave, while only one caregiver used paid sick leave throughout the year.[56]

There is a state-wide government initiative under the name of "Rest from care" presented by the Ministry of Work, Pension System and Social Policy, aimed at parent caregivers and caregivers, providing them with adequate respite, where social service providers, civil society organizations and religious communities will be included as support. The project itself is

[56] Ministarstvo rada, mirovinskoga sustava, obitelji i socijalne politike (2023.), *Godišnje statističko izvješće o korisnicima i pravima u socijalnoj skrbi u republici Hrvatskoj u 2022. godini*, Zagreb: Ministarstvo rada, mirovinskog sustava, obitelji i socijalne politike, https://mrosp.gov.hr/pristup-informacijama-16/strategije-planovi-programi-izvjesca-statistika/statisticka-izvjesca/12012, (Accessed on 27 August 2025)

predicted to last for 18 months and include up to 820 caregivers, with €4,9 million being allocated from ESF+ Fund and 35 contracts with organizations signed. This should help take the burden from the caregivers while the care recipients would be provided with quality care during that time. The goal of this pilot project is for it to become a crucial social service supported by the Social Welfare Act. The activities provided by this scheme are not envisioned as lasting only during the caregiver's rest time, but it would also include various supporting activities throughout the year, such as individual and group counselling and psychosocial support, as well as organized workshops for parent caregivers, organized trips and excursions.[57] This mechanism is seen as a assistance to the included families while improving the quality of their life during the entire caregiving period.

4.4. Suspension and Termination of the Status

The Social Welfare Act, throughout Articles 67 and 68 distinguishes between suspension and termination of the status, naming them as two reasons where the caregiver status ceases – either temporarily or permanently. Suspension is a temporary halt of the benefit payments, where the caregiver retains their official status and remains "in employment". That means that the state still continues to cover their healthcare and pension benefits, and they have no obligation to apply for the unemployment benefits instead. These situations often happen while the parent is on a maternal, paternal or adoptive leave for another child. It is similar to these types of leaves when exercised during regular employment – as they are getting a monetary compensation through the state financed health fund during that time, instead of getting their usual compensation.

Termination on the other hand characterizes a complete cessation of the parent caregiver's or caregiver's status, including all the rights and obligations deriving from it. This can either happen upon the caregiver's request, voluntarily or involuntarily – if one of the prescribed legal conditions is met. Once the right is terminated, the caregiver loses their status and all the attached benefits, and in order to regain them, they would have to go through a new application and approval process, where

[57] Predstavljen pilot projekt "Odmor od skrbi" za roditelje njegovatelje i njegovatelje, https://vlada.gov.hr/vijesti/predstavljen-pilot-projekt-odmor-od-skrbi-za-roditelje-njegovatelje-i-njegovatelje/44282?lang=hr (Accessed on 28 August 2025)

the Institute for Social Work would have to determine anew whether they are eligible or not.

The situations where it terminates involuntarily can happen due to the following circumstances, applying to both parent caregiver and caregiver:

- when one of the initial conditions from Article 61 or 63 ceases to exist or changes;
- if the caregiver doesn't perform their duties out of unjustifiable reasons;
- if the caregiver is in retention or is serving a prison sentence;
- if the caregiver enters employment or engages in a trade, self-employment, or any other professional activity;
- when the caregiver reaches the age of 65;
- upon expiry of a two-month period in the case of temporary incapacity to provide care;
- upon the death of the care recipient, and only in the case of a parent caregiver – no longer than ten months from the date of death of a child with development disabilities;
- upon the death of the caregiver;
- when the care recipient enters into a lifelong maintenance contract or out of any other reason from Article 64 occurring (the initial requirements for a person to be appointed as caregiver).

Here, we can observe that there is a slight difference between a parent caregiver and a caregiver in cases where the care recipient dies, which is also one of the novelties introduced with the addendum of the Act. The termination day of the benefit is the same as the day of death, when the caregiver is providing care to an adult, when in cases of parent caregivers, their status can be prolonged up to additional ten months after the child's death. Since a death of a child is considered to be a profoundly disruptive life-event, allowing the status to continue gives parents both emotional and financial space to cope with the grief and adapt to upcoming life changes. In these cases, the return to the labour market is not forced and these ten months serve as an adaptation period, providing them some time before expecting their return into the labour market.

After the status ending, the caregiver becomes an unemployed person and they can apply to the Croatian Employment Service, under the same conditions as persons that were in regular employment, as mentioned earlier. In order for them to attain unemployment benefits – the insured

period has to last minimally nine months and the reason for the termination has to be out of no fault of their own.

