

Unplugged:

Faces of Social Exclusion in Croatia



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# Dear Reader,

It is my pleasure to offer you the first ever comprehensive analysis of social exclusion issues in the Republic of Croatia. The title of the report contains the word “Unplugged”, which in the highly technological society of today is probably the best symbolic image illustrating the problem, by no means unique to Croatia. “Unplugged” signifies the very state of disconnectedness, alienation and inability to be part of the social network, just like a modern appliance is inactive when unplugged from the electricity grid.

Although it is a new concept for most Croatians, we would intuitively associate social exclusion with customary images of the poor or refugees or the unemployed. While this is indeed the case, the concept of exclusion touches many more people who are frequently out of the glare of the TV cameras and hidden from our sight. A relative who has been placed in a mental institution or “special school” many years ago and whom we visit on holidays and special occasions; a physically challenged neighbor who lives concealed in his tiny apartment and rarely shows his face because getting out presents an insurmountable logistical challenge; someone from our neighborhood who spent time in jail for a petty crime and now cannot get a proper job and earn a dignified living for his or her family – all these people have been marginalized by us or by society at large. In an average society some 10-20% of citizens are in a state of exclusion. They have simply been LEFT BEHIND!

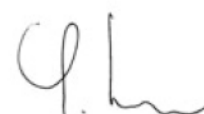
Human beings are defined in life through belonging, interaction with others and active participation in the community and wider society. Discrimination on the basis of race, religion, ethnicity, disability or other differences, as well as prejudice, injustice or simple neglect violate the basic human right of individuals to be productive members of the community and develop a sense of self-esteem, pride and ultimately happiness, by knowing that they are appreciated. While to reject and discriminate against someone who is different and does not conform to the general mold is inherent to the very basic nature of human beings, the ultimate litmus test of a truly mature, open and democratic society is how we respond to these tendencies.

“Unplugged” is a truly Croatian analysis. It is based on the first pan-European Quality of Life research in the country conducted by the UN and based on the standard European Quality of Life methodology. We asked almost 9,000 Croatian citizens from all over the country questions about their perception of the quality of life. Twenty focus groups among the excluded populations were also asked to give their analysis of the situation. Last, but certainly not least, a group of some thirty distinguished authors, whom I truly believe are among the best authorities in their respective fields in Croatia, undertook to write up the findings and their perceptions of the situation. The data collection and analysis was done largely to support Croatia’s preparation for the Joint Inclusion Memorandum (JIM) – an EU Accession instrument. This effort was led by the Ministry of Health and Social Welfare with wide participation from academia, government and civil society – a year-long process that is to culminate soon with the signature of the JIM.

This report is the final consultation and dissemination mechanism, where Croatian citizens are invited to debate, think, comment and, ultimately, influence the social policy direction of the country.

“Unplugged” the Report or “Unplugged” the Popular Guide (both available on the UNDP Website ([www.undp.hr](http://www.undp.hr)), as well as the detailed dataset collected during the research, allow literally anyone - from the average citizen to the highly specialized academic - to get as much or as little involved as they choose. The important thing is to get involved, period. It is your future.

Sincerely,



Yuri Afanasiev



## CHAPTER 1

## CONCEPT OF SOCIAL EXCLUSION





# Chapter 1: Concept of Social Exclusion

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## 1.1 An EU Perspective

Reducing poverty and social exclusion and promoting greater social inclusion has been a key policy priority of the European Union (EU) since the Lisbon European Council in 2000. It was in Lisbon that the Heads of State and Government established the EU's social inclusion process - the Open Method of Co-ordination on poverty and social exclusion. The importance of this objective and of the social inclusion process was reaffirmed in March 2006 at the European Council. In the conclusions of the Council, the Heads of State and Government restated the objective of making "a decisive impact on the reduction of poverty and social exclusion by 2010". As an EU candidate country, Croatia is also expected to participate in this process.

The origins of the EU's current approach can be traced back to the mid-1970s. Between 1975 and 1994 there was a series of three European poverty programmes. These were essentially pilot programmes that supported projects in Member States designed to deepen their understanding of poverty, raise awareness of the need for action, and to test strategies to combat the problem. During the course of these programmes the thinking and terminology developed from focussing exclusively on "poverty" to focussing on "poverty and social exclusion". This move to "poverty and social exclusion" reflected a growing perception that poverty alone was too static a term, and was often too narrowly understood in terms of income only. A broader understanding of the disadvantaged was needed. In a 1992 submission on *Intensifying the Fight against Social Exclusion*, the European Commission argued that social exclusion more effectively captured the "multi-dimensional nature of the mechanisms whereby indi-

viduals and groups are excluded from taking part in social exchanges, component practices and rights of social integration." This shift in thinking stressed that rather than looking at poverty as a specific situation at a given moment in time, it is necessary to consider the dynamics which affect people's situations over time.

A number of key learning points emerged from the European Poverty Programmes which have influenced both Europe-wide and national approaches to reducing poverty and social exclusion. These can be summarised in three key words: *participation*, *partnership* and *multidimensionality*. *Participation* refers to the empowerment and active involvement of those experiencing poverty and social exclusion and the organisations that represent them in the design, implementation and monitoring of policies and programmes. *Partnership* reflects the view that reducing poverty effectively must be the responsibility of more than one agency or sector. It requires the coordination of effort across different policy areas; involving multiple government departments and agencies (nationally, regionally and locally), social partners, and community and voluntary groups working together. *Multi-dimensionality* refers to the recognition that poverty and social exclusion are complex processes, and preventing and reducing them requires action across many different policy fields, including *inter alia* economic, employment, social and cultural.

While the poverty programmes were important in raising awareness and understanding of the issue at a European level, they were quite small-scale and peripheral programmes. However, the importance of social exclusion as a European issue increased dramatically with the adoption of the Treaty of Am-

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<sup>1</sup> For a more detailed description on the background to the EU's social inclusion process see Atkinson T, Cantillon B, Marlier E, Nolan B, Taking Forward the EU Social Inclusion Process, (forthcoming) and Jonckers J, Towards a European policy on poverty: recent developments, Belgium Yearbook, 2000.

sterdam in October 1997, which subsequently came into force on May 1, 1999. In Article 136 of the Treaty, the “combating of social exclusion” was formally recognised as a European social objective, together with the promotion of employment, improved living and working conditions, proper social protection, dialogue between management and labour, and the development of human resources. Article 137 then provided for measures designed to encourage cooperation between Member States aimed at improving knowledge, developing exchanges of information and best practices, promoting innovative approaches and evaluating experiences in order to combat social exclusion. This then paved the way for the establishment of the European social inclusion process in Lisbon in 2000.

The EU’s current social inclusion process is built on the poverty and social exclusion concept developed during the EU Poverty Programmes. The European approach highlights the fact that poverty and social exclusion are not primarily the result of people’s individual weaknesses or failings, but are the result of structural problems in society. It also recognises that people’s situations are normally affected by a range of different factors (economic, social, cultural, etc.) which reinforce and interact with each other. Poverty and social exclusion are more than just a lack of employment or inadequate resources, although these factors can play a role in prolonging or intensifying the situation. They are about dynamic processes which marginalize and exclude people from normal participation in economic, social and cultural life, acknowledging that people’s situations are not static but change over time. The concept of poverty and exclusion must also be related to people’s situations, considered in the context of the society in which they live, thus raising the question of inequality. This principle is reflected in the definitions of poverty, social exclusion and social inclusion that have been agreed upon by Member States and the Commission, as illustrated below.

### EU Definitions

**Poverty:** People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple disadvantages through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. They are often excluded and marginalized from participating in activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted.

**Social exclusion:** Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feel powerless and unable to take control over the decisions that affect their day-to-day lives.

**Social inclusion:** Social inclusion is a process which ensures that those at risk of poverty and social exclusion gain the opportunities and resources necessary to participate fully in economic, social and cultural life and to enjoy a standard of living and well-being that is considered normal in the society in which they live. It ensures that they have greater participation in decision-making which affects their lives and access to their fundamental rights. (*Joint Report on Social Inclusion 2004*)

## 1.2 Open Method of Coordination

In 2001, the Croatian Government applied for accession to the EU and was granted candidate status in 2004. Soon after, Croatia received an invitation to draft a Joint Inclusion Memorandum (JIM) with the European Commission (EC) based on the findings of the Göteborg European Council in 2001. The Council had determined that the EC and candidate countries should initiate a cooperative process would promote the full participation of candidates in the economic and social policies of the EU. JIMs are created to help prepare each country for their engagement in the Open Method of Coordination (OMC), a strategy that was launched as part of the Lisbon Strategy as a move towards the eradication of poverty in the EU by 2010.

The OMC facilitates a constructive dialogue between the EC, Member States, and other actors regarding shared policy objectives, best practices, and good governance, while respecting subsidiarity. The OMC has encouraged Member States to intensify their efforts to fight poverty and social exclusion and has promoted policy exchange regarding the maintenance of adequate and sustainable pensions.<sup>2</sup> With regard to social inclusion and pensions, the OMC process has agreed on: *common objectives* to determine high-level, shared goals; the *preparation of National Action Plans (NAPs) for Inclusion and National Strategy Reports (NSRs) for pensions* (NAPs are generated every two years, based on a set of common objectives); the evaluation of plans/strategies in Joint Commission/Council Reports; and, *joint work on indicators* to allow for mutual understanding, evaluation, and, where appropriate, target setting. The OMC has provided a framework for exchange and learning while promoting openness, transparency, and the involvement of stakeholders (European and national alike) as a means for better policymaking.

The JIM identifies and outlines the principal challenges that Croatia faces in eliminating poverty and social exclusion. It assesses the strengths and weaknesses of existing Croatian policies, and it identifies future challenges and policy priorities. It presents the major policy initiatives that have been taken in order to bring Croatian policy in line with the EU's common objectives; it highlights key policy issues for monitoring and further review; and, it analyses how to mainstream and coordinate efforts regarding poverty and social exclusion across all relevant policy fields.

The preparation and signing of the JIM by Croatia and the EC represents a strong commitment by both to undermine poverty and social exclusion, drawing these issues closer to the heart of national policy-making. Croatian endorsement of the OMC signifies a hope that, following enlargement, Croatia will be able to bring new energy and a renewed commitment to the social inclusion process. This is vital for the achievement of the Lisbon European Council goal of extensively advancing the eradication of poverty through the promotion of greater social cohesion by 2010.

Like most new Member States, Croatia has faced serious challenges in social inclusion while transforming its society and restructuring its economy. However, the intensity of Croatia's struggle with poverty and social inclusion is no greater than that found in other EU Member States.<sup>3</sup> The draft of the Croatian JIM shows that the risks associated with poverty and social exclusion are akin to those identified in the last EU Joint Inclusion Report. The Report illustrates the same multifaceted causes for poverty and social exclusion as found in Croatia, such as long-term dependence on low or inadequate income, long-term unemployment,<sup>4</sup> low paying and/or low quality employment, low levels of education and training, children being raised in vulnerable families, the impact of physical and mental disabilities, rural-urban disparities, racism and discrimination, and, to a lesser extent, homelessness and migration.

<sup>2</sup> The reader should note that, from the beginning of the OMC, "a greater social cohesion" and "the sustainability of the pension system" became the two strands of the OMC. The European Council later sought to extend the work to the future of healthcare and long-term care.

<sup>3</sup> The risk of poverty as an indicator of social exclusion in the 10 newest EU Member States reaches the level of 15% of the total population and is equal to the level in the old Member States, but it ranges between 8% in the Czech Republic and 21% in the Slovak Republic (Commission of the European Communities, 2005). If the system of social transfers were inexistent, the total risk of poverty in the new Member States would hover around 29%.

<sup>4</sup> According to research on the matter (Gallie, 2004), it seems that unemployment does not lead to more social exclusion and there is no econometric proof in EU Member States that the socially excluded had more difficulties to integrate in the labour market. Data illustrate that when there is exclusion, it is more related to the influence exercised by the mutual reinforcing action of unemployment and poverty.



Furthermore, Croatia faces many of the same major structural changes as other EU Member States, which, while creating new opportunities for jobs and developing social inclusion as part of the economic transition, must also address the added vulnerability of those unable to adapt to change. These changes include: restructuring the labour market in response to rapid economic change and globalisation; rapid growth of a knowledge-based society and Information Communication Technologies (ICT); an ageing population and higher dependency ratios; and, continuing changes in household structures. Therefore, the challenges regarding social inclusion must be assessed in the context of Croatian development overall, and must take into consideration the interaction of relevant policies in order to derive the best outcomes in the long term. Croatia, like all countries, faces the challenge of balancing development between improving overall living standards, and certain fiscal constraints. Fortunately, Croatia has displayed the internal capacities that will allow it to cope with these challenges. Its first strength lies in the resilience of the social protection system, which has played an important role in reducing the risks of poverty. Secondly, there are comparatively high levels of enrolment in primary and secondary education, as well as a lower drop out rate. This indicates the promising availability of human capital in the near future. Finally, Croatia's strength lies in the strong commitment made by national public authorities, which is reflected in the quality and comprehensiveness of the draft Croatian JIM.

In order to support the development of effective policies and programmes to prevent and reduce poverty and social exclusion, it is essential to put in place mechanisms and procedures that will help to coordinate and mainstream anti-poverty activities, mobilize all actors, and ensure the adequate implementation of policies. To this end, it is clear from the draft JIM that Croatia will benefit from:

- Strengthening arrangements for co-ordinating and mainstreaming social inclusion policies among all responsible government departments so that preventing and mitigating poverty and social exclusion become key policy goals across all relevant areas of government.
  - Developing effective arrangements for supporting and enabling the involvement of social partners, the academic community and NGOs in the development, implementation and monitoring of social inclusion policies in general and the NAPs in particular, after accession.
  - Reinforcing the fight against all forms of discrimination and fostering the principle of equal treatment on all the grounds specified by the anti-discrimination directives.<sup>5</sup>
  - Ensuring that in developing national social inclusion strategies, the importance of promoting the participation and empowerment of the excluded is fully taken into account – particularly by supporting social, community and family networks, and civil society organisations.
  - Ensuring strong links and a clear distribution of competences between national, regional, and local authorities for effective and co-ordinated development, and delivery of social inclusion policies.
  - Strengthening the statistical database on income and living conditions, especially in relation to the most vulnerable groups which are not well represented by mainstream surveys,<sup>6</sup> and improving the evaluation of policies and programmes.
  - Continuing the work of the Social Protection Committee on developing indicators which capture the multi-dimensional nature of social exclusion, in particular the development of deprivation indicators which capture the reality of life on low incomes, and the distinctive dimensions of rural poverty.
- Due to recent developments in the EU, the JIM process in Croatia will evolve in a somewhat different fashion than it did for the 10 most recently appointed Member States. In 2005, the EU Council reviewed the outcomes of the Lisbon Strategy and were somewhat disappointed with the results, particularly with re-
- Taking into account social inclusion goals in the national budget and, in particular, ensuring that the current Instruments of Pre-accession Assistance (IPA) and the future EU Structural Funds are used to help meet these goals.

