

December 2016

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## Caring for Carers: an Analysis of Informal Care Policies in Bosnia and Herzegovina<sup>i</sup>

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Informal care comprises unpaid care services provided in the private sphere of the home, as part of pre-existing relationships with relatives, spouses, friends or neighbours. Informal care is often the only form of long-term care which many persons in need of care can access at all, and is a significant, and internationally increasingly widespread component of long-term care.<sup>ii</sup> As the formal long-term care system in Bosnia and Herzegovina is underdeveloped and plagued with many shortcomings, primarily manifested in the form of limited access to services and insufficient allowances for the users, the burden of caring for care-dependent persons has been shifted for the most part into the sphere of informal care. Yet informal carers are completely neglected in long-term care policies and receive no support – whether in the form of services or financial compensation – to make the task of providing care easier or improve the informal carers' well-being.

### Why introduce informal care policies?

- Demographic and health trends indicate that the need for long-term care in BiH will inevitably grow. Over the last five years, there has been a noticeable rise of the number of social welfare users, including persons with disabilities and chronic conditions, who are in need of different forms of care and support.
- However, the long-term care system has largely been neglected, with modest payments and underdeveloped services; as such, it cannot respond to the needs of long-term care recipients, most of whom are the elderly, children with disabilities and persons with disabilities who cannot care for themselves.
- As there has been no adequate response by the state in the field of long-term care, the burden of caring for persons in need of care has been shifted to their family members.

### What is the current status of informal carers?

- The long-term care system in BiH is primarily orientated towards direct support measures for persons in need of care, whereby the needs of informal carers are completely neglected.
- Persons providing informal care are not recognised in the long-term care system in Bosnia and Herzegovina. Policies in this area are focused exclusively on the rights and services orientated towards persons in need of care, but not on informal carers.

- Caregiving is a time-consuming activity which restricts informal carers' social lives.
- Caring for others limits or precludes the participation of informal carers in the labour market, which negatively affects their economic well-being.

### **What are the existing practices and policies?**

- The existing long-term care policies in BiH do not provide for measures with sufficient scope to offset the negative repercussions of caregiving on informal carers.
- Persons providing informal care in BiH receive no state support whatsoever, i.e. no institutionalised assistance, whether in the form of financial compensation or services, that would make care provision easier or meet, to an extent, the social and economic needs of informal carers.
- The existing policies do not institutionalise the process of identifying and recording informal carers, the type of care they provide and the needs they have, which would provide an insight into the state and prevalence of informal care in the country, and would make it possible to draft adequate policies in this area.
- Informal carers do not have access to adequate counselling or training services, which would improve the quality of the care they provide, as well as their own well-being. In addition, there are no specialised institutionalised training courses for informal carers that provide them with the necessary skills and knowledge to improve the quality of the service the carers provide.

### **General Recommendations to Improve the Field of Informal Care and the Position of Informal Carers in BiH**

- It is necessary to prescribe the obligation to identify and record informal carers, the prevalence of informal care and its share in overall long-term care, the existing informal practices and the basic needs and problems faced by care providers.
- Preconditions should be created to raise the amount of care allowance, so that the allowance meets the actual needs of care recipients, including the option of hiring informal carers.
- It is necessary to consider possible avenues of introducing direct allowances for informal carers. Whether they be merely symbolic, or sufficient to substitute a minimum wage, these allowances would make sure that informal carers are at least partially compensated for their efforts, and offset the repercussions of their reduced economic activity.

- In accordance with international practices, the possibility of introducing health insurance and social security for informal carers should also be considered, with a view to improving their social safety.
- In addition to financial compensation, support measures aimed at informal carers are needed, such as counselling and basic training, which would improve the quality of the carers' lives and the care they provide. These services would put a lot less strain on the public finances than other long-term care measures, and could be realised by the existing social welfare institutions and, where necessary, by NGOs.
- In accordance with the practice in most European countries, it is necessary to introduce respite services (designed to enable the carers to take a few hours or days to rest and recuperate) as an additional form of support for informal carers.
- It is generally necessary to work on the continual improvement of formal long-term care services, so that care-dependent persons are able to access and choose different care services.
- It is necessary to broaden the scope of these measures where they have not been diversified, and at the same time create the preconditions for their practical realisation, so that they do not remain a dead letter. A necessary precondition for that is a strategic approach to the development of the long-term care sector which could ensure greater revenue for social welfare budgets through taxation and contributions, thereby offsetting the investment necessary for the development of services.
- Finally, it is necessary to improve the coordination between different actors at the local community level, including social welfare centres, healthcare institutions, and the private and civil sector, in order to create the preconditions for enabling the elderly and infirm to stay in their households or communities.

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i This document is a digest of the policy brief titled *Caring for Carers: an Analysis of Informal Care Policies in Bosnia and Herzegovina*.

ii In the simplest possible terms, long-term care can be defined as “the system of activities undertaken by informal caregivers (family, friends and/or neighbours) and/or professionals (health and social services) to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her individual preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfilment and human dignity.” Henk Nies, Kai Leichsenring and Sabina Mak, “The Emerging Identity of Long-Term Care Systems in Europe”, in *Long-Term Care in Europe: Improving Policy and Practice*, Kai Leichsenring, Jenny Billings and Henk Nies (eds.) (Palgrave Macmillan, 2013).

This publication is a result of the project “Caring for the carers: Policy analysis of informal care provision in Macedonia and Bosnia and Herzegovina” implemented by European Policy Institute – Skopje in partnership with Center for Social Research Analitika. The project is supported by Regional Research Promotion Programme (RRPP).



The RRPP promotes social science research in the Western Balkans (Albania, Bosnia and Herzegovina, Kosovo, Macedonia, Montenegro and Serbia). Social science research aids in the understanding of the specific reform needs of countries in the region and in identifying the long-term implications of policy choices. Researchers receive support through research grants, methodological and thematic trainings as well as opportunities for regional and international networking and mentoring. The RRPP is coordinated and operated by the Interfaculty Institute for Central and Eastern Europe (IICEE) at the University of Fribourg (Switzerland). The programme is fully funded by the Swiss Agency for Development and Cooperation (SDC), Federal Department of Foreign Affairs.

The views expressed in this publication are those of the authors and do not necessarily represent opinions of the SDC and the University of Fribourg.



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