Introduction and Objectives

Eurostat data (2019) showed that in EU-28 almost three quarters (72.5%) of very old people (over 85 years) had long-standing illness or a health problem, and about two thirds (66.9%) of elderly people (75-85 years) and more than half (56.9%) of old people (65-74 years). Croatia is now ranked as the 14th fastest shrinking country in the world and have a very old population. For the EU, public expenditure on long-term care is projected to increase from 1.6% to 2.7% of GDP between 2016 and 2070. Rapid expansion in the number of very old people presses policymakers for quality and sustainable solutions for long-term care.

Methods

Institutional and organizational documents have been analysed by the document analysis method. It included the review and evaluation of printed and electronic materials. The analytical process involved the selection, evaluation, interpretation and inference.

Results

The long-term care services including high levels of public expenditure and coverage are characteristic of Northern European countries. Medium expenditure and coverage are characteristic of many Western countries and low expenditure and coverage by Mediterranean, Central and Eastern European countries. Croatia national-level data reveal large gaps in the provision of and access to long-term care. In 2014, less than 10% of all elderly reported that they had made use of homecare services. The use of social services shows that of the 72,408 individuals who received the assistance and care allowance, half were over 65 years of age and two thirds received the full amount of the benefit.

In 2015, 3,328 old persons received home help assistance. Also 9,287 old people have received the guaranteed minimum benefit amounting to 9.07% of all recipients of this benefit (1.16% of all old persons). Further 3,226 old people received the personal disability allowance amounting to 13.58% of all recipients of that benefit. An analysis of social protection expenditure showed that the largest part of social protection expenditure in 2016 belonged to the elderly services (34.2%).

Conclusion

Planning for comprehensive and integrated long-term care for the elderly in Croatia needs to be discussed and promptly initiated. Recommendations go in three directions: a) developing tools and training packages to strengthen formal and informal caregivers; b) building sustainable workforce for ensuring the quality and capacity of integrated long-term care; c) increase capacity in long-term care: nursing homes, rehabilitation facilities and hospitals for long-term chronic care.