<sup>5</sup> (2000/43/EC & 2000/78/EC).

<sup>6</sup> In order to address this deficiency, the UNDP conducted a Research on social exclusion in Croatia: Quality of Life and the Risk of Social Exclusion. UNDP (2006a), Zagreb, Croatia.



gard to employment. To provide the Strategy with new momentum, the EC proposed a simplified co-ordination procedure with fewer and less complex reports, and an increased focus on the NAPs. The EC proposed that Member States should appoint a “Mr” or “Ms Lisbon” at the national level to oversee the implementation of the reforms. They also de-emphasised targets,<sup>7</sup> leaving only one remaining; for 3% of GDP to be devoted to research and development by 2010. The timeline of the Strategy has also shifted from the medium-to-long term, and been deemed “urgent”. The mid-term review of the Lisbon Strategy required that all of the EU’s socio-economic processes should be more focused on implementation and visibility.

In March 2006, the EC adopted a new framework for the social protection and social inclusion process. This framework includes a new common set of three overarching objectives,<sup>8</sup> for each of the three policy areas of social inclusion,<sup>9</sup> and objectives on pensions, health and long-term care. This progression is based on an EC Communication that was adopted in December 2005, entitled: “Working together, working better: A new framework for the OMC of social protection and inclusion policies in the EU”. This Communication outlines a streamlined framework to further develop the OMC beginning in autumn 2006. It takes into account the findings of recent evaluations and assessments

of the OMC<sup>10</sup> by Member States. The revised Lisbon Strategy concentrates on policies to boost employment and seeks to overcome the implementation gap identified in its review.

This more general presentation of objectives should allow Member States and candidate countries to focus on the policy priorities which are most important in each national context, for example, homelessness, child poverty and the alienation of youth, immigrants and ethnic minorities, the disabled, and e-inclusion or inequalities in education and training. This reflects lessons learned from the analysis of the 2005 implementation of NAPs for inclusion - that inclusion objectives must be mainstreamed into relevant public policies, including structural fund programmes and education and training policies; and that policy making is enhanced by good governance.

Also, when considering social exclusion, national specifics have to be taken into account. There are strong differences in the seriousness of the social situation in each country, as well as in the commitments of governments and communities to improve social security. This tends to depend on inter alia: social, historical and cultural values, the level of development and efficacy of the social welfare system, the level of social transfers, formal and informal institutions, the sense of community and solidarity, and the level of social capital. History can have a distinctive (sometimes

<sup>7</sup> This is true for the general Lisbon process review, but does not apply in relation to poverty and social exclusion. The new framework for the OMC highlights a renewed focus on target setting.

<sup>8</sup> The three new objectives are:

- (a) Promoting social cohesion and equal opportunities for all through adequate, accessible, financially sustainable, adaptable and efficient social protection systems and social inclusion policies.
- (b) Interacting closely with the Lisbon objectives on achieving greater economic growth and more and better jobs as well as with the EU’s Sustainable Development Strategy.
- (c) Strengthening governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policy.

<sup>9</sup> The objectives of social inclusion are:

- (d) Ensuring the active social inclusion of all by promoting participation in the labour market and by fighting poverty and exclusion among the most marginalised people and groups.
- (e) Guaranteeing access for all to the basic resources, rights and social services needed for participation in society, while addressing extreme forms of exclusion and fighting all forms of discrimination leading to exclusion.
- (f) Ensuring that social inclusion policies are well-coordinated and involve all levels of government and relevant actors, including people experiencing poverty, that they are efficient and effective and mainstreamed into all relevant public policies, including economic, budgetary, education and training policies and structural fund (notably ESF) programmes and that they are gender mainstreamed.

The JIM process in Croatia follows the logic of the old objectives (as per document dated in Brussels, 30 November 2000, titled “Fight against poverty and social exclusion – Definition of appropriate objectives”. But once the JIM is signed Croatia will have to abide by the terms of the new objectives and the streamlined approach.

<sup>10</sup> Brussels 8 March 2006, SEC(2006) 345, Commission Staff Working Document, Evaluation of the Open Method of Coordination for Social Protection and Social Inclusion. The responses to the evaluation show that those who have been close to the OMC value it. The question is indeed not whether the OMC has been valuable but whether it has been sufficient to the challenge.

decisive) effect on a country's ability to improve their labour market, combat long-term unemployment, and social exclusion. A diverse institutional system is the outcome of a complex historical process, which maintains the interest and structure of political influences from numerous individuals and social groups. Finally, there are numerous other factors that can influence the process of change and contribute to economic development or stagnation.

### 1.3 Social Exclusion in Croatia

Although there is no generally-accepted definition for social exclusion, it is by and large taken to be a multi-dimensional phenomenon which weakens the relationship between the individual and the community. The weakening of this relationship can have economic, political, socio-cultural and even spatial impacts. The more ways in which this relationship is impacted, the more vulnerable an individual becomes. Exclusion is most commonly visible in the labour market, the most essential social services, human rights, and the social safety net. Social exclusion is often linked to unemployment and poverty, but can be caused by any number of factors.

In 2006, the United Nations Development Programme (UNDP) in Croatia conducted a national research on the quality of life and the risk of social exclusion. The quality of life concept was selected because it attempts to quantify the overall well-being of a society while focusing on individuals. It also uses both objective indicators (living conditions, income, employment, housing, etc)<sup>11</sup> and subjective indicators (satisfaction with family life, working conditions, work-life balance, quality of public services and institutions, health conditions, security of immediate environment, optimism about the future etc). The UNDP national survey was based on the first quality of life Pan-European survey

launched in 2003<sup>12</sup> to support common EU objectives on social policy. The UNDP survey facilitated an appropriate comparison between Croatia and the EU Member States, which provided a baseline for establishing developmental priorities.

The research consisted of three components:

- a) The Quality of Life Survey (with a sample of 8,534 respondents; representative at the county level);
- b) Survey on social welfare service providers;<sup>13</sup> and
- c) Focus group discussions with 20 social groups considered to be at risk of social exclusion.

The focus groups included individuals with physical and intellectual disabilities, parents of children with disabilities, the long-term unemployed, the homeless, returnees, single parents, children without parental care, victims of domestic violence, Roma, sexual minorities, the elderly, people with low education levels, and youth with behavioural difficulties. Most of these groups were less likely to be represented in a national survey sample because they have no registered residence or live in illegal settlements, welfare residential institutions and shelters.

According to the three dimensions of social exclusion<sup>14</sup> used in the survey, one in ten Croatians is socially excluded (11.5%). This is approximately the same percentage of Croatians (11%) that were found to be poor in the 2006 World Bank Living Standard Assessment, which points to the tight correlation between poverty and social exclusion. However, in terms of self-perception, 20% of Croatians believe they are socially excluded.<sup>15</sup> Social exclusion is directly correlated with education, gender, and living environment. People with primary education or less and even those with only secondary education are socially excluded more frequently (61.3% and 37.1%, respectively). Women are twice as likely to be socially

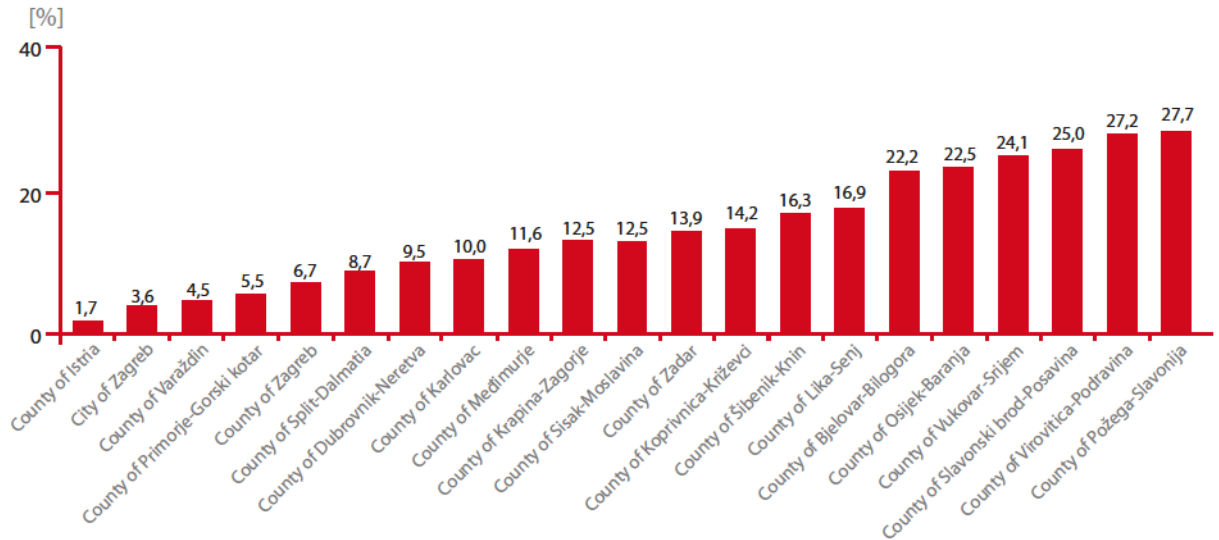
<sup>11</sup> European Quality of Life Questionnaire was used with the permission of the European Foundation for the Improvement of Living and Working Conditions.

<sup>12</sup> Pan-European survey includes the EU25 and the three candidate countries (CC3) – Romania, Bulgaria and Turkey.

<sup>13</sup> Representatives of 200 social service providers were asked about their working conditions and job satisfaction, relationship with the users, cooperation with other institutions and perceptions of the usefulness of their work and willingness to participate in community based services.

<sup>14</sup> In order to be considered socially excluded, respondents had to be deprived in the following three dimensions: economic (income per household member is below 60% of median), labour (the unemployed), and socio-cultural (absence of social participation or tertiary sociability, e.g. non-involvement in voluntary, humanitarian, religious, political organisations or activities)

<sup>15</sup> This includes respondents who completely or somewhat agreed with the statement: "I feel left out of society".

**Figure 1:** Proportion of socially excluded respondents by county

excluded than men (66% as opposed to 34%), while rural dwellers are three times as likely to become socially excluded (75%) than urban dwellers (25%).

Income disparities can also contribute to social exclusion. In Croatia, the income per equivalent adult member of household<sup>16</sup> in 13 counties is below the median of 2,200 HRK (or approximately 304 EUR per month). The regions of Slavonija and Lika, and particularly the County of Bjelovar-Bilogora, face the greatest difficulties. Like the respondents from Virovitica-Podravina and Požega-Slavonija, respondents from Bjelovar-Bilogora county have the lowest household income per adult member (1,250 HRK or approximately 173 EUR per month). They have also expressed the highest level of dissatisfaction with their amount of education (91.7%) and quality of housing (more than 40% of households in Vukovar-Srijem, Virovitica-Podravina and Bjelovar-Bilogora counties lack a sewage system). Citizens of Istria and Varaždin counties are most satisfied with their standard of living while citizens of Split-Dalmatia county showed the highest level of life satisfaction and happiness. Although not entirely satisfied with the quality of social welfare, health and pension systems, Croatian citizens showed a relatively high level of satisfaction with their living conditions. Two thirds of Croatian citizens are optimistic about

their future. According to these indicators, Croatia ranks closely with the EU15.

Croatia fares better than the other candidate countries (CC3) in terms of economic deprivation. Although much higher than in the original EU15 (10%), the proportion of households having difficulty with basic living expenses in Croatia is 31%, which is lower than in the CC3 (47%), as well as lower than in the ten newest Member States (39%).

The research conducted by the UNDP indicated that the most vulnerable groups in Croatian society are people with primary education or less, people above 65 years of age, women, and unemployed youth. Further examination of focus groups demonstrated that people with physical and mental disabilities are particularly marginalized especially with respect to their participation in the labour market, access to social services, opportunities to enjoy independent living (i.e. outside of institutions), and the freedom to make personal choices. Together with single parents, people with special needs most frequently mention that their lives would be significantly improved if they had a personal assistant available. The most important findings drawn from the focus group discussions are presented throughout the chapter on vulnerable groups (Chapter 3).

<sup>16</sup> The total income per household is divided by the number of equivalent adult members of the household; the number of the equivalent adult members is defined as the sum of the points given to every member following the formula: the first adult member=1, every next adult member=0.5, child=0.3.



# 2

## CHAPTER 2

## SOCIO-ECONOMIC CONTEXT



# Chapter 2: Socio-Economic Context

## 2.1 Economic Activity and Labour Market

For a number of years, Croatia has enjoyed considerable economic growth of about 4% per annum. Although this rate is slightly lower than that found in Moldova and Albania, it still places Croatia in a position of enviable growth. The economic growth in Croatia has been primarily generated by a growing foreign demand and the annual dynamics of fixed capital investments. At the same time, the growth of personal consumption has slowed and national reserves have become considerably lower.

In 2005, the physical scope of industrial production increased by 5.1%, which is a substantial increase over the 2004 rate of 3.7%. However, the extensive cycle of investments in road construction and waning state investments in road infrastructure have resulted in a pronounced deceleration of construction work, declining about 1% in 2005. Total retail trade increased nominally by 6.5% compared to the previous year while the real increase in retail trade was 2.8%, slightly higher than the 2.6% growth rate in 2004.

The tourist industry was exceptionally successful in 2005. There was a 6.2% increase in the number of arrivals over 2004, raising the number of overnight stays by 7.6%. In foreign trade, the export of goods as a share of GDP decreased mildly from 50.1% in 2004 to 49.4% in 2005. After a substantial increase in the early 2000s (at annual rates of 6% in 2000 and 4.4% in 2001), the import of goods and services as a share

of GDP, has dropped in the past two years to 57.2% in 2004, and 56.4% in 2005.