Conclusion

Despite of the existing legal framework, parent caregivers and caregivers often remain without adequate support and face numerous systemic barriers. Among these are lengthy administrative procedures, inconsistent practices among regional office branches of the Croatian Institute for Social Work, lack of available community-based services, and a generally lacking coordination between the health, education, and social welfare systems in the country.[58] Although conceived as a commendable idea and instrument of the social welfare system, that same system has not yet found suitable solutions for many issues linked to this right. Some of these include the lack of institutional support for professional counselling and psychosocial assistance, as well as the absence of organized replacements during rest or sick leave, often leaving caregivers to arrange and organise their substitutes themselves.

The problems that usually arise in these cases, and what caregivers stress out as common are various, such as isolation of the caregivers in the society, the gruelling administrative process of attaining the status, the inability to use rest and sick days, and inequality on the labour market. The situation affects them physically and mentally, raising thoughts about the present and the future, with often present anxiety over what will happen next. The caregiver must be prepared for anything to happen at any time, which creates the stress of never being able to rest from responsibility.[59] Unlike employment, where the responsibility ends with the person's daily shift ending, where they can go home and have their daily rest, unbothered by the workplace pressure, caregivers live in the same household with the persons they are caring for and their shifts effectively last 24 hours a day, despite officially "working" only eight hours, as that is the amount of hours they are ensured and paid for. Here, we have the regular, so called "9-5" turning into a lengthy "24/7", with being on high-alert the entire time.

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[58] Roditelji njegovatelji: Status bez sigurnosti, rad bez predaha, https://www.edusinfo.hr/aktualno/iz-obrazovanja/roditelji-njegovatelji-status-bez-sigurnosti-rad-bez-predaha-65365 (Accessed on 20 August 2025)

[59] A. Jarling, I. Rydström, M. Ernsth-Bravell, M. Nyström, and A.-C. Dalheim-Englund, *A responsibility that never rests – the life situation of a family caregiver to an older person* in *Scandinavian Journal of Caring Sciences*, vol. 34 (2020), 44–51, p. 47

Their role is not only to care for the basic needs of the care recipient, but they also have to ensure a stable environment, provide supervision and emotional support, manage difficult behaviour, make decisions on their behalf, financially manage the care and the needs related to it, as well as often provide nursing care and therapeutic tasks. In addition to specific care and responsibilities, they must continue to perform usual daily tasks that were their responsibility before; being a parent, a partner, taking care of the entire household and juggle a multitude of tasks simultaneously.[60]

The caregivers who disrupt their careers and leave the labour force to meet the fulltime demands of caretaking can face substantial economic risks and both short-term and long-term financial struggles. These risks include loss of income, reduced career opportunities and savings and substantially lower pension benefits.[61] For unskilled and low-income workers, this trade-off may appear positive in the short-term, incentivising them to withdraw from the formal labour market[62], but even this group may face disruptions to employment continuing even after the care provision has stopped,[63] and they may not be able to return to the labour market in the same capacity. Skilled workers may find it especially difficult, considering that during their time spent as caregivers, they were not actively participating in the labour market in the way that they weren't getting relevant work experience and furthering necessary skills. In many cases, caregiving lasts for years, and once it ends, there has already been a significant gap in the person's work experience, and they will find it more difficult to find an adequate job later on.

This is why it should be important to think about different initiatives or activation policies that would help caregivers reskill and return to work after a period of caring[64], as well as include them into schemes that might help them upgrade their skills even while they are still performing their duties. This might not only include skills directly associated with their already existing ones and match their education, as a mean to keep them relevant and later on competitive on the labour market, but could also include improving their medical training and education, since most of them are not adequately educated to perform their duties.

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[60] C.S. Fernandes and M. Angelo, *Family caregivers: what do they need? An integrative review* in *Revista da Escola de Enfermagem da USP*, vol. 50, no. 4 (2016), 672–678, p. 675

[61] S.C. Reinhard, S. Caldera, A. Houser and R.B. Choula (2023), *Valuing the invaluable 2023 update: strengthening supports for family caregivers* in *AARP Public Policy Institute*, p. 9

[62] B. Vanhercke, S. Sabato and D. Bouget, *op.cit.*, p. 171

[63] S.C. Reinhard, S. Caldera, A. Houser and R.B. Choula, *loc.cit.*

[64] Eurocarers. 2022., *op.cit.*

Croatian Employment Service is currently not developing any specifically targeted active labour market policies, but caregivers can only exercise their rights to receive unemployment benefits and participate in the same programmes supported by the CES, under the same conditions as persons in employment. According to the Ombudsperson for Persons with Disabilities, caregivers are not asking for any privileges, but simply for recognition of their invisible everyday lives and an equal position in society. The system should ensure them dignity, security, and support through a clearly defined status, the right to rest, education, psychosocial assistance, and a chance to be included in the community as equals to any other category of citizens.[65]

To make this institute not only sustainable but also attractive to a wider range of potential beneficiaries, it is necessary to develop adequate institutional support and adopt a set of clear rules and regulations to govern it. Until then, it remains primarily an alternative option for unemployed persons to participate on the labour market (but not as active workers with real effect on the economy) and it cannot be considered a substitute for "real" employment or a career. Rather, it should be viewed as part of the framework tied to the welfare state, stepping in when there are no other viable solutions and primarily benefiting the care recipient, serving as an alternative to institutionalization of care.

