

## CARING FOR CARERS: AN ANALYSIS OF INFORMAL CARE POLICIES IN BOSNIA AND HERZEGOVINA

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Providers of informal care are not recognised in the long-term care system in Bosnia and Herzegovina (BiH). The existing measures in the area of long-term care are primarily aimed at persons in need of care, whereby the needs of informal care givers are almost completely neglected. The primary goal of this paper is to analyse the area of long-term care, focusing on informal care in BiH, and presenting international practices in this area which have been recognised and systemically regulated in most EU countries through various modes of providing support and services to informal care givers. Based on the identified examples of good practice in other countries, several recommendations for the systemic regulation of informal care in BiH have been formulated.

### SUMMARY

### 1. INTRODUCTION

Various demographic, health, social and other trends indicate that the need for long-term care will inevitably grow in the upcoming period in BiH. However, the long-term care system, as an important component

of social welfare, is largely neglected, with modest payments and underdeveloped services; as such, research has shown, it cannot respond to the needs of long-term care recipients – the elderly, children with disabilities and persons with disabilities who cannot care for themselves.<sup>i</sup>

#### Demographic and other trends in BiH

- According to the 2013 census, 14.22% of the population of BiH were 65 or older, which is somewhat below the EU average of 18.2% for the same year.<sup>ii</sup>
- A considerable increase of the 65-or-older age cohort has been prognosticated: according to the FBiH data (2013), by 2035 the number of persons from this cohort will increase by 34.2% compared to 2012. The RS data (2010) put the figure at 20.5% by 2036 compared to 2006.<sup>iii</sup>
- An increase in life expectancy has been recorded in BiH: according to UNDP data, average life expectancy was 70.4 years in 1980, while in 2014 it was 76.5.<sup>iv</sup>
- According to WHO data, estimated “healthy life expectancy” for BiH is 68.6 years, which is below the European average of 70.3.<sup>v</sup> The shorter healthy life expectancy inevitably strains the health care and social welfare system even when the share of older population is not high.<sup>vi</sup> At the same time, the rate at which the elderly population has been falling ill is on the rise.<sup>vii</sup>
- In the last thirty years, the number of persons who live alone has risen considerably: for instance, in 1981 there were 97,423 one-person households in BiH, in 1991 there were 130,222, and in 2013 the number stood at 217,613,<sup>viii</sup> whereby it should be kept in mind that BiH has recorded a population decline.
- The last five years have also seen a rise in the number of social welfare users who need different kinds of support and care, including persons with disabilities and persons with chronic illnesses.<sup>ix</sup>

In EU countries, informal care is recognised as one of the pillars of the long-term care system, and many states have introduced different support measures aimed at informal carers. In BiH, the lack of an adequate response by the authorities to the question of long-term care comes as no surprise, seeing that the expectation that family members will take on the role of the carers if the need arises still predominates. In spite of the important role they play in the country's long-term care system, very little attention is paid to informal carers.<sup>x</sup>

## 2. OVERVIEW OF INTERNATIONAL PRACTICES AND APPROACHES TO INFORMAL CARE

Informal care is a significant, and internationally increasingly widespread, component of long-term care. In the simplest possible terms, long-term care can be defined as “a 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.”<sup>xi</sup>

Generally speaking, long-term care is an insufficiently institutionalised area of public policy, compared to other social policy areas.<sup>xii</sup> The current debates on this type of social support are therefore recent, and they question its sustainability as regards the ageing population and the financial strain on state budgets which the increase in the number of persons in need of long-term care inevitably causes. The share of persons aged 65 or more in the total population in the EU-27 was 17.4% in 2010, and is expected to reach 29.5% by 2060.<sup>xiii</sup> It is therefore expected that, by 2050, the expenditure for long-term care will double or triple.<sup>xiv</sup> By way of illustration, according to 2010 data, long-term care spending in the EU-27 stood at around 1.8% of the GDP.<sup>xv</sup> In that regard, the

ageing of the population is a challenge faced by most EU and OECD countries, especially in the light of the increasing fiscal pressures it brings about.<sup>xvi</sup>

It therefore comes as no surprise that the importance of informal care is increasingly recognised in the debates on the sustainability of long-term care.<sup>xvii</sup> Policy-makers see informal care, defined as unpaid work in the private sphere of home, done as part of pre-existing relationships with relatives, spouses, friends or neighbours,<sup>xviii</sup> as a “relatively free and available resource which will fill the gaps and substitute for the deficiencies of publicly provided service delivery”<sup>xix</sup>.