After a significant increase in 2002, the balance of payments deficit has decreased. In 2004, the deficit fell by 5.1% of GDP, and fell further in 2005 by 6.3% of GDP. After a steep climb in total foreign debt over the last several years, this rate of increase is finally beginning to decline. In 2005, foreign debt was 82.5% of GDP, an increase of 2.3% over 2004. However, the share of repaid foreign debt from the export of goods and services increased from 21.3% in 2004 to 23.7% in 2005. The deficit in the consolidated central government balance was also reduced from over 7% of GDP in 2000 to 3.4% in 2005.

The annual nominal growth of the average net salary in 2005 was 4.9% (0.9 % less than in 2004), while the real growth of net salaries reached an annual rate of 1.5%, which is 2.2% less than in 2004. A positive economic trend is also evident in the labour market where employment rates are increasing. After a decade of declining employment rates (by approximately 35% in relation to 1990), in 2001 the trends changed and the employment rate began to rise - regardless of the data source.<sup>17</sup> An increase in the number of employed was maintained through 2005. In 2005, the active population (both the employed and the unemployed) increased by approximately 10,000 people (0.6%). A 0.8% increase in the number of employed was accompanied by a 0.4% decrease in the number of registered unemployed. Most of the employed work for legal entities – 1,113,208 or 78.4% (0.9% more than in 2004); in trades, crafts, and freelance professions – 258,332 or 18.2% (significantly

<sup>17</sup> In Croatia there are two sources concerning the movements in employment and unemployment. Firstly, there are the administrative sources, that is, data on registered unemployed persons in the Croatian Employment Bureau (CEB). Secondly, there are labour force surveys, which are conducted by the Central Bureau of Statistics as of 1996, and whose methodology is in line with the rules and instructions of the International Labour Organisation and the European Statistics Office (Eurostat), thus ensuring methodological comparability with the surveys conducted in EU countries. Possible differences in employment and unemployment rates according to the two sources are the result of the strict definition of the Ministry of Labour according to which an unemployed person is considered to be the person who is able to work and who is actively seeking employment. There are a number of unemployed people who register with the employment office in order to be able to exercise certain rights (previously mostly because of health insurance and today because of the social welfare system rights) while in fact they are not seeking job.

more than the 2.5% recorded in 2004); and in agriculture – 49,034 or 3.4% (9.9% less than in 2004).<sup>18</sup> Based on the administrative sources of data, according to the structure of the employed per activity, Croatia's employment distribution is starting to resemble that of a developed society; 63% of the employed work in the service sector, 31% in non-agricultural activities, and 6% in agricultural activities. In comparison to 2004, the share of the service sector has grown, and the share of non-agricultural and agricultural activities has declined.

After years of an extremely high rate of registered unemployed, which reached its peak in 2002 (amounting to almost 390,000 people), the number of unemployed is starting to decrease. According to administrative sources, the unemployment rate (seasonally adjusted) continued to decrease in 2005, but at a much lower rate (of 0.4%) than that seen in 2003 (15%) and 2004 (6%). With a slight decrease in the number of unemployed, and a simultaneous increase in the number of employed, the average annual rate of registered unemployment in Croatia decreased only slightly from 18.0% in 2004 to 17.9% in 2005. This high rate of unemployment is the highest of the Central and Eastern European countries, most of whom are now new members of the EU. However, the labour force survey demonstrates an unemployment rate of 12.7%. Given that the survey does not reflect the specific characteristics of national systems,<sup>19</sup> it is a much better base for comparison. Based on this rate, Croatia does not appear different from any of the other countries in Central and Eastern Europe. The unemployment rate in the labour force survey has an even greater rate of decline than the one provided by administrative sources. In 2003 and 2004, the rate was 14.3% and 13.8%, respectively.

## 2.2 Living Standards

It is difficult to conduct international comparisons of living standards, primarily due to differences in purchasing power, general conditions (such as, for example, climatic - higher heating or cooling costs), accepted social values towards work and leisure time activities, and changes in habits and attitudes. However, comparisons generally employ GDP per capita, according to purchasing power parity (PPP). According to EUROSTAT (2006), the living standard in Croatia reaches almost one half of the average living standard in the EU. Croatia has the highest living standard of all candidate countries, and data from the last several years displays this constant growth. Croatia is followed by Romania, where GDP per capita (PPP) reaches 35% of the EU average, Bulgaria with 32%, and finally Turkey with 31%. Of the EU Member States, only Latvia has the same level in living standards as Croatia. In Latvia, GDP per capita at the end of 2005 was 47% of the EU average, while Poland (50% of the average) and Lithuania (52%) rank somewhat higher.

Quite favourable economic trends are also seen in the area of Croatian poverty. According to a working version of research that was conducted by the World Bank entitled *Regional Development and Living Standard Assessment*, the incidence of absolute poverty has not diminished substantially. However, according to the absolute poverty rate (4.30 USD per person per day), less than 5% of Croatia's population falls below the international poverty line. According to the OECD methodology, the relative poverty rate was 11.2% in 2002 and 11.1% in 2004.

<sup>18</sup> The data is based on the number of insured people in the Croatian Pension Insurance Institute. According to the labour force survey, approximately 14% of the employed still work in the (predominantly individual) agriculture. These are mostly (elderly) people who do not pay their insurance contributions.

<sup>19</sup> The particular characteristics of the national systems for registering the unemployed primarily relate to incentives for registration in the form of rights that the unemployed enjoy and in the form of obligations that the registered have to fulfil.



### 2.3 Unemployment and Social Exclusion

As previously mentioned, the link between unemployment, poverty and social exclusion is not definitive. In cases where unemployment is the result of a dynamic labour market that produces new jobs, and in which the unemployed do not stay that way for long, even the high levels of unemployment do not have to produce serious social consequences. In other words, even if a large number of people are unemployed for a short time, they probably will not become poor or socially excluded. However, if employment, particularly new employment is scarce, even a low level of unemployment may result in serious unwanted social consequences and represent a challenge to social security.

The labour market policy, in addition to its most important task of managing the economy, should have three additional functions. First, it should assist the unemployed to avoid poverty and social exclusion, otherwise their position may worsen and opportunities for their participation in the labour market diminish. Second, by encouraging education and re-training of the unemployed, the labour policy should facilitate transition from an industrial to a service-based economy. Third, the policy should serve to enhance the flexibility of the labour market, to eliminate unnecessary restrictions which contribute to disparities between unprotected unemployed outsiders, and well-protected employed insiders (Esping-Andersen, 1996).

The trend of economic openness tends to occur simultaneously with rises in political, social and cultural openness, which is evident in a freer and more intensive circulation of information, border-crossing, cultural exchange, and development of global awareness. Where liberalisation encourages economic integration, the democratisation of a society enhances political and socio-cultural integration through processes which enable freedom of expression, and improve travel and cooperation. For the vast majority of Croatia's population, economic connections and European integration provide numerous opportunities, but some view this as a serious threat (for example, for those employed in the economic branches that presently receive extensive state subsidies or have a monopolistic position on the market). The complexities of this situation, both for

better or for worse, will certainly have an impact on Croatia's labour market. The important question here is: how can the benefits of such movements – especially that of approximation and accession to the EU – be made greater than the cost? As Croatia furthers its economic development and gains full entry into the EU, individuals with post-secondary education, foreign languages skills, and a high degree of computer literacy will have no difficulty finding employment. Continuing training of the employed and of those who are still in the education system is of utmost importance. Older employed people with lower levels of education, who are unilingual and do not have adequate computer competencies are most likely to encounter problems.

In most transitional Central and Eastern European countries unemployment is not solely the result of an under-utilisation of production resources and loss of GDP. Transition brings about the disintegration of many jobs and the creation of new ones in other economic sectors, but many vacancies are filled by those who were previously employed, and not by the unemployed. As a result, in transitional countries long-term unemployment, social exclusion and poverty become closely related. The long-term unemployed are at a higher risk of becoming poor, while the obsolescence of human capital due to unemployment and poor connections with the labour market creates a circle of exclusion and poverty. That is why an understanding of the forces present in transitional labour markets, as well as the opportunities offered by economic policy and feasible options, are of special significance in the fight against poverty and social exclusion.

The danger of poverty and social exclusion in Croatia is even greater if low levels of education are combined with high rates of unemployment. Those who live in households where the head of the family is unemployed or inactive are three times more likely to be impoverished compared to the general population.<sup>20</sup> Therefore, the causes of poverty in Croatia increasingly resemble the causes of poverty in Western Europe, and are significantly connected with participation in the official labour market, and with the level of knowledge and expertise of the individual (Grootaert and Braithwaite, 1998). In general, Croatia's economic growth has not succeeded in creating a sufficient amount of economic opportunities for the poor.

<sup>20</sup> Poor and socially excluded people are fully aware of the importance of work. In a UNDP study (2006b), they say: "Without work, you cannot live. If you don't work, you won't earn money". Although they do look for work and most of them (71.0%) express high motivation to work, there are differences of view regarding the duration of unemployment. If they form part of the long-term unemployed (more than a year), they stop believing that they will ever find a job. Furthermore, low working motivation is more frequently seen in those unemployed who are over 55 years of age and those who have a low level of education (UNDP, 2006a).



## 2.4 Flexicurity

As enterprises continue to restructure in response to the new global market, traditional labour relations have become strained. This has forced social partners to redefine and eventually renegotiate what were previously thought to be stable labour market agreements. An analysis of cross-country labour market data indicates that countries which have been the most successful at renegotiating traditional economic positions are those which have historically had lower levels of Employment Protection Legislation (EPL), (for example, the United States and the United Kingdom). These countries also seem to have more dynamic job creation, but also a higher labour turnover rate. This has led many policy makers to conclude that rigid EPL may act as a barrier to job creation, and that shifts towards deregulation are needed to allow the labour market to adjust more efficiently. However, there are two countries, Denmark and the Netherlands, which have had traditionally higher levels of EPL and have still been rather successful at developing flexible labour markets. These two nations seem to share one common feature – a tradition of trust between social partners. Both have small, open economies with efficient mechanisms for settling disputes between trade unions and management. Also, both countries have developed and institutionalised new forms of employment security which do not hinder market flexibility.

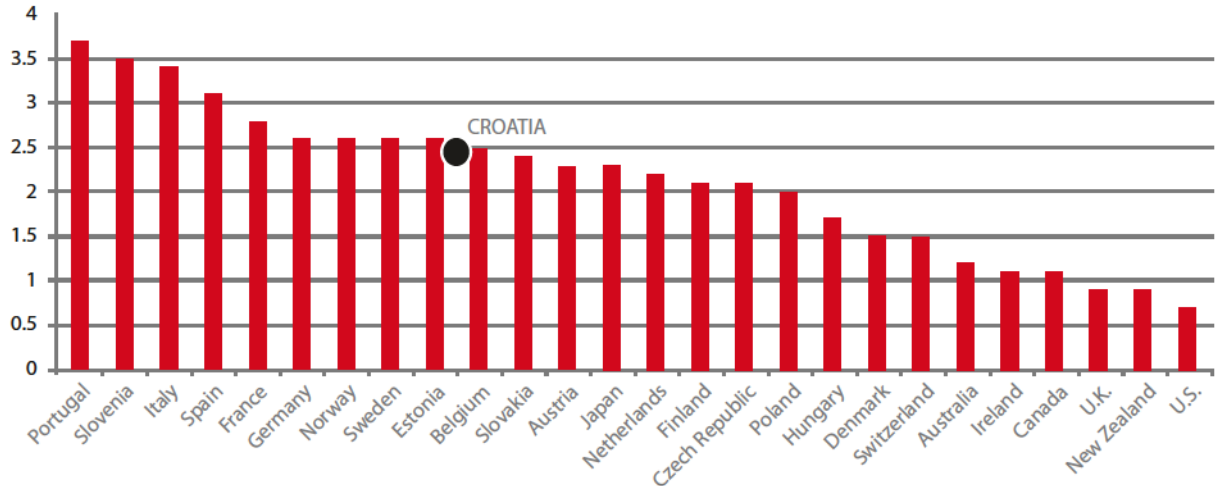
In Eastern Europe a model is emerging that achieves flexibility through deregulated legislature. However, the record of this model's job creation has remained

disappointing. Even in the most flexible markets, little success has been achieved in terms of job creation, despite the fact that these markets are relatively free from most legal barriers. It is precisely in these sectors that low levels of security seem to be reducing labour market mobility and its propensity to adjust.

The Danish Golden Triangle is an example of how the cost of adjustment can be divided among three social partners. Here, total deregulation of the EPL is buffered by generous wage replacement benefits and efficient redeployment institutions (employment services). These institutions are equipped with ample funds for activation, training and subsidies of various kinds to aid re-entrance into the labour market. The Dutch, on the other hand, have legalized flexible forms of work which appear spontaneously, easing adjustments to change. This has been done in a way which has increased the coverage of flexible jobs with benefits that are traditionally reserved for permanent full-time jobs.

What seems to be a clear prerequisite for attaining and maintaining a competitive edge both economically and nationally, is the acceptance of a new form of labour market security which does not include life-long employment with one employer. In fact, the ability to remain employable despite changes in the market seems to offer more security than traditional reliance on a single employer. Therefore, being secure requires being flexible and a willingness to develop one's employability in changing circumstances. Thus, the responsibility for good labour market outcomes has shifted substantially away from the employer, to the state and the individual.

Figure 2: Employment Protection Legislation Index (range: 1 low – 6 high)



Source: ILO, unpublished material.

### What is flexicurity?

Economic flexibility is the extent to which market forces determine labour market outcomes and the degree to which knowledge and skills are free to move to new productive uses. Economic security is the ability to retain employability in a changing economic environment. Flexicurity is a combination of these two features, creating the art of finding a socially acceptable balance between the needs of changing enterprises (a short-term, globally-determined goal) and a development strategy based on human resources (a long-term, national goal).

Measures of national flexibility are usually related to EPL indices. These are based on factors such as: how difficult is it to fire a worker? What is the time period and the cost of achieving separations? How high are the replacement rates of the unemployed? What is the extent of income support that one may receive after the unemployment insurance payments have ceased? What are the conditions under which economic restructuring can occur? What sort of institutional support can those who are downsized expect to receive in their search for new employment? Measures of security include the duration of employ-

ment with a single employer, amount of coverage provided by work related insurances, the incidence of unwanted part time/temporary employment or low wages.