[65] Roditelji njegovatelji: Status bez sigurnosti, rad bez predaha, *op.cit.*

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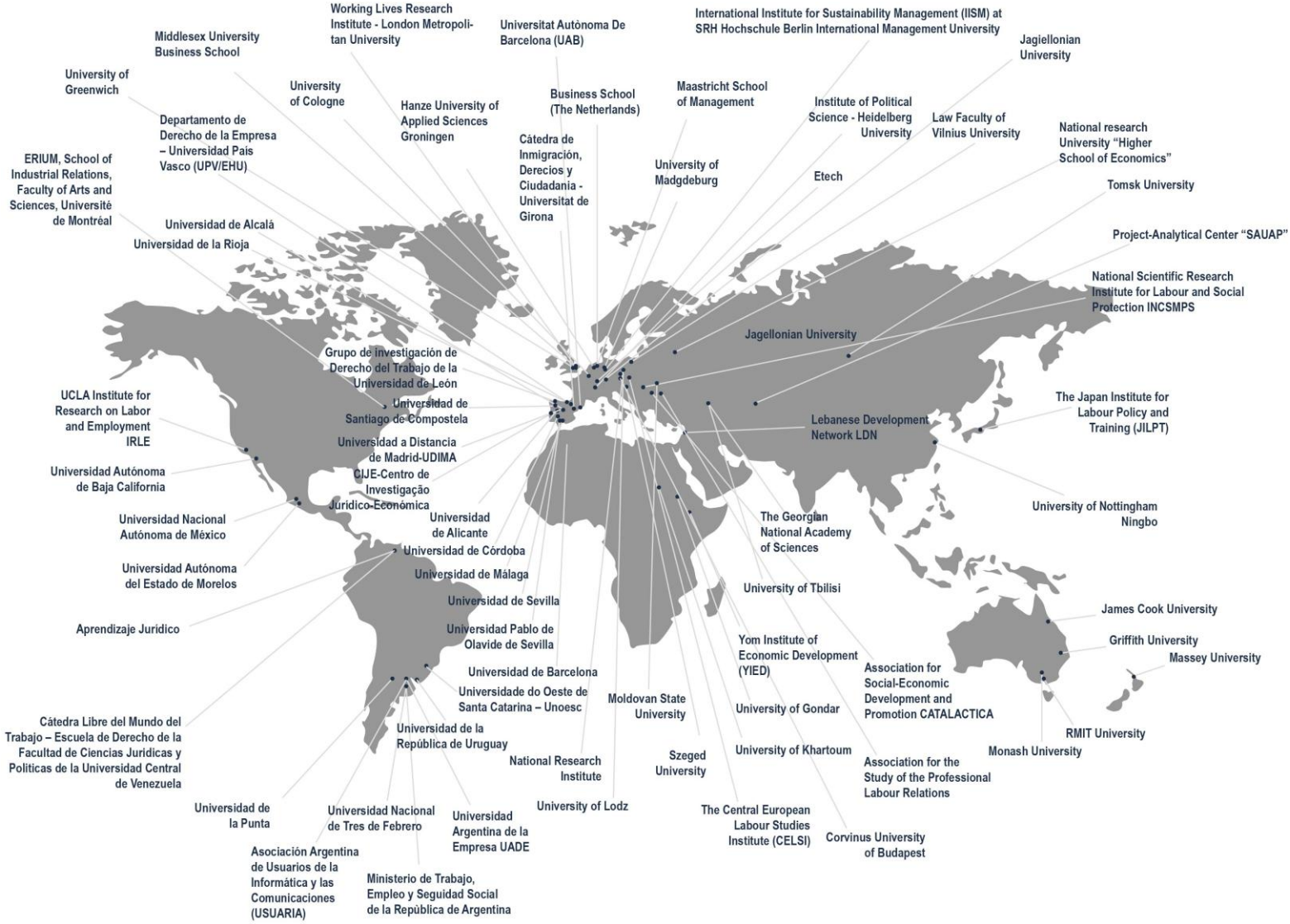

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