Informal care is the pillar of the long-term care system. For instance, it is estimated that the number of informal care providers in the EU is at least two times the number of formal carers<sup>xx</sup> and the care they provide makes up three fourths of the total long-term care provided.<sup>xxi</sup>

Yet, the trends in long-term care run the risk of increasing the pressure on care providers. The trend of deinstitutionalisation, the prevalence of disability in elderly persons, and the cutting of formal long-term care funding<sup>xxii</sup> also bring about additional burdens for informal care providers in the upcoming period. In other words, as the availability of public services decreases, the tasks of formal care spill over into the sphere of informal care and become a challenge for informal carers (partners, relatives, friends etc.). Seeing that the provision of care includes a wide range of services which require commitment and take a significant amount of time, these activities can have serious implications for the carer in terms of fulfilling his or her own needs. The impact of care provision on the carer's (in)ability to participate in the labour market, as well as on his or her general welfare and quality of life is well-documented,<sup>xxiii</sup> whereby it is often stressed that women have a worse position due to societal pressures, that is, social norms and expectations, seeing that care-giving is characterised as predominantly “women's work”<sup>xxiv</sup>.

With this in mind, many European countries have decided, due to the changes in the demographics and the anticipated costs of (formal) long-term care, to put the issue of informal care on the agenda<sup>xxv</sup> and make it possible for informal caregivers to access different types of support, which we discuss below.

## 2.1. Support Measures for Informal Carers

Support is provided to informal caregivers via different kinds of measures. These measures are realised in the form of payments and non-monetary services designed in different ways. Furthermore, they can be aimed directly at carers (direct measures), or at care recipients (indirect measures) whereby informal carers benefit from them indirectly (see Table 1).

shows that some form of financial assistance is the most common form of support in the long-term care systems of European countries.<sup>xxviii</sup> Financial assistance is mostly awarded to care recipients, while some countries' support systems include financial assistance for care givers as well. Informal carers benefit indirectly from the assistance provided to care recipients, seeing that they are compensated for the provision of care by care recipients themselves.

There are three modes of realisation of assistance for care-dependent persons. The first involves direct money transfers for care (cash payments), whereby users decide for themselves how to spend the money (e.g. in France).<sup>xxix</sup> The second mode is care financing via vouchers (e.g. in Sweden), whereby users can choose an accredited service



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Table 1. Overview of basic support measures for informal carers

Type of measures	Direct (for carer)	Indirect (for care recipient)
Financial	Carer's allowance	Cash payments
		Vouchers
		Routed wages
Non-financial	Information	Professional formal in-home services
	Counselling	Adaptation of care-dependent person's home
	Training/education	Monitoring technologies (e.g. video surveillance)
	Self-help and support groups	Respite services
	Advocacy groups and associations	n/a
	Employee support	n/a

Source: adapted from Triantafyllou (2010)<sup>xxvi</sup>

### 2.1.1. Financial Assistance

Financial assistance for care was introduced into the social welfare system primarily in order for the care-dependent person or his or her family to be able to choose the type and the provider of care service, in order for informal carers to be compensated or recognised for their efforts, and in order to introduce policies which reduce the financial strain on the long-term care system.<sup>xxvii</sup>

Financial assistance is a measure applied in this field by most countries. Research

provider.<sup>xxx</sup> The third mode involves so-called routed wages for family members who care for the user (e.g. in Italy and the Netherlands).<sup>xxxi</sup>

On the other hand, assistance aimed at informal carers is paid directly to them, by way of compensation for their inability to (fully) participate in the labour market and the resulting loss of income, or by way of symbolic compensation for their efforts.<sup>xxxii</sup> In other words, whilst in some countries these allowances have the character of income

substitute, i.e. their purpose is to substitute the income which the carer could have earned if employed (the minimum wage is usually taken as the baseline), in others they are considered income supplements designed to compensate the carer for his or her time and effort, if only partially.<sup>xxxiii</sup> In addition, payments for health and/or pension and disability insurance are another way to compensate the carers for their efforts and improve their life conditions.