### How flexicure are transition countries?

Former socialist countries are experiencing slow dissolution in some areas of social security, which includes wide-spread deregulation. Hungary, Poland and the Czech Republic seem to be the most flexible among the transitional countries, although Slovakia has recently expedited its deregulation process. These countries are also more flexible than most other European countries, with the exception of Slovenia which has recently embarked on a deregulation program.

Economic indicators of flexibility and security in Croatia point towards the slow development of a stable labour market. There have been noticeable changes in certain elements of economic security that have encouraged this stabilization, while flexibility has remained largely unchanged. Employment in the informal sector seems to be diminishing and the presence of formerly inactive groups on the labour market has dropped from 8.7% in 2002 to 5.8% in 2004.

<sup>21</sup> The percentage of the previous wage which is ensured through the unemployment benefit.

<sup>22</sup> Formally inactive persons – pensioners, housewives, the unemployed registered at the Croatian employment service, students, etc. These are groups who are formally inactive but are nevertheless involved in economic activities and are employed by ILO definition of employment.

**Table 1:** Dominant work relationships in Croatia (2002-2004)

	2002. u %	2004. u %	Difference
<b>Wages and full insurance</b>			
Total	77.0	85.4	+8.4
Public sector employees	90.7	99.6	+8.9
Private sector employees	88.1	96.9	+8.8
Self-employed and helping family members	40.1	46.1	+6.0
Short term contracts and own account workers	5.0	8.9	+3.9
<b>Types of contracts</b>			
Open-ended contracts	87.5	87.6	+0.1
Fixed-term contracts	9.7	10.3	+0.6
Seasonal contracts	1.3	1.3	0
Short-term contracts	1.5	0.8	-0.7
<b>Duration of contract</b>			
Less than 1 month	3.1	2.1	-1.0
1-5 months	51.6	54.9	+3.3
6-12 months	15.7	17.7	+2.0
12 months and longer	8.9	9.5	+0.6
As required	20.7	15.9	-4.8
<b>Duration of employment with present employer</b>			
Under 1 year	12.1	8.7	-3.4
1 to 10 years	47.4	51.5	+4.1
11 to 20 years	20.3	14.9	-5.4
More than 20 years	21.7	24.9	+3.2

Source: Labour force survey, 2002 and 2004.

The security of full remuneration and work-related insurance is enjoyed almost equally amongst public and private sector employees, as indicated by the change from 2002 to 2004. In general, all members of the employed class have managed to improve their status in this regard except for the self-employed, domestic care givers, and contractors. These groups have coverage below 50% and below 10%, respectively. There have also been some minor changes to the popular terms of contract employment. There has been a slight increase in the amount of both open-ended and fixed-term contracts. Correspondingly, there has been a reduction in the amount of short-term contracts, which offer the least amount of job security.

Despite these positive developments, there has also been an increase in fixed-term contracts with a term of only 1 to 5 months. In 2002, there were only 51.6% of such contracts, which rose to over 54% in 2004. However, the number of new employment opportunities that offer a fixed-term contract is increasing and is now over 85%. In terms of duration of employment, there has been an increase from 47.4% to 51.5% among those who have been with their present employer for 1-10 years. In fact all brackets of employment duration have increased with the exception of those who have been with their present employer for 11-20 years.

### Flexicurity – can an agreement be reached?

According to economic indicators, it would appear that the degree of flexibility in the Croatian labour market has not increased. In fact, it seems that the global trend towards more flexibility and less security is not occurring in Croatia. In the past two years there have been no changes in the legislative framework relating to the labour market, but there are expectations from trade unions that certain changes in Labour Law and Employment Law will be made. The major points of contention have not been made public yet but there will be attempts to bring more security into the legislature, as a reaction to the growing market share of contract work. High levels of unemployment and slow job creation are put forward as arguments demonstrating that increasing flexibility has only reduced security for the existing work force to the benefit of outsiders (i.e. those who are exposed to the churning of the labour market, mostly young and first-time job seekers). While it is true that an increase in flexibility is not in itself enough to generate new employment, if Croatia were to continue with higher levels of protection relative to the region, maintaining competitiveness would become difficult. The economic edge in Croatia would need to stem from high quality goods and services which sustain higher wages and which require highly skilled human resources.

Like Denmark and the Netherlands, Croatia is a small, export-based, liberal economy. As such it will have to learn to combat the insecurity which comes from increasing liberalisation, with the understanding that a high level social security system such as Denmark's is very costly, and as such not an option for Croatia. However, the trust between social partners in Croatia is still not strong enough to support such a difficult but open dialogue.

## 2.5 Regional Disparities

Regional economic disparities are greatly determined by the presence of industry, level of income, development of small businesses, damage caused by war, and spatial mobility of the labour force. At the moment, strong labour demands are only present in a few regions in Croatia – the City of Zagreb, and the Counties of Istria and Primorje-Gorski Kotar. In all other Croatian counties, the number of registered unemployed far exceeds the number of job vacancies. Traditionally, economic difficulties are most evident in rural areas, however the islands are also suffering from comparative disadvantages similar to areas affected by war.

Existing regional differences have been intensified by a pronounced difference in the amount of foreign tourism each area receives, which affects seasonal employment. Approximately two-thirds of tourists stay in Istria, the County of Primorje-Gorski Kotar, and the County of Split-Dalmatia, while the continental parts of Croatia, especially Lika, Kordun and Eastern Slavonia, do not show the same benefits from this market.

Croatia has yet to make a definitive decision regarding its regional organisation. Currently the only datasets available are related to unemployment levels and Gross Domestic Product (GDP) per county. In 2005, the highest number of unemployed people was in the City of Zagreb and in the County of Split-Dalmatia. However, the highest unemployment rates (unemployed population relative to the general population) were in the County of Vukovar-Srijem, the County of Sisak-Moslavina, and the County of Brod-Posavina. According to the latest available data from 2002, GDP per capita in the most developed county, the City of Zagreb, was 71,111 HRK or 9,597 EUR. This is just over three times higher than in the GDP per capita in the least developed county, the County of Vukovar-Srijem (23,400 HRK or 3,158 EUR).



## 2.6 Alleviation of Social Exclusion through Employment Measures

No state authority is able to guarantee economic development (and consequently an alleviation of social exclusion), and can sometimes hinder it. An inert and inflexible labour market, divided into those with fully-secured employment and the long-term unemployed or those employed in the informal economy, is a significant indicator of social exclusion. This, combined with a population that may have high levels of low human capital (in terms of labour-force knowledge, skills, education, failing health, etc) can intensify the difficulties associated with social exclusion.

### 2.6.1 Role of the State

Despite the many scientific and technological advances, democratisation, abolition of totalitarian regimes, and political and economic interdependency, poverty has yet to be significantly reduced. Certain state policies may successfully target vulnerable groups, but the emphasis should be placed on economic growth rather than undermining the business and entrepreneurial climate with, for example, trade barriers and restrictions, which can hinder economic growth and employment possibilities – the main preconditions for the reduction of social exclusion. (Kohli, Moon, Sørensen, 2002).

Reducing regional disparities, developing professional domestic institutions, and creating the capacity for efficient oversight are all necessary preconditions for economic development and alleviation of poverty. A number of experts, such as Barro (1998), believe that a strong judiciary is the fundamental component to economic growth (and, consequently, alleviation of poverty). While others, such as De Soto (2000), suggest that real growth lies in recognising the importance of property rights. Easterly (2002), on the other hand, suggests that prosperity is achieved when the

members of society have adequate incentives to work towards economic success. When investing in the future – for example, when establishing a small enterprise or sending children to school – it is essential that people believe the benefits of a particular endeavour will outweigh the costs. If people perceive a net benefit, they will increase their efforts, thriftiness and dedication to development. If this benefit is not perceived, people will spend money recklessly, will not be enticed to improve their knowledge and skills, and will increase activities that plunder, defraud or take from those perceived to have more. State social welfare programmes should reward constructive opportunities to earn money,<sup>23</sup> and the tax system should be as transparent as possible.

A state's domestic economic policies should be primarily focused on job creation, and not on the re-distribution of existing wealth. Economic growth is necessary but not sufficient for the reduction of poverty. Other important conditions are the establishment of the rule of law, reduction of corruption, realisation of the efficient social policy and the like.

#### What is the role of state authorities in Croatia?

The Government of Croatia tends to contribute to economic development through government subsidies, and co-financing employment. In 2001, government subsidies amounted to 5.25% of GDP, while the EU average was only 1.01% of GDP (Kesner-Škreb, Pleše and Mikić, 2003). A relatively considerable amount of funds (0.2% of GDP in 2002-2005) are also allocated to the Active Labour Market Policy (ALMP) (Babić, 2003). However the effects of these programmes have not been evaluated and there are indications that the programmes have benefited people who were not genuinely in need of the assistance. A substantial share of the total cost of ALMP measures consist of general wage subsidies that are not targeted at specific vulnerable groups, and do not overly increase people's knowledge, skills or employability (Šošić,

<sup>23</sup> Social cash transfers can create negative incentives to work: if the right to receive certain financial rights terminates when someone finds a job, this may cause de-motivation for finding employment (the so-called trap of unemployment). In order for work to pay off, several countries have launched measures - financial incentives - to boost employment opportunities for the marginal groups on the labour market. The measures aim to increase income and to improve incentives for work to people who realise income only from transfers. This serves to encourage the activation of the long-term unemployed and slow down the danger of social exclusion.

2005). Finally, funds allocated for education and Research and Development (R&D) also seem to have a negligible effect. Despite the injection of funds, the Croatian system of education and research is still without effective quality control, or proper institutional accountability.

Adequate economic and social policies should ensure that the disadvantaged benefit from economic growth and development. It is necessary to empower the disadvantaged providing them with an active role in their economic development. Empowerment means treating these individuals as partners, providing assistance in their acquisition of knowledge, expertise and skills and improving their employability, decisiveness and motivation in improving their situation and enhancing their social inclusion.

### 2.6.2 Boosting Employment

Research of unemployment throughout the world has revealed numerous possible factors relating to the state and rate of unemployment. These factors include *inter alia*: employment insurance, labour market policies, market competition, negotiating systems for determining pay scales, legislation concerning labour security, and average working hours. Long-term unemployment is a special problem, because after numerous unsuccessful attempts at finding a job, the prospect of returning to the work force decreases significantly. One of the reasons for this is that individuals find their expertise has become obsolete, and their self-confidence suffers. Youth in this situation are prone to criminal activities, while older individuals may abandon the labour market altogether.

The ALMP is designed to re-distribute the available employment options, to decrease the number of long-term unemployed and/or recipients of social assistance. Although there is considerable debate over the efficiency of the ALMP (Dar and Tzannatos, 1999), the inclusion of the long-term unemployed is certainly worthy of attention as a strategy of social inclusion. While there is no reliable research on the specific conditions in Croatia, international experiences, data from the Ministry of Health and Social Welfare, and the Šučur's analysis (2001) point to four of the most likely causes of long-term unemployment, not including the aggregate lack of jobs:

- Low employability caused by poor quality or insufficient education and working experience, resulting in a lack of competitiveness in the labour market;
- Employers viewing long-term unemployment as an indication of a lack of motivation and other unwanted personal characteristics;
- Passivity in pursuing employment, and an indecisiveness in accepting available (mostly poorly paid) jobs; the long-term unemployed often blame others for their situation. At the same time, they do not see any substantial financial gain in accepting low paying jobs, which is not always true, especially if these jobs lead to more permanent and better paying positions;
- Unwillingness of the unemployed to change their present "way of life", because they are afraid of changes and fear they will find themselves in an even worse position. While their current situation may be unfortunate, it is stable and within their limited control. In certain cases, the unemployed have extra sources of unregistered income (work in the informal economy or on small agricultural holdings) which they may be unwilling to forfeit for the sake of legitimate employment.

International indicators and Croatian experiences demonstrate that vacant posts can exist even in the case of high long-term unemployment (deficit in human resources). Until recently, long-term unemployment in Croatia was steadily increasing, affecting almost half of all the unemployed, causing an increase in the number of unemployed individuals to be removed from the active labour force. This has affected the efficiency of the labour market, the material position of affected people, and social welfare costs.

### 2.6.3 Improving Human Capital

Human capital consists of formal education, knowledge and skills that might be acquired informally, and investments in healthcare. Therefore, the level of human capital does not necessarily have to equal the average level of formal education, but attention should also be paid to the health of the population. A disparity in opportunities is easily transferred from

one generation to the next, as the children of disadvantaged parents frequently have restricted access to quality education and healthcare, thereby decreasing their employability and reinforcing the cycle (World Bank, 2006). According to the Human Development Index (UNDP, 2005), which better describes the quality of life, since it includes life expectancy and education, in 2004 Croatia ranked 44th among 57 countries with a high level of human development. Croatia displayed a considerable increase in the measure of human development, from 0.799 in 1995 to 0.826 in 2000 and 0.846 in 2004.

### Education, enhancement of knowledge and expertise

Education is by far the most important factor in employability. In Croatia, as in other countries, people who have better education find jobs more easily, and enjoy other benefits (e.g., easier access to information, better care for one's health and more active participation in social life - thus encouraging citizens' responsible democratic behaviour - the choice of democracy and the realisation of the rule of law). The economically disadvantaged are especially prone to non-participation in education; they experience a much higher drop-out rate, which limits their employment opportunities and increases their exclusion (World Bank, 2001). There are a significant number of young people in Croatia who do not complete secondary school, and even more who never pursue post-secondary education. To aggravate this situation, there is also a dangerous lack of *second chance* schools<sup>24</sup> aimed at young people who have dropped out but may wish to return.

Discouraging young people from leaving the education system will require developing an optimum level of *flexibility* and *mobility* within the system. The system must be adaptable to the needs of participants, society and the market. Flexibility in education

can be achieved by re-certifying the existing levels of training and recognising the value of informal education. To increase mobility, "blind alleys" must be minimized. Blind alleys are educational paths (types of programmes) that make it impossible to move to higher levels of education or to another type of programme. Blind alleys diminish the availability of education and the utility of human resources. Mobility is achieved by creating a sufficient number of vertical and horizontal paths within the system that enable students to customize their education, and avoid the averaging of students' achievements. It is these connections that offer the possibility of transferring to and between different levels of education.