Obtaining direct financial support for informal carers is mostly contingent on a number of criteria, such as a means test, that is, the informal carer's monthly income, the care recipient's disability level, the relationship between the carer and the care recipient, the amount of time spent providing care, etc.<sup>xxxiv</sup> For instance, informal carers in England qualify for carer's allowance if they provide a minimum of 35 hours of care per week, and they cannot make more than 95 pounds per week. Additionally, they qualify for pension plan contributions if they provide more than 20 hours of care per week.<sup>xxxv</sup> In Germany, pension plan contributions are paid in the name of every carer who provides more than 14 hours of care per week, provided he or she is not employed (i.e. works less than 30 hours a week).<sup>xxxvi</sup>

The duration of these benefits may be regulated in different ways. While in some countries entitlement to such benefits is not subject to time limitations, in others they are temporary (e.g. they are restricted to 6 months in Denmark)<sup>xxxvii</sup> or are realised as one-off payments (e.g. in Spain)<sup>xxxviii</sup>.

The amounts of carers' benefits vary, but are generally small.<sup>xxxix</sup> While in some European countries these benefits are considered generous (e.g. in Italy they are around EUR 487),<sup>xl</sup> in others they are primarily symbolic. Still, in order for a benefit to fulfil its function of compensating the carer for the care provided, i.e. to meet the financial needs of the carer, it is considered that the amount should "make it possible for the carer to combine care and work, should not be minimal, and should increase choice."<sup>xli</sup>

### 2.1.2. Non-financial (in-kind) Services

In addition to financial allowances, appropriate support services are of exceptional importance as they enable the informal carer to adequately perform and improve the provision of care, and they help preserve the autonomy and quality of his or her life. Although many European countries have recognised the importance of support services for informal carers and have made efforts to incorporate such services into their long-term care systems, their availability varies substantially from country to country.<sup>xlii</sup>

Indirect services, that is, services aimed at care recipients, are generally more available and accessible than direct services. In this category, of particular importance is so-called respite care,<sup>xliii</sup> designed to enable the carers to take a few hours or days to rest and recuperate. They are the most common type of support in European countries.<sup>xliv</sup> Another widespread mode of support is the adaptation and equipping of the spaces occupied by care-dependent persons,<sup>xlv</sup> aimed at meeting the care recipient's specific needs in order to achieve the highest possible level of service. Professional services provided to the care recipient by trained and qualified social and health workers are also considered a type of indirect support to informal carers, especially important for "carers in the labour market, [because] the availability of adequate formal services can contribute to remaining in employment and limiting their poverty risk."<sup>xlvi</sup>

Informal carers can also benefit from support services designed exclusively for them (direct measures). These services are mostly advisory and educational in nature (information, counselling, training, etc.). For instance, family medicine physicians in Scotland are tasked with identifying providers of informal care, entering them into official records and ensuring they are provided counselling and information services.<sup>xlvii</sup> In Germany, special training, financed by the long-term care fund, is organised for informal carers, if their families express interest.<sup>xlviii</sup>

### 3. LONG-TERM CARE POLICIES IN BIH

The long-term care system in BiH is predominantly orientated towards direct support measures for care-dependent persons. These persons are entitled to a care allowance as well as various care services provided by social welfare institutions.

Care allowance is aimed at persons with physical difficulties and serious medical conditions, and persons who need support and care by others in order to meet their basic life needs.<sup>xlix</sup> The basic requirement for obtaining such allowances are findings issued by competent medical institutions or commissions.<sup>l</sup> While this entitlement is virtually universal in Brčko District<sup>li</sup> and the Republika Srpska, i.e. it is not contingent on the recipient's financial circumstances, in the Federation of BiH it varies from canton to canton, and is contingent on the social category to which the recipient belongs. To illustrate, for persons with 90% or 100% disability, the allowances are usually not means tested, whilst persons older than 65 do not qualify if their income exceeds the defined threshold.<sup>lii</sup>

The amounts allowed are small and in most cases cannot meet the recipients' needs.<sup>liii</sup> Depending on the recipient's level of disability and place of residence, that is, the administrative area they reside in, the allowances vary from 1/6 to 1/3 of the average salary.<sup>liv</sup> Thus in the RS, where allowances are co-financed by local self-government units and the RS government, the largest amount that can be received is around BAM 166, in Brčko District around BAM 172, whilst in the FBiH, depending on the canton which finances the allowance, they vary from BAM 307 in the Sarajevo Canton to BAM 71 in the Zenica-Doboj Canton.<sup>lv</sup> The amount depends on the social category the recipient falls into, whereby persons with a 100% disability receive the largest amount. Yet, not even the largest allowance can cover the costs of all the care services these persons need.<sup>lvi</sup> In some parts of BiH, there is the additional problem of late payments,<sup>lvii</sup> which may

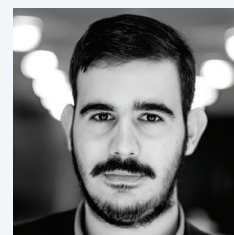
complicate the financing of care services for the recipients.

Allowance recipients often redirect these funds for purposes other than obtaining care. As they decide for themselves on how to spend their allowance, they mostly spend it to satisfy basic needs, due to their economic circumstances.<sup>lviii</sup> In turn, obtaining care becomes a secondary consideration for the recipients, which renders the allowances less effective, i.e., it precludes the fulfilment of their original function.<sup>lix</sup>

In addition to the financial services, the long-term care system in BiH provides various non-financial services. These services take the form of admission to social welfare institutions, in-home care and assistance,<sup>lx</sup> and assignment to a foster family. Still, the type and scope of services the recipient qualifies for depends on his or her place of residence, and the law does not provide for some basic services – such as in-home care and assistance – in all parts of BiH (see Table 2).

In addition to the recipient's needs being officially determined, the realisation of the entitlement to these services, paid for from the budget, is mostly contingent on the recipient's income or property status. Also, non-financial services are intended for persons without close relatives (parents, spouses or children) legally obliged to care for them, and can also be obtained in cases where close relatives lack the means to care for the person in need of care.<sup>lxii</sup> It is therefore possible to claim that these services have the character of social welfare assistance for the most vulnerable care-dependent persons, while it is assumed that they should primarily be cared for by close relatives.

In some parts of BiH, obtaining financial assistance restricts access to other types of services.<sup>lxiii</sup> To illustrate, a recipient of care allowance in BiH does not qualify for admission to a social welfare institution, although the practice is different when it comes to the entitlement to in-home care and assistance: in the RS this can be obtained in conjunction with financial assistance, whilst in



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Table 2. Overview of most important entitlements to non-financial services by administrative territorial unit

	RS	BD	FBiH									
			KS	TK	PK	ZDK	HNK	BPK	ZHK	SBK	K10	USK
Assignment to foster family	x	x	x	x	x	x	x	x	x	x	x	x
In-home care and assistance	x	x	x	x		x	x	x	x	x	x	x
Daily care	x											
Assistance with special difficulties					x						x	
Admittance to social welfare institutions	x	x	x	x	x	x	x	x	x	x	x	x
Most important social welfare institutions whose (possible) establishment is provided for under law												
Institution / home for adults, elderly and infirm	x	x			x	x	x	x	x	x	x	x
Gerontology centre	x		x									
Day care centre	x	x	x	x		x	x	x	x	x		x
In-home care and assistance centre	x		x	x	x		x	x	x	x	x	x
Centre for social and health care of disabled persons	x	x	x			x	x	x	x	x		x
Home for children and youths with special needs	x	x			x	x	x		x	x	x	x

Source: Social welfare laws<sup>lxvi</sup>

the Federation of BiH the issue is regulated differently across cantons.<sup>lxiv</sup> Therefore the recipients, considering that most of them are facing difficult financial circumstances, mostly opt for allowance rather than non-financial care services. For instance, last year only one person chose in-home care and assistance service over care allowance in the Sarajevo Canton.<sup>lxv</sup>

Yet the entitlements laid down by law are realised only partially.<sup>lxvi</sup> Although social protection laws provide for a wide range of services, including the establishment of various institutions which would provide such services, access to such services is contingent on the financial power of administrative ter-

ritorial units (primarily cantons and municipalities).<sup>lxvii</sup> For instance, when it comes to in-home care and assistance in Brčko District, the law foresees the following services – meal services, assistance with household chores, and personal hygiene maintenance services; however, only meal services are provided, while other services are not. Furthermore, in the Bosnia-Podrinje Canton, due to the lack of funds, a previously implemented in-home care and assistance programme has been discontinued.<sup>lxviii</sup> The situation is similar in some other cantons and municipalities as well.