Measures that encourage the return of young people to education, especially to secondary and post-secondary education, will increase their employability, reduce unemployment, and mitigate the phenomena of long-term unemployment and social exclusion. Participation in education has increased in the past 25 years across the EU and other developed European states, however this increase has developed unevenly between countries, between national regions, and between varying social, economic, and ethnic groups. Although the condition and causes of unemployment in Croatia may differ from the EU, it is estimated that Croatia (like France and Finland) would benefit from motivating unemployed youth to improve their education, and (like Spain and Italy) by increasing vocational education and training programmes, (OECD, 1996). Substantial efforts need to be made to improve the basic knowledge of the long-term unemployed, and to develop a new educational approach that provides opportunities to gain work experience.

Education has become a socially acceptable way of estimating the value of an individual. It is believed that those with better education are more intelligent, and more dedicated. The highest level of education attained is directly related to an individual's previous success in school, and it is taken as an indication of the person's level of motivation, persistence

<sup>24</sup> Mostly secondary education for adults, which is attended and completed in Croatia by approximately 2,000 persons a year. Of that number, two-thirds are younger than 24.



and organisational skills. These are all traits that are highly valued by prospective employers, and hence individuals with high academic credentials are considered attractive candidates for most forms of employment.

While there has been no direct research regarding Croatia, research conducted in a number of other countries (Wolf, 2002) has revealed that the educational system can actually intensify existing social divisions. Those who are less privileged are not able to make full use of the state-provided education system, and those who are exceedingly privileged can afford to attend higher quality private schools which offer better opportunities for further education, employment and professional development. In most transitional countries, the existing education systems are expensive, inefficient, and focus on providing a quantity of information as opposed to developing critical and analytical skills. To improve this, the focus must be shifted towards an active relationship between the teacher and the student by modernising teaching methods.

Although improving formal education is an ideal long-term goal, short-term steps should be taken to reduce the rate of *functional illiteracy* in the country, and raise the *minimum skills threshold*. The consequences of functional illiteracy are long-term unemployment and rather reduced employability. Even in Sweden, a country with one of the highest literacy rates, it is estimated that about 8% of the adult population have serious difficulties with reading and comprehension. In other countries, the illiteracy rate can be as high as 25%. With rates this high, a substantial segment of the adult population is left unable to understand printed information of any kind, and thereby suffers from extremely low employability (UNESCO, 2000). The minimum skills threshold requires a certain scope of knowledge without which it is not possible to survive on the labour market. This generally includes a minimum knowledge of computer skills and foreign languages, but also includes personal and interpersonal skills, customer service, a readiness to learn, and motivation.

### Improving health

In addition to education, another important factor linked to poverty and social exclusion is the health of an individual and their family. Failing health and a limited working capacity, or a serious illness in the family, jeopardises prospects for employment, professional development, and economic betterment.

Nearly all former socialist countries have a history of allocating substantial funds to healthcare and, considering their level of economic development, have had quite impressive achievements in providing rights to health insurance. However, the socialist system takes little account of costs or potential savings, resulting in a significant surplus in medical capacity. General and specialized hospitals often provided long-term in-patient accommodation to the elderly and the infirm, and allowed patients to prolong their average hospital stay for far longer than necessary. Furthermore, the price of drugs was determined on an administrative level and was considerably lower than actual market prices, which often encouraged unnecessary and even harmful over-consumption. Primary healthcare was underdeveloped, because doctors and medical staff had limited knowledge, skills and resources available. Patients began to regard general practitioners as a transit point on the way to a specialist and hospital care, even in the case of minor ailments.

As transitional countries began their move toward a market economy, they discovered a serious lack of funds available for healthcare. This resulted in a deterioration of the quality (or sometimes almost a total absence) of healthcare services, which compounded the general lack of care that the general population took with their own health. This, in turn, led to a shorter average life expectancy and a serious decline in general health indicators. Private health insurance and private services gradually gained more and more significance in these countries, but there is still a generally accepted feeling that public allocations for healthcare are justified (Box 1).

**Box1: Why are public allocations for healthcare justified?**

From a cost and benefit analysis, it appears obvious why the state should invest in healthcare, particularly in prevention. There are also less tangible benefits such as the creation of positive outside effects, the procurement of public goods, the mitigation of material inequalities, and the avoidance of subsequent extensive allocations. For example, adequate protection provided to mothers and children reduces their mortality rate and supports future human capital - an important precondition for economic growth and development. The children of mothers suffering from malnutrition have lower birth weights and difficult physical development. Such children are more prone to illness, more likely to do badly in school, and are more prone to chronic diseases in their adult years. In addition, with the death or illness of the mother, society loses a member whose work and activities are crucial to the life and cohesion of the family and community.

Healthy individuals have more leisure time, and better developed social skills, which are both important preconditions for the creation of social capital. The fiscal costs of healthcare transform into long-term benefits arising from the development of human and social capital. Public investment in healthcare also stimulates equality in a community. People who suffer from protracted illnesses often have lower levels of education and employability, and are generally unemployed, poorer or socially excluded. Their social status is often transferred to their children. Thus, public funding in healthcare – especially for mothers and children – has the potential to correct this social injustice (World Health Organisation, 2006).

Despite a relatively high allocation of funds,<sup>25</sup> the provision of health services in Croatia has been concentrated in large urban centres, particularly Zagreb, while rural areas have been left with poorly equipped health institutions. Still, the common development indicators of the Croatian healthcare system (such as infant mortality and inoculation rates) are closer to those of developed European countries than the transitional countries of Central and Eastern Europe. The greatest challenge in Croatian healthcare is in its difficult and uneven access<sup>26</sup> which, coupled with informal payments and usage of private health services, negatively impacts the less fortunate segments of society. There is no reliable research on this issue for Croatia (Transparency International, 2006), but evidence of this can be derived from a general analysis of the Croatian healthcare system and world experiences, which clearly describe the problems

connected to a lack of available healthcare services for the less fortunate. In Croatia, the general absence of personal care for one's own health, as well as frequent diseases connected with unhealthy behaviour,<sup>27</sup> represent a mounting national health concern.

For a number of years, Croatia has been implementing healthcare reforms. The last reform began in 2000 with a reorganization of the healthcare system designed to improve the general health of the population, increase the financial sustainability of the system, privatise some of the services, strengthen primary healthcare, and reduce the considerable disparities in the availability of services. Further reforms are planned to strengthen institutional capacities within the healthcare system, implement new pilot-programmes in healthcare services, and improve, develop and integrate healthcare information systems. The reforms have been structured around the appli-

<sup>25</sup> In Croatia, the total expenditure for health care per capita adjusted according to purchasing power amounted to USD 630 in 2002. Of that, the share of public expenditure in the total expenditure accounted for 81.4%. The share of total expenditure for health care in GDP in 2002 was 7.3% (World Health Organisation, 2006).

<sup>26</sup> Individuals with physical disabilities voice the most complaints against the (financial) unavailability of health care services. The interviewees express the greatest degree of dissatisfaction precisely with the system of health care, because: "The situation is at its worse in the field of health care. They have revoked so many benefits that we used to enjoy. They simply began to harass us. Paying for drugs, imposing norms on the visiting nurse...". (UNDP, 2006b).

<sup>27</sup> Poor nutrition, smoking, alcohol, abuse of narcotic substances, excessive weight, insufficient physical activity, etc.

cation of a cost-benefit analysis and on strengthening the connections between hospitals and primary and secondary health protection. Better organisation and connection between these three levels of healthcare will generate a greater reliance on primary services and reduce pressures on specialized and hospital services.

The reform activities are classified into three groups: service provision, equipment acquisition, and developing healthcare related information technology. Connections with the local community are also being established with more homecare services, improved hospital patient release procedures, and the involvement of general practitioners in out-patient recovery. There is also a plan to improve the general expertise and number of nurses. Doctors and primary healthcare practitioners have the most contact with patients

and therefore have the greatest impact on the impression the population has of the overall healthcare system. Healthcare management expertise must also be improved quickly so that the next generation of practitioners can be prepared to manage healthcare institutions. Methods of attracting medical staff to transitional and developing countries must be improved. Finally, public planning must include a long-term strategy to ensure the financial sustainability of the healthcare system as a whole. In conclusion, it is essential to clearly and precisely define, coordinate and modernise the minimum financial standards in healthcare. Coordination between the powers and responsibilities of the owners of health facilities (mostly local authorities) and those providing the financing (Croatian Health Insurance Institute) must also be improved.



# 3

## CHAPTER 3

## THE SOCIALLY EXCLUDED



# Chapter 3: The Socially Excluded

## 3.1 Demographic characteristics

### Population movement in Croatia

With 4,437,460 inhabitants and a territory of 56 594 km<sup>2</sup>, Croatia is one of the smaller countries in Europe. According to the 2001 census, there were 89.63% ethnic Croats and 7.47% national minorities. With 4.54%, the Serb national minority was the largest, while other national minorities accounted for slightly under 3%.

Croatia's population has grown steadily over the past 100 years, but the economic emigration of the 1960s has led to unfavourable trends in the natural movement of the population, primarily affecting the birth rate (Živić, 2005). The trends have resulted in the disruption of in the development of certain demographic structures, but this was not visible in movement patterns until the 1990s, when trends intensified due to a lack of comprehensive, long-term family policies, especially in birth rate, and also to the onset of war in Croatia (Živić, 2005).

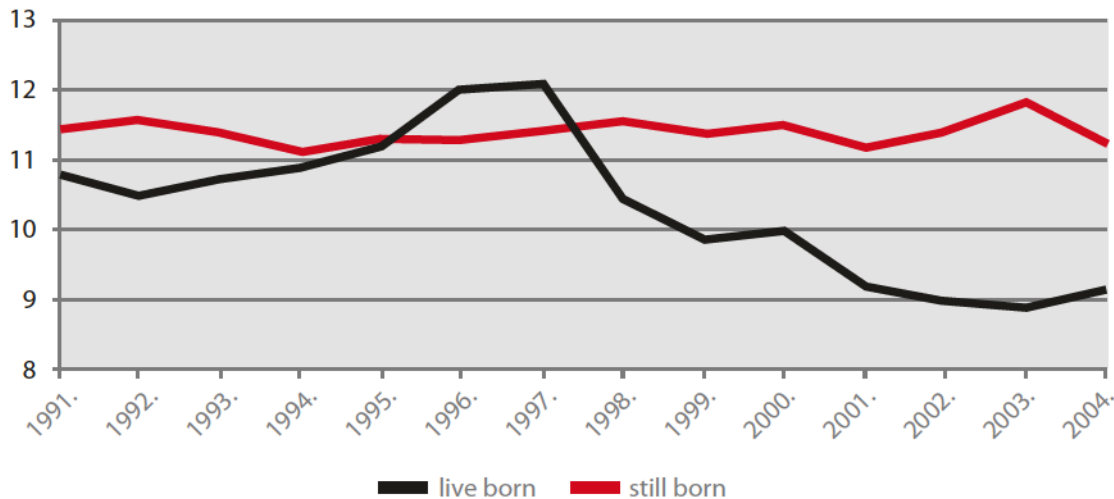
It is estimated that in 1991-2001, 455,297 people emigrated from Croatia, most of them in their prime (Živić, 2005). The effect of emigration was mitigated by the arrival of 232,966 people to the country – mostly Croats, 189,039 of whom came from Bosnia and Herzegovina. However, many of them were people at an advanced age (Akrap, 2005). In addition to migratory losses caused by the war or war-related circumstances, there was an additional loss of 22,283 direct casualties of war. Up to 70% of the 8,668 killed and missing Croatian defenders were between the ages of 20-40 years, which had a notable impact on the demographic structure of the population (Živić, 2005). It is difficult to articulate the indirect losses of the population brought on by war, such as decreased birth rate, but this type of loss has certainly had a significant impact on the present demographic picture of Croatia as well.

Table 2: Structure of the population according to ethnicity

	ETHNICITY	NUMBER	PERCENTAGE
	<b>Croats</b>	<b>3,977,171</b>	<b>89.63</b>
<b>National minorities</b>	<b>In total</b>	<b>331,383</b>	<b>7.47</b>
	Serbs	201,631	4.54
	Bosniacs	20,755	0.47
	Italians	19,636	0.44
	Hungarians	16,595	0.37
	Albanians	15,082	0.33
	Slovenians	13,173	0.30
	Czechs	10,510	0.24
	Roma	9,463	0.21
	Montenegrins	4,926	0.11
	Slovaks	4,712	0.11
	Macedonians	4,270	0.10
	Germans	2,902	0.07
	Ukrainians	4,314	0.09
	Russians	906	0.02
	Jews	576	0.01
	Poles	567	0.01
Romanians	475	0.01	
Bulgarians	331	0.01	
Turks	300	0.01	
Austrians	247	0.01	
	<b>Others</b>	<b>21,813</b>	<b>0.49</b>
	<b>Undeclared</b>	<b>89,130</b>	<b>2.01</b>
	<b>Unknown</b>	<b>17,925</b>	<b>0.41</b>

Source: Central Bureau of Statistics, 2001 census

Figure 3: Natural Movement of Population in Croatia (1991 – 2004)



Source: Croatian Bureau of Statistics, Statistical Yearbook 2005.

Aside from the War for Independence, the decline in population numbers in the past fifteen years was augmented by many other factors as well. The birth rate in Croatia during that period was constantly negative, save for the three years after the War when Croatia experienced a "baby boom". The total fertility rate has also been on the decline and, in 2004, it fell to 1.35. It is anticipated that the population will continue to decline, and that eventually, over a period of fifty years, the total population will be reduced by half (Gelo et al., 2005). Economic migration is also affecting this decline, primarily because the younger population is leaving Croatia at a fertile age, which, in addition to the direct loss of inhabitants, also causes an indirect loss - the future children of the emigrants who would have been born in Croatia.<sup>28</sup> Such factors are partly a result of the war, but also of the general demographic trends and unfavourable economic situation in the country.

Another problem related to the present demographic situation in Croatia is the age structure of the population. According to the 2001 census, 15.7%

of the population in Croatia were over 65 years of age,<sup>29</sup> which places Croatians amongst some of the oldest populations in the world, according to United Nations classification. The average age is 39.3 years, which is 2.2 years older than it was in 1991. In 2004 the average life expectancy at birth was 72 years for men and 79 years for women.<sup>30</sup> Life expectancy at 65 years of age is 12.9 years for men and 16.6 years for women.<sup>31</sup>

A decreasing number of children and a smaller percentage of the population in the 0-14 age group (17.1%), together with a total fertility rate of 1.35 (2004),<sup>32</sup> does not give much hope for a better demographic picture in Croatia's future. Also, in the past century the average age of women delivering their first child has increased; in 1960 it was 23.4, but in 2000 it was 25.5, which leads to the narrowing of the effective fertile period (Gelo et al., 2005).<sup>33</sup> With regards to the rate of divorce in Croatia, it is low in comparison to other Western European countries, but in comparison to the countries in the region, there are

<sup>28</sup> In the period from 1991 to 2000, the migration balance in Croatia was -247.3 thousand (Gelo et al., 2005.).