In practice, this means that, at the local community level, service networks have not

been developed to enable the recipients to access services and choose the type of support they need. Although NGOs and other legal entities are allowed under social welfare laws to provide various services, including in-home care and assistance (in some parts of BiH the services they provide are paid for by the state), service providers from the private and non-governmental sector are mostly not integrated into the long-term care system. In some municipalities, services such as day care or in-home care and assistance are provided by professional carers or volunteers engaged by humanitarian NGOs, but as a rule, this is done *ad hoc*, and is project-based.<sup>lxi</sup> Several informants pointed out that the long-term care sector is underdeveloped, in spite of the objective needs of users, and this is equally true of public, non-governmental and private institutions operating in this field. Access to long-term care services is especially difficult for elderly and immobile persons without close relatives who live in rural areas; due to the lack of an institutionalised, proactive approach to the recording of their needs and provision of care, they often find themselves completely socially excluded.<sup>lxii</sup>

#### 4. INFORMAL CARERS IN THE LONG-TERM CARE SYSTEM IN BIH

Since the formal long-term care system is plagued with numerous shortcomings, manifested primarily in the limited access to services and insufficient allowances, the burden of caring for care-dependent persons has been shifted for the most part into the sphere of informal care. In addition, effective legislation regulating the area of family relations prescribes the obligation of caring for close relatives – parents, children and spouses – which places the issue of care primarily into the family sphere.<sup>lxiii</sup>

Yet, informal carers are not recognised in the long-term care system in BiH.<sup>lxiiii</sup> In other words, policies in this area are solely focused on the entitlements and services aimed at care-dependent persons, while the needs of informal carers are neglected. 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 the social and economic needs of informal carers to an extent. Finally, existing policies do not institutionalise the process of identification and recording of 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.

Caring for others limits or precludes the participation of informal carers in the labour market, which may affect their economic well-being negatively.<sup>lxv</sup> Yet the existing policies in this area do not foresee financial compensation for informal carers. While the effective legislation does foresee care allowances, they are aimed at persons in need of care, whereby the manner in which the funds are to be spent is up to the recipient.<sup>lxvi</sup> Due to the life circumstances of care recipients and their family members, the allowance is often used for purposes other than compensating informal carers. In addition, long-term care policies do not provide for the payment of health insurance or pension plan contributions for informal carers during the term in which they provide care services. Although many countries offer informal carers direct financial compensation, as well as payment of contributions, this practice has yet to take hold in BiH.

In addition, although informal care is time-consuming and restricts the carer's economic and social life, the existing long-term care policies in BiH do not provide for measures with sufficient scope to offset these repercussions.<sup>lxvii</sup> Measures such as flexible working hours, additional holiday leave, sabbatical, and respite services for informal carers are not provided for under existing long-term care policies. Caring for a child with mental or physical disabilities is an exception, whereby one parent has the right to work half-time until the child turns three (RS and FBiH) or two (BD), if he or she is a single parent, or if both parents are employed.<sup>lxviii</sup>

Finally, 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.<sup>lxxvii</sup> Although counselling falls under the scope of social work centres, they mostly provide family counselling, and they lack the capacities for providing counselling services in the field of informal care.<sup>lxxviii</sup> In addition, there are no specialised institutionalised training courses for informal carers that would provide them with necessary skills and knowledge, thereby improving the quality of the service the carers provide.<sup>lxxix</sup>

## 5. CONCLUSION AND GENERAL RECOMMENDATIONS

The long-term care system in BiH is underdeveloped. Although the effective laws lay down a broad range of entitlements in this area – from care allowances to various non-financial services, such as admittance in social welfare institutions, in-home care and assistance, etc. – due to financial constraints, these entitlements are realised only partially, and to varying degrees across administrative territorial units. The availability and the possibility of realising these entitlements depend on the canton or municipality in which the recipient resides.

Because the system is underdeveloped, the burden of caring for persons in need of long-term care is mostly borne by informal carers. Yet, the existing long-term care system does not recognise the status of informal carers, that is, there are no policies which would make their status official, nor are there any measures purpose-designed to meet the needs of these persons.

Below are general recommendations aimed to improve the field of informal care and the status of informal carers in BiH, based on comparative practices in the area of long-term and informal care, as well as on consultations with representatives of social work centres and international humanitarian organisations from different parts of BiH.

As a precondition for creating adequate measures to improve the long-term care system 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 basic needs and problems faced by care providers. This is especially important in the light of the fact that informal care is an insufficiently researched, monitored and documented field.