<sup>29</sup> This piece of information from Eurostat tells us that this share was 16.5% in Croatia back in 2004, while that same year the share of those over 65 in the neighbouring Slovenia was 15%, Germany 18%, Bulgaria 18%, Romania 14.4%, and in Slovakia 11.5%.

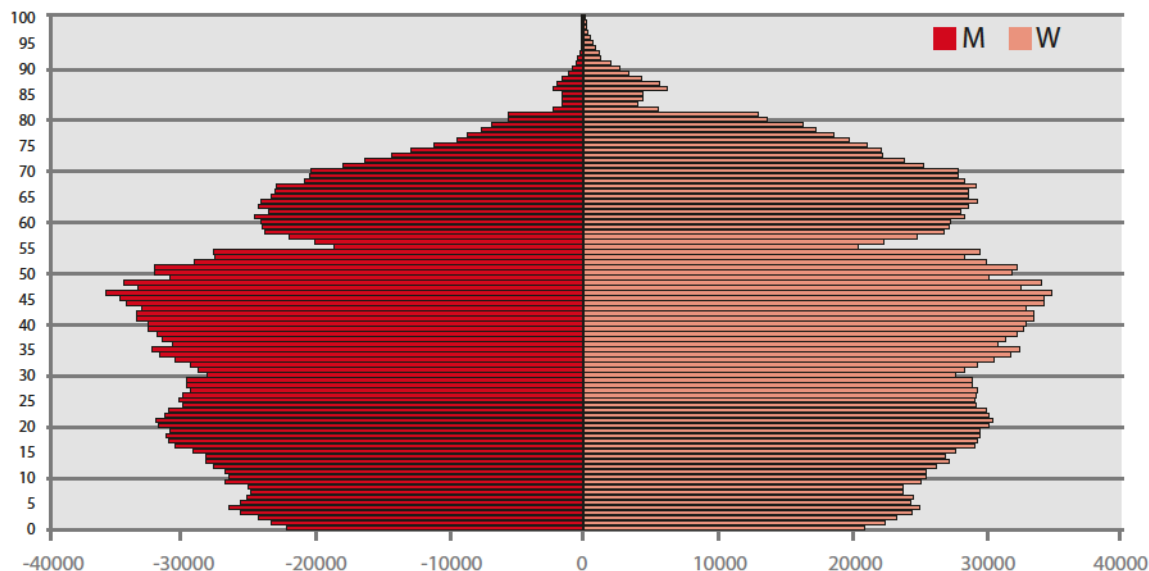
<sup>30</sup> For the whole of Europe, the average is 76 years for men and 81.9 years for women. Source: Council of Europe, Country reports 2002.; Eurostat, Population and social conditions.

<sup>31</sup> For Slovenia, it is 14.5 years (men), 18.5 years (women), and 15.4 (women), for Bulgaria 13.0 (men) and 15.6 (women). Source: Council of Europe - Comparative Report, 2002.

<sup>32</sup> According to the Council of Europe, this rate was 1.91 in 1981, 1.55 in 1991, and in 2001 it fell to 1.38.

<sup>33</sup> According to the Council of Europe, in 2001 the age is 25.8 years.



**Figure 4:** Age-gender structure of the population in Croatia in 2001

no major differences.<sup>34</sup> This rate can be explained by the traditional views and values of marriage in these areas, but also by the economic and social crisis, in which existential problems are the main reason why many couples decide to stay together, although they would otherwise part.<sup>35</sup>

Data on the household structure in Croatia shows that Croatian households are usually small, which means that 63.37% of households have three or less members, while only 6.81% of households have six or more members. In 2001 the average family with children, which is usually the equivalent of a household in Croatia, had only 1.7 children.<sup>36</sup> In view of the household structure by use of residence, it is important to note that 82.93% of households live in residences that they own or co-own.

In addition to the narrow population base and the large proportion of older individuals, there are some more peculiarities in the age-sexual structure of Croatia. According to the 2001 census, the number of women at an advanced age was twice that of men, a result of the longer life span of women. Thus, the percentage of women in the total population was

higher than the percentage of men (51.9% vs. 48.1%). In addition, the population that is approximately 55 years old is reduced because of World War Two, while the population of approximately 30 year-olds is less as a result of the migrations that preceded 1970.<sup>37</sup> This, along with an unfavourable economic situation and long-term trends in low fertility rates, has resulted in fewer children (0-4 years).

Taking the above into consideration, it would appear that the Croatian population is regressing. It is probable that with the present and indicative trends in population movement, Croatia will become even smaller and demographically poorer.

### Croatia's Educational structure

There are several trends occurring in the educational structure of the population in Croatia. Almost 19% of Croatia's population over 15 has not finished primary school. Most of these are elderly people which constitute an uneducated older population in Croatia. The situation is much better in the working contingent

<sup>34</sup> In 2000, the rate is 0.97 in Croatia, 2.4 in Austria and Germany, 2.6 in Belgium, 2.7 in Denmark, 1.0 in Bulgaria, and 1.0 in Slovenia. Source: Council of Europe – Comparative Report.

<sup>35</sup> Puljiz, V., Zrinščak, S. (2002) Hrvatska obiteljska politika u europskom kontekstu. Revija za socijalnu politiku, No 2/2002.

<sup>36</sup> In 2001, 26.85% of families had only one child. 47.45% had two children, 17.75% had three, 5.18% had four children, and 2.74% of families had five or more children. Source: Author's calculations based on the data in the 2001 census.

<sup>37</sup> Migration saldo from 1961 to 1970 was -258.5 thousand (Gelo et al., 2005).

**Table 3:** Educational Structure of the population in Croatia according to age groups (in %)

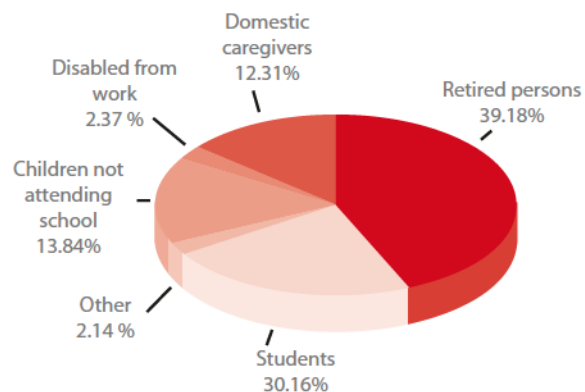
Education	15-24	25-64	65+
Primary school not completed (NSCE 0 and 1)	3.78	11.28	56.99
Primary school (NSCE 2)	37.86	19.61	15.79
Three-year secondary schools (NSCE 3.3)	25.43	32.27	12.72
Four-year secondary schools and gymnasiums (NSCE 3.1)	30.95	20.91	7.24
Two-year post-secondary schools (NSCE 5.2)	0.97	5.2	3.12
Colleges, master's and doctor's degrees (NSCE 5.1 and 6)	1.01	10.73	4.14
<b>Total %</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: Croatian Bureau of Statistics, Census 2001 (computed by the author)

(aged 15 - 64). The share of the population who have graduated from secondary school is 71.4%, while the same group in the EU is only 67.9%.<sup>38</sup> However, the same does not apply to post-secondary education. In Croatia, only 10.73% of the working contingent has at least university education.<sup>39</sup> Students account for 2.84% of the total population, while in the EU students account for 3.79% of the total population. It can be concluded that Croatia has a relatively high share of secondary school graduates, a considerable share of an uneducated older population, and a low share of university graduates.<sup>40</sup>

The economically active population in Croatia (including both the employed and the structurally unemployed who meet their statutory obligations towards the Croatian Employment Bureau) account for 44.18% of the total population, while the share of the employed in the total population is 35.01%.<sup>41</sup> Retired people account for 21.79% of the total population, and the ratio between the retired and the employed is 1:1.6.<sup>42</sup> This demonstrates a low share of employees in the population and a very high number of retired people. It is expected that in about ten years' time

the number of retired people will increase, as the so-called "baby-boom" generation (those born before 1960) will retire, while the less numerous generations will enter the work force. This problem is closely related to the rate of registered unemployment, which is about 17% (in April 2006, the rate was 17.6% and in May 2006, it was 16.7%),<sup>43</sup> and the low fertility rate.

**Figure 5:** Economically non-active population by status, Census 2001

Source: Croatian Bureau of Statistics, Census 2001

<sup>38</sup> Source: Eurostat, population and social conditions.

<sup>39</sup> Source: Central Bureau of Statistics, 2001 census (author's calculations).

<sup>40</sup> Source: Eurostat, Population and social conditions (author's calculations).

<sup>41</sup> Source: Central Bureau of Statistics, 2001 census

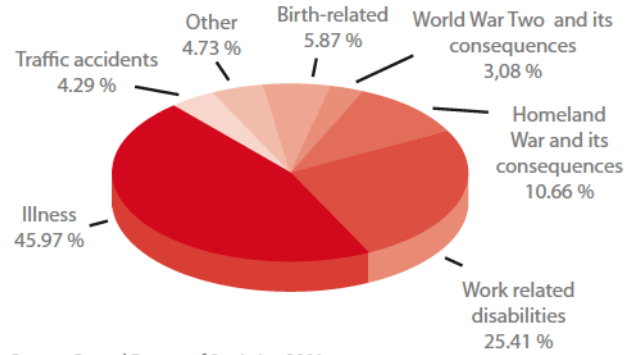
<sup>42</sup> Source: Central Bureau of Statistics, 2001 census (author's calculations); the data in the census are different from the data of the Croatian Pension Insurance Institute (HZMO; 2003 Report), which mention the ratio of 1:1.37. The data differ because of the different way of making the calculation: the HZMO compares the number of insured persons and retired persons, while in the census the Central Bureau of Statistics compares the number of employed persons and retired persons.

<sup>43</sup> Source: Central Bureau of Statistics, announcements 2006.



The fact that one-fifth of the population over 65 (131,414 people) do not receive a pension,<sup>44</sup> is also important. It is also necessary to emphasize the relatively high share of female domestic caregivers in the inactive population (one-eighth). They constitute a specific group within the inactive population, because they are able to work and could become active in the labour market. The structure of the employed shows that 81.57% of the employed work in any sector of ownership, while the remaining 18.43% are self-employed and individual agriculturalists. In Croatia, 67,690 people employ others (i.e., 4.4% of the employed are employers).<sup>45</sup>

**Figure 6:** People with disabilities in Croatia according to the cause of disability, 2001 census



Source: Central Bureau of Statistics, 2001 census

### Box 2: Personal Experience

"I will be 18 soon. I have grown up in a family with two older brothers. I have attended school until the fifth grade. I had a boyfriend, but my parents were against me having a relationship. They did not let me to go to school because I was seeing him there. I was not allowed to go anywhere on my own, my mum went with me everywhere. Teacher said she would wait for me until this was resolved. School was sending letters... A year went by, but then I was embarrassed to go back to school. I have forgotten a lot of school stuff... Which grade would I go to?

I was helping my mum with housework. I think it is easier for boys: from time to time they cut wood logs, feed pigs... but girls have to work every day. I got married at the age of 16. Nowadays girls rarely marry at the age of 14 or 16, because they could end up in an institution, and boys, if they are not underage could go to prison. There are girls in our village who have completed primary school and a couple of them completed vocational training. None of the women are employed. I live with my husband's family. They are nice to me. I do not have to work hard, my tasks are to clean the house, sweep the yard, and wash clothes, my mother-in-law cooks. Sometimes they even buy things for me. The custom here is to live in an extended family, but there are some young couples now who want to live on their own. My husband provides for us, so I do not have to go out to earn.

Three moths ago I gave birth to a baby girl. The midwife visited us soon after we came home from the hospital. In the Health Centre they write down the dates when babies should be brought for vaccination. It is up to parents then to take care of it. But the Health Centre is about an hour's walking distance, and the bus rarely operates.

Sometimes I see my friends, but they are married too, so we do not have time to spend together. When I was in school I used to have 'peasant' girlfriends (non-Roma). I used to dance in a folk-group when I was single. That was the best thing in my life. I cannot do it anymore; it is embarrassing to do that when one is married. It is possible to dance at wedding parties, or some celebrations, but not in a folk group.

My daughter is now the most important person in my life. I would like her to go to school, perhaps she could work until she gets married, but when she does and has children, it would be better that her husband provides for her, so she does not have to suffer." (From interview, Capraške Poljane, 25.08. 2006.)

<sup>44</sup> Source: Central Bureau of Statistics, 2001 census (author's calculations).

<sup>45</sup> Source: Central Bureau of Statistics, 2001 census (author's calculations).

### People with disabilities

Croatia has 429,421 people with disabilities. It is important to point out that almost 75% of these people are independently mobile.<sup>46</sup> To compare people with disabilities in different Croatian towns by their physical mobility, there are no major differences.<sup>47</sup> There are differences, however, in the cause of the disability. This relates to disabilities provoked by the consequences of the War. People with disabilities account for 9.68% of the population of Croatia, ranging from 19.9% in Osijek, 8.6% in Zagreb to 5.4% in Čakovec.<sup>48</sup>

In December 2003, there were 236,132 people in Croatia who received disability pensions in the average amount of 1,519.92 HRK<sup>49</sup> (reduced by tax and surtax, inclusive of additions to pension), while in that same month the average net salary in Croatia was 4,045.00 HRK<sup>50</sup>. The disability pension was at 37.6% of the average net salary in Croatia.

## 3.2 National Minorities<sup>51</sup>

### 3.2.1 Human Rights

The Croatian Constitutional Act on the Rights of National Minorities defines the term national minority as: *“a group of Croatian citizens whose members are traditionally settled in the territory of the Republic of Croatia or in one of its areas, and whose members have ethnic, linguistic, cultural and/or religious characteristics different from those of other citizens and who are guided by their desire to preserve such characteristics.”* Any group meeting the conditions contained in the definition may exercise any of the rights provided for in the Constitutional Act. Therefore, the Croatian system of minority protection does not recognise

any difference between “autochthonous” and “non-autochthonous” minorities.<sup>52</sup> When the Constitution of 1990 was being adopted, the preamble identified autochthonous minorities, and the first document that elaborated on the rights of minorities, the Constitutional Act on Human Rights and Freedoms and the Rights of Ethnic and National Communities or Minorities of 1991, reserved special rights for the specified minorities.