- Also, preconditions should be created to raise the amount of care allowance, so that the allowance could meet the actual needs of care recipients.
- At the same time, 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 which provide education in this field.
- In accordance with the practice in most European countries, it is necessary to introduce respite services as a 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. In addition to improving the quality of the care provided to care-dependent persons, well-developed services in this field would significantly disburden informal carers, that is, reduce the pressure on the informal forms of care provision. With this in mind, 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. In addition to the development of professional services, this requires incentives for the development of voluntary local services.

i See, for instance: Aida Malkić and Tea Hadžiristić, *Intersekcijne nejednakosti u sistemu socijalne zaštite: rezultati empirijskog istraživanja* [Intersecting Inequalities in Social Protection in Bosnia and Herzegovina: Results of an Empirical Study] (Sarajevo: Analitika, 2016).

ii Calculation based on: Agency for Statistics of Bosnia and Herzegovina, *Popis stanovništva, domaćinstava i stanova u Bosni i Hercegovini, 2013: rezultati popisa* [Census of Population, Households and Dwellings in Bosnia and Herzegovina: Final Results, 2013] (Sarajevo: Agency for Statistics of Bosnia and Herzegovina, 2016), *Population by Five Years Age Group and Sex, level of BiH, FBiH, RS and BD*, pp. 28-29, <http://www.popis2013.ba/popis2013/doc/Popis2013prvolzdanje.pdf> (accessed on October 14, 2016); Eurostat, "Population: Structure Indicators", <http://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do> (accessed on October 14, 2016).

iii Government of the FBiH, *Strategija reforme penzijskog sistema u Federaciji BiH, prijedlog* [Strategy of the Pension System Reform in the Federation of BiH, a Proposal] (Sarajevo: Government of the FBiH, 2013), pp. 8-10, [http://www.parlamentfbih.gov.ba/dom\\_naroda/bos/parlament/propisi/El\\_materijali/Prijedlog%20Strategije%20reforme%20PIO.pdf](http://www.parlamentfbih.gov.ba/dom_naroda/bos/parlament/propisi/El_materijali/Prijedlog%20Strategije%20reforme%20PIO.pdf) (accessed on October 14, 2016); Government of the RS, *Prijedlog strategije reforme penzijskog sistema u Republici Srpskoj* [Strategy of the Pension System Reform in the Republika Srpska, a Proposal] (Banja Luka: Government of the RS, 2010), p. 35, <http://www.vladars.net/sr-SP-Cyrl/Vlada/Documents/Prijedlog%20strategije%20reforme%20>

[PIO-%20cirilica.pdf](#) (accessed on October 14, 2016).

iv United Nations Development Programme, *Briefing Note for Countries on the 2015 Human Development Report Bosnia and Herzegovina*, p. 3, [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/BIH.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BIH.pdf) (accessed on October 14, 2016).

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- liii This was verified by several informants who represent relevant institutions and organisations operating in the field.
- liv This is a loose estimate based on the criteria laid down by social welfare laws in Bosnia and Herzegovina.
- lv The amounts are the authors' approximate calculations, based on effective regulations as well as statements made by the informants.
- lvi This problem was pointed out by representatives of social welfare centres and NGOs from several cantons.
- lvii This problem was pointed out by representatives of social welfare centres and NGOs from several cantons.
- lviii This was verified by several informants who represent relevant institutions and organisations operating in the field.
- lix Interviews with representatives of social welfare centres from different parts of BiH.
- lx Includes assistance with household chores, personal hygiene maintenance, meal services, and meeting other everyday needs of the recipient. See, for instance, "Law on Social Welfare of the Republika Srpska", Article 48.
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- lxii For instance, admittance to social welfare institutions and foster families, as well as publicly funded in-home care and assistance (where such services are provided for under law), are, as a rule, off-limits to persons who could be cared for by relatives. "Law on Social Welfare of Brčko District BiH", Articles 53, 59; "Law on the Basis of Social Protection, Protection of Civilian War Victims and Protection of Families with Children in the Federation of BiH"; "Law on Social Welfare of the Republika Srpska", Articles 38, 42, 47; cantonal social welfare laws.
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“Law on Social Welfare of the Republika Srpska”; cantonal social welfare laws.

lxv Interviews with representatives of social welfare centres from different parts of BiH.

lxvi This was verified by several informants who represent relevant institutions and organisations operating in the field.

lxvii Interviews with representatives of social welfare centres and international humanitarian organisations from different parts of BiH.

lxviii Interviews with representatives of social welfare centres from different parts of BiH.

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lxx Interviews with representatives of social welfare centres and international humanitarian organisations from different parts of BiH.

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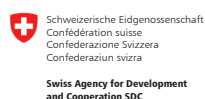
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lxxvii This was verified by several informants who represent relevant institutions and organisations operating in the field.

lxxviii Interviews with representatives of international humanitarian organisations.

lxxix Interviews with representatives of social welfare centres from different parts of BiH.

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