The protection of minority rights in Croatia has been a key political issue over the past several years. It was only with the adoption of the Constitutional Law on the Rights of National Minorities (CLNM) in December 2002 – which was a condition of accession to the Stabilisation and Association Agreement between the EU and Croatia – that a consistent system for the protection of minorities was put in place. The current system of protection is based on three pillars: (1) the right of minorities to have representation in the Parliament, (2) the right to proportional representation in the representative and executive bodies of local government, where minorities account for more than 15% of the population, and (3) the right to self-governance.

The research conducted on the protection of minorities by the Open Society Institute in Croatia in 2005, to determine the index of openness of Croatian society, illustrates that the rights of minorities are institutionally well-protected, but that there are insufficiently developed mechanisms for monitoring this protection. There is also evidence of insufficient readiness among the majority to respond to violations of the rights for minorities. Currently there is an absence of implementing legislation that would enable a translation of rights for minorities from the Constitutional Act to actual representation in the bodies of state administration, the judiciary, public services and the administrative apparatus of local governments. Although the positive discrimination principle is

<sup>46</sup> There are 75.57% of those whose physical mobility is fine, there are 2.91% of those who are completely immobile, while people who are permanently confined to a wheel-chair account for 1.68%, and those who have to move with the help of a walking stick, crutches or walking frame account for 19.85%. Source: Central Bureau of Statistics, 2001 census

<sup>47</sup> This is the author’s conclusion based on the data of the Central Bureau of Statistics.

<sup>48</sup> Source: Central Bureau of Statistics (author’s calculations).

<sup>49</sup> Source: Croatian Pension Insurance Institute, annual data, 2003.

<sup>50</sup> Source: Central Bureau of Statistics, announcements 2003.

<sup>51</sup> The section on National Minorities (3.2) is complemented by the section on Returnees (3.3).

<sup>52</sup> Most modern states adopt the principle of “autochthony” and grant special minority rights only to minorities explicitly enumerated in a particular document (constitution, law). An autochthonous minority is usually the minority settled for at least three generations in a defined area (not the area of the entire state), a homogenous territory, and whose presence is not the consequence of economic migrations.

included in Article 22 of the Constitutional Act as an *intentio legis*, it has yet to be realised.

There has been considerable progress in implementing the protective provisions of the CLNM, particularly in regard to political representation. The Croatian Parliament currently seats eight minority MPs, and Local Councils of National Minorities have been established as advisory bodies for local and regional government. While these actions are encouraging, the Local Councils are still struggling to be recognized as full institutional partners, and clarification is still needed on how minority quotas should be calculated for proportional representation. Currently, the key areas of the CLNM which are lacking in implementation concern employment of minorities in the public service and anti-discrimination provisions.

There are only two minority communities that are threatened by social exclusion: the Serbs and the Roma.<sup>53</sup> According to the openness index:

The social distance towards the Roma minority is worrying and it has received the worst grade of all the examined indicators. The distance that the majority maintains towards the members of national minorities is in general considerably low. The indicator towards the Serbs is also significant, as they were once the national minority most exposed to the language of hatred and political discrimination, but the social distance of the majority towards the Serb minority today is almost on the same level as it is towards any other national minority.<sup>54</sup>

Despite the legislation and institutional rights, the experience of the Roma community relative to the general public, as well as the executive branch in Croatia, is similar to that of a marginalized social group as opposed to an ethnic minority whose status is regulated in the Constitutional Act.

The position of the Serb minority is unique, partially due to recent processes, and also due to the unequal political and social treatment of Serbs in various parts of Croatia:

The Serbs from the Podunavlje region have realised their rights based on the Erdut Accord and the process of peaceful reintegration. It is true that minorities there lead a ghetto-like existence and that each of the two national communities has completely separate institutions (from kindergartens to secondary schools, for example in the schooling system)... The Serbs returning as refugees to the areas where they had been a majority before the war, that is, the Knin and Glina District, officially enjoy the rights guaranteed to them in the Constitutional Act, but in reality they are exposed to complete social isolation. In bigger urban areas, Serbs are mostly dispersed and gradually become assimilated. People returning as refugees to the areas that had a mixed population before the war and that are not passive and isolated as the largest part of the former Knin and Glina District are in the most difficult position. It is there, like for example in the Zadar hinterland, that the pressure applied to prevent their return is the greatest, and state interventions are mostly non-existent.<sup>55</sup>

Research has shown that the formal protection of minority rights is no longer the issue regarding minority protection, but instead it is the relationship between the majority and the minority, the level of development of protective mechanisms, and the capacity of the system to respond to incidents. Concerning the treatment of the minority by the majority, the heightened level of tolerance of authorities, the public, and the media to the Serbs and other national minorities is evident, but such progress is not evident regarding marginalized social groups (including the Roma ethnic

<sup>53</sup> In this section, an examination of social exclusion of the Serb and Roma minorities in Croatia attempts to combine three approaches: (1) the protection of the rights for national and ethnic minorities, (2) human rights, and (3) the development of community and social movements. These three approaches have been chosen for several reasons. These have been identified as key to the accession of new member states to the European Union. A rights-based approach promotes the standpoint that it is necessary to strengthen both citizens "demanding" their rights and state institutions providing them. Focusing on the development of the community and social movements permits an analysis of processes, key actors, and various interactions at the local, national and international levels. Although most Roma associations are primarily active at local levels, their interactions with national institutions, as well as international actors is significant. This is especially true in the case of two documents designed to improve the position of the Roma and to fight social exclusion: The National Programme for the Roma and The Decade of Roma Inclusion 2005-2015. The influence of the Council of Europe was decisive in the consultation of Roma associations and representatives in the development of the first national document, and when monitoring its implementation.

<sup>54</sup> Open Society Croatia, 2005: 63.

<sup>55</sup> *Ibid*: 61.



community). Building mechanisms of political responsibility in the implementation of minority rights and the elimination of 'hate speech' lags behind the positive changes that have occurred in the public domain.

Regarding the Roma in particular, reports commissioned by national and foreign organisations point to violations of rights and discrimination against the Roma in various aspects of civil, social and political life.<sup>56</sup> However, discrimination in education against the Roma children is most evident and has resulted in complaints filed to the European Court of Human Rights. More attention is also being paid to the discrimination and violation of rights for Roma women, which has been referred to as multi-dimensional discrimination. Roma women are discriminated against within their family, where a predominantly patriarchal structure prevails; they are also discriminated against by the majority population based on their gender and their ethnicity.

### 3.2.2 Access to Social Services

*'We've got confidence and they do try to go the extra mile, but they cannot give us as much help as we need. (Participant of the focus group, Sisak, UNDP, 2006b)*

According to the official data, the Roma account for less than 1% of the total population, however they account for 13.56% of the recipients of social assistance. Most of the social welfare services they use are for financial assistance. It seems that there are two basic tensions between the representatives of social welfare and the Roma as the recipients of their services.<sup>57</sup> Both tensions concern a degree of confidence in the system which is frequently connected with social workers understanding of the accumulation of unfavourable life circumstances and the use of discretionary judgement in circumventing stringent rules. As stated by a focus group participant, "[the] social welfare centre prohibits us from having vehicles, but if we did

not have them, we could not survive." This points to the need to have the Centres of Social Welfare (CSW) adopt a more active approach in customizing individual plans for recipients in which the financial assistance would have the form of temporary assistance. There is also a need to build closer connections between CSW, the Croatian Employment Bureau, and the private sector.

The Serbs do not object to their level of access to social welfare, it is the families that were separated during their period as refugees, whose children have grown up and established a new life in the areas where they used to be refugees (Serbia, BiH), that have problems. The social problems of families who have younger members are somewhat mitigated by family solidarity and older members who have the right to a pension, which is used to support the entire family.

### 3.2.3 Access to Healthcare

The right to health is guaranteed by the Croatian Constitution and a number of statutory provisions on health insurance and on the right to health insurance for persons who depend on the active members of their families. However, the legislation is closely tied with specific time limits, and the failure to comply with the time limits results in a loss of the right to health insurance and access to health services. Children under 14 who have registered residence in the territory of Croatia, children under 18 attending school on a full time basis, as well as pregnant women and women who have recently delivered, have the right to free health insurance. It seems that most Roma who meet these conditions make use of their rights to health protection. However, in the case of other adults, many go without health insurance. In the City of Zagreb,<sup>58</sup> 40% of adult members of the Roma minority do not have health insurance, including most adult members of the Roma who live in the biggest settlement in the County of Sisak-Moslavina.

Research<sup>59</sup> produced by Roma associations emphasizes the young age of the Roma population; in

<sup>56</sup> Amnesty International, ERRC, CHC and the Gender Equality Ombudsman.

<sup>57</sup> UNDP (2006b). Research on social exclusion in Croatia: groups with increased risk of social exclusion - focus groups. UNDP, Zagreb, Croatia

<sup>58</sup> City programme of activities and measures to improve the standards of development and the environment at locations settled by the Roma (2005), document of the City Institute for Spatial Planning, City of Zagreb

<sup>59</sup> Pokos, N. (2005): Demografska analiza Roma na temelju statističkih podataka, pp. 42-43 in Kako žive hrvatski Romi?



2001, only 3% of the Roma from the national survey sample were over 60 years of age. This is attributed to extremely poor living conditions, such as below-average housing, lack of basic infrastructure, unvaried and modest nutrition, and constant insecurity. In addition, the percentage of Roma women in the total Roma population is lower than the percentage of men.<sup>60</sup> However, the Roma associations have noted some positive indications; they estimate that the number of Roma women giving birth in hospital is on the rise, as well as the number of inoculated pre-schoolers.

Most members of the Serb minority have access to basic health insurance. A large number of Serb returnees to Croatia are elderly people who have the right to a pension, acquired before the war, as well as their entitlement to health insurance. Others exercise the right to insurance through a family member or through unemployment insurance (after brief, frequently fictitious employment in Croatia). There are only sporadic examples of serious problems in access to health insurance (for example, returnee children who study in BiH or Serbia).

However, physical access to health protection represents a serious problem. Considering that many returnees live in sparsely inhabited areas with little or no transport infrastructure, access to even primary health protection is a problem. In some cases whole municipalities (like Vrhovine, for example) do not have offices for family medicine. Travelling to see a doctor is thus connected with substantial costs for the already disadvantaged population, and access to the services of specialised medicine is even more limited. It should be said that health insurance does not cover the cost of travel to the doctor at distances under 50 km, and in areas where the Serb returnee population reside, travel by public transport at distances under 50 km is relatively expensive.

### 3.2.4 Access to Education

Despite a number of proposals concerning systematic changes that would enable individualised education, changes in educational institutions have been slow and sporadic. Numerous Roma non-governmental associations, as well as the National Programme for the Roma, state that pre-school education is critical in preparation for primary school education and lowers drop-out rates. Since pre-school education is

decentralised (funded from the county budget), the network of services and their availability is unequal and the capacity for accommodating children is also limited. Roma associations have developed a series of compensatory models for pre-school education including half-day play schools within Roma settlements and programmes on premises outside Roma settlements. These programmes would feature limited contact with non-Roma children, and an emphasis on the Croatian language and social skills, but also more vocal initiatives to enrol Roma children into the existing kindergartens leading to complete integration. Despite differences in the organisational performance of these models, as well as the methods of work, which greatly depend on the readiness of the institutions to provide modified and intensified services to specific segments of the population, most implementing bodies agree that it is necessary to regularly attend such programmes for at least two years prior to primary school.

There is no precise data on the number or gender of Roma children entering the mandatory primary educational system or complete data regarding drop out rates. According to the report entitled *Faces of Poverty, Faces of Hope* (UNDP, 2005), 17% of the Roma and 74% of the non-Roma population over 12 years of age who live in the vicinity of the Roma population, have finished primary school. This ranks Croatia, together with Serbia, somewhere between the Czech Republic and Hungary, who have the highest percentage of the Roma over 12 with a complete primary school education, and Kosovo and Montenegro where the percentage is the lowest.

Having guaranteed entry into the school system does not necessarily mean that Roma will remain in the system and that they will be able to take full advantage of the opportunity. A combination of several factors creates a "push out effect" in what is already a very small number of the Roma who enter the school system. These factors relate to: a lower level of preparedness to meet the demands placed on Roma children in school as opposed to non-Roma children; organisation of school work that presumes students' conformity; and the diminished readiness of teachers to introduce individualised methods of teaching. There are also factors within the Roma community itself which "pull away" children from the educational system related to a lack of confidence in the system, loss of income as children participate, a lack of incen-

<sup>60</sup> Ibid.

tives to children and parents to participate, and the inability to find employment upon finishing education.

In regards to the education of the Serb national minority, in Podunavlje, there is a complete segregation of Serbs and Croats, which is conducted under the shield of “the right to attend school in one’s mother tongue”. This situation is considered in the Croatian legal order of Erdut Accord on Peaceful Reintegration of Podunavlje, and it is supported by the political elite of both ethnic communities. In other Areas of Special State Concern, the greatest obstacle to integration of children returnees in the Croatian education system is the accreditation of diplomas acquired during their refugee status, mostly in Serbia and Bosnia and Herzegovina (Republika Srpska). In order to find employment or continue secondary or tertiary education, young returnees have to pass differential exams in language and history. The rigidity of these procedures discourages younger families with children from returning.

“They are both excellent students. When I think about how many possibilities they might have, but I cannot afford it... It is terrible.” – these were the words of one returnee who decided not to remain in Croatia. Returnees usually come back to live in isolated hamlets without a supporting education infrastructure or many school-age children. Due to poor socio-economic conditions, children of returnees have few chances to continue with higher education, since their families cannot afford to finance their studies in larger cities.

### 3.2.5 Access to Employment and Employment Services

*“I called by phone to ask whether I could apply for a job. They told me I could and when I got there, they just looked at me and told me they would contact me. We can’t find work, because we are black. Wherever you go, you’re a black sheep. I think that only two people from our village managed to find a job since 1990...”* (Participants of the focus group, Sisak, UNDP 2006b)

Up to 80.2% of the members of Roma households are unemployed, 16.7% of Roma are employed, and 5% receive pension. Twenty-three percent of the population generate temporary income by collect-

ing secondary raw materials, 20% perform seasonal jobs, and 4% do sales or minor repairs (Rogić, 2005). Two basic tendencies can be seen in this income structure. First, there is an extremely low percentage of individuals who manage to work long enough to secure their pension. Second, because of their inability to participate in the labour market, many seek alternatives to the formal work, though mostly temporary. The relatively high percentage of those generating income from such sources may indicate the high demand for such jobs, and the flexibility of the Roma to fill this demand outside the formal labour market. However, these jobs do not secure permanent income or health and pension insurance, they do not guarantee respect and status amongst other members of the community, and they do not nurture interactions with the majority population.

For the most part, women are not expected to find paid employment, but paradoxically they are expected to put food on the table. Patriarchal relations are still very strong in some Roma communities and amongst the middle-aged and older generations. The position of young women and girls is especially unfavourable, because they are expected to get married at a relatively young age and are offered no alternatives. Considering very few finish secondary school, and those who graduate cannot find a job, marriage is the only option which provides a degree of respect in the community, even though in the family hierarchy recently-wed women without children take the lowest position. However, there is an increasing number of young Roma women, especially in urban environments, such as Zagreb and Rijeka, whose life plans include education and employment.

The measures contained in *The National Programme for the Roma* and *The National Action Plan for the Decade of Roma Inclusion* relating to employment, emphasise the participation of the Roma in public works, seminars on additional education, incentives to self-employment through trade and craft enterprises, and two-year subsidies to employers who employ the Roma. These measures are meant to boost the employability of the Roma, but it seems that the measures concerning public works do not include the components related to the elimination of prejudices. They may in fact contribute to the intensifying stereotypes, which portray the Roma as only being capable of physical work. In the case of other measures, the plans to monitor the relationship of the employer towards the workers and their sustainability are unclear. In addition, the Roma are

employed as assistants in teaching, but mostly based on part-time contracts, although the contracts are extended for several years consecutively.

It seems that the employment strategies for the Roma are based on a more “traditional” approach, which is also applied in the case of other vulnerable social groups, such as those with physical and intellectual

disabilities. Such strategies, present in the last several years, have not produced the expected results. It is possible that one of their shortcomings is that they do not pay enough attention to the aspirations of the Roma concerning employment. There also seems to be a lack of innovation in the creation of measures and application of best practices from the neighbouring countries (see Box 3).

### Box 3: Employment of the Roma: A view from the business sector

In 2005, UNDP Bratislava conducted a poll of 14 companies in Hungary, Slovakia, the Czech Republic, and Spain. The purpose was to open a dialogue on possible actions that could be taken to eliminate discrimination against the Roma and to develop initial guidelines to promote positive action. The basic messages of the report was:

- The business sector should consider the whole picture. Namely, the Roma are mostly long-term unemployed and they are frequently concentrated in specific geographic areas. It should be taken into account that this population is mostly young, and that this segment of the population is growing in relation to the total population. If the Roma are not integrated into the labour market, the economic consequences will be, *inter alia*, the loss of labour force and increased social transfer costs.
- Measures promoting diversity are important, but they are not enough. There is a need to create specific measures, within the companies themselves, to employ the Roma. For example, a company in Slovakia won a series of recognitions as a socially-responsible employer in the area of employment and adjustment of the working process to women, but nothing has been done for the Roma.
- The practice of the company's management structure is critical to success. The example of a company from Hungary shows that the management structure needs to be ready to assume the risk of employing the Roma and that it should work actively on the elimination of prejudices of other employees towards them.
- Companies should enter new partnership relations in order to find adequate labour force. The polled companies established connections with the educational programmes in Roma settlements and with Roma associations, they organised the necessary education together and selected the most appropriate candidates.
- Cooperation with the media. The media have a significant role in the elimination of prejudices. The Czech television employed three qualified Roma as reporters and announcers, thus creating positive examples for the Roma and for the non-Roma. (Taken and adapted from: *Employing the Roma - Insight from Business*, UNDP Regional Bureau for Europe and the CIS, 2005.)



**Table 4:** Population of the Croat and Serb nationality according to the 1991 and 2001 censuses

Regions Areas of towns/ municipalities	Croats				Serbs			
	1991		2001		1991		2001	
	No	%	No	%	No	%	No	%
<b>Banija – Kordun</b>	<b>25 685</b>	<b>35.2</b>	<b>30 017</b>	<b>71.5</b>	<b>41 283</b>	<b>56.5</b>	<b>9 339</b>	<b>22.2</b>
Glina	7 718	34.0	6 712	68.0	13 971	61.5	2 829	28.7
Petrinja	15 600	44.3	19 280	82.3	15 802	44.8	2 809	12.0
Topusko	2 251	33.0	2 045	63.5	4 144	60.7	954	29.6
Vojnić	116	1.4	1 980	36.0	7 366	89.4	2 747	50.0
<b>Lika</b>	<b>2 093</b>	<b>14.7</b>	<b>4 330</b>	<b>60.0</b>	<b>11 225</b>	<b>78.8</b>	<b>2 633</b>	<b>22.2</b>
Plitvička Jezera	1 600	22.4	3 141	67.3	4 970	69.5	1 424	30.5
Udbina	408	8.8	841	51.0	3 993	86.3	711	43.1
Vrhovine	85	3.5	348	38.0	2 262	92.2	498	55.0
<b>Dalmatia</b>	<b>25 813</b>	<b>36.2</b>	<b>31 745</b>	<b>84.5</b>	<b>43 305</b>	<b>60.8</b>	<b>4 981</b>	<b>13.3</b>
Benkovac	8 645	36.2	8 845	90.4	16 301	63.8	730	7.5
Drniš	10 458	71.4	7 835	91.2	3 865	26.4	656	7.6
Knin	2 372	10.3	11 613	76.5	19 652	85.4	3 164	20.8
Skradin	4 338	54.0	3 452	86.6	3 487	43.4	431	10.8
<b>Western Slavonija</b>	<b>20 117</b>	<b>41.5</b>	<b>28 390</b>	<b>79.8</b>	<b>22 710</b>	<b>46.7</b>	<b>4 878</b>	<b>13.7</b>
Brestovac	3 176	58.6	3 578	88.8	1 919	35.4	345	8.6
Đulovac	1 118	24.2	2 893	79.5	3 043	65.9	580	15.9
Okučani	433	7.6	3 153	74.6	4 777	83.6	907	21.5
Pakrac	6 025	35.4	6 048	68.3	7 853	46.1	1 514	17.1
Slatina	9 425	59.5	12 718	85.8	5 118	32.3	1 532	10.3
<b>Eastern Slavonija</b>	<b>40 450</b>	<b>45.8</b>	<b>37 489</b>	<b>56.4</b>	<b>28 454</b>	<b>32.2</b>	<b>20 444</b>	<b>30.8</b>
Beli Manastir	4 945	37.7	6 085	55.4	4 217	32.2	2 920	26.6
Darda	3 104	35.7	3 663	51.9	3 293	37.9	2 008	28.4
Erdut	3 493	34.3	3 117	37.0	5 165	50.4	4 538	53.9
Ilok	6 848	70.3	6 425	77.0	672	6.9	566	6.8
Vukovar	22 060	47.4	18 199	57.5	15 107	32.5	10 412	32.9
<b>Total</b>	<b>114 218</b>	<b>38.4</b>	<b>131 971</b>	<b>69.9</b>	<b>146 977</b>	<b>49.4</b>	<b>42 275</b>	<b>22.4</b>

Source: SDF



The CLNM provides a guarantee for the adequate participation of national minorities in all levels of public service, and the implementation of this guarantee is included in the Croatian Road Map as part of the Sarajevo Process, which highlights its importance for Serb returnees. However, no legal mechanism currently exists for enforcing minority employment rights, or for encouraging minority applicants to invoke their minority status during recruitment processes.

In May 2006, the Central State Office for Administration (CSOA) verbally stated that national minorities constitute approximately 4% of Croatia's 52,000 civil servants, excluding those working in judicial bodies. National, regional and local government bodies are required to draft employment plans which reflect the number of minorities currently in their employ and specify future recruitment targets. Some government units are in the midst of this process, while others are not, citing a lack of financial resources to hire additional employees. This would indicate that further progress towards the inclusion of minorities in public service will require firm guidance at the central level.

### 3.2.6 Access to Transportation

The availability of public transportation is also connected with access to employment, and the provision of services for minority communities who live in settlements separate from the majority of the population, which is where most employers as well as providers of services and educational institutions are located. In the case of the Roma, the absence of public transportation to and from pre-schools is one of the factors which, amongst others, supports the organisation of special pre-school programmes. This is used as a justification for the concentration of Roma students in one shift, which results in the creation of Roma-exclusive classes (UNDP, 2006).

Considering that a significant number of Serb returnees have settled in the demographically devastated areas of the Knin and Glina, and frequently live in remote hamlets, transportation and connections with regional and sub regional centres represent a huge problem. In such areas, it is practically impossible to organise public transportation for so few inhabitants, and the existing system is slow, unavailable and expensive.

### 3.2.7 Access to Information and Communication Technology

In impoverished and poorly equipped Roma settlements, ICT is not accessible to most of the population. Initiatives launched by NGOs on the organisation of computer literacy courses are sporadic and mostly located in larger urban areas. The exception is the most recent European Computer Driving Licence (ECDL) course on basic computer literacy implemented by the Association of Roma in Zagreb and the ECDL Academy Elit-Trade. In an attempt to increase the level of employability among the Roma, a two-month course has been organised, where participants receive internationally recognised diplomas.

### 3.2.8 Access to Housing and Basic Infrastructure

*"Croatia wants to enter the European Union and I agree with that, but how are we going to do that when our village does not have electricity, and this is the 21st Century. Normal living conditions are a priority. Our village does not have roads, sewage, garbage collection..."*

(Participant of the focus group, Sisak, UNDP, 2006b)

There are three factors concerning the way the Roma population lives: (1) spatial marginalization and poor development of Roma settlements, (2) access to basic infrastructure, and (3) access to subsidies and loans to improve the conditions of housing. Parts of settlements, and sometimes even entire settlements, are built without permits. A lack of roads, inadequate housing, and a poor quality of living conditions give the impression of a temporary settlement, although they have been around for decades. Seventy-nine percent of people who live in such settlements point out the need for a sewage system, 49% do not have running water, and 26% do not have electricity.<sup>61</sup> The social infrastructure, such as the distance to kindergartens, primary schools and health centres, is a problem for about 70% of inhabitants.<sup>62</sup>

<sup>61</sup> Geran-Marko Miletić. (2006): Uvjeti stanovanja i stambene aspiracije Roma u Kako žive hrvatski Romi

<sup>62</sup> Ibid.

The housing fund available to the Roma mostly consists of houses (74.5%), shacks (9.5%), abandoned cabins on construction sites (9%), and apartments (6%).<sup>63</sup> However, most houses do not meet even the minimum building codes: 11% of households with an average of five members live in 10m<sup>2</sup>, and at least 54% of persons live in overcrowded housing spaces.<sup>64</sup>

If the above mentioned data were viewed cumulatively in accordance with the FEANTSE typology (European typology on homelessness and housing), it can be said that most members of the Roma minority live an insecure existence. Although the exclusion of housing has been recognised, it is primarily viewed from two standpoints. The first is “wild construction” as an expression of the “Roma cultural code”. The second is from the general measures regarding housing, where there is a tendency to find a solution within the narrow context of the Roma, leading to further ghettoisation. Examples of where the Roma themselves are consulted about the process and where the social dimension of housing is taken into account are few and far between. Some representatives of the Roma have proposed the introduction of a system which would provide specific loans, and investments in kind, including free work by those Roma who decide to participate in the proposed programme.

The entire area liberated in the Operation Storm in 1995 was devastated, and even the most basic infrastructure is destroyed there. The reconstruction of houses is relatively slow, due partly to certain administrative hurdles. For example, only the houses of Serb returnees built with building permits and which were entered in the property registers are being reconstructed. However, in the 1970s and the 1980s, which is when most of the housing in the area was built, it was quite common to build houses without permits, and not to keep property registers up to date. The absence of even the basic municipal infrastructure, which existed before the war, is an additional obstacle preventing returning families from leading a normal life in these sparsely settled areas.

### 3.2.9 Social Ties

*“We are all for one and one for all. We have learned to stick together, because that is the only way we can survive.”*

(Participant of the focus group, Sisak, UNDP, 2006b)

The social interaction between the Roma and the non-Roma seems to be based on a fundamental lack of mutual understanding. The majority population has the impression that the Roma have internalised their way of life over the centuries and that they do not want to do anything to change it; consequently, any integration attempts, the majority thinks, would be unsuccessful. The Roma express their concerns regarding the integration process, because the majority population is not sufficiently informed about their situation or their identity. Voices that communicate the reality of different Roma communities mostly come from the non-governmental sector, which have vested interests in the topics they promote. A lack of consensus on certain topics amongst representatives of the Roma is frequently mentioned as an example of the Roma “irrationality” in their fight for greater resources, but this is not much different from the participation of other marginalized groups.

Serb returnees in the Knin and Glina region have returned to what are extremely sparsely-settled areas. Before the war, the area was sparse, while during the war it was demographically devastated. It is difficult to make social contact in demographically devastated areas. There are three closed communities living next to each other within the same area: the autochthonous Croats, Serb returnees, and Croats who moved from Bosnia and Herzegovina. Members of these three communities do not have much contact with each other, however the recent period has seen the appearance of some form of “political correctness” and meta-language trying to conceal the gap.

<sup>63</sup> Geran-Marko Miletić, (2005): Uvjeti stanovanja i stambene aspiracije Roma, p. 163, u Kako žive hrvatski Romi

<sup>64</sup> Ibid.

Apart from the basic demographic devastation of the entire area, there are also subregional movements. Subregional centres are appearing, in which the population numbers are stagnant, but the neighbouring areas remain completely empty. The community of autochthonous Croats and the community of Croats from Bosnia and Herzegovina are far more mobile in terms of space than the Serb returnee community. This community tends to remain in remote hamlets, where it is not possible to have interpersonal contact. During the planning of their return, the possibility of concentrating returnees in bigger settlements was not considered, and in sparsely populated areas it is more difficult to guarantee the needed infrastructure. The isolation of settlements open to returnees is the reason why it is mostly elderly people who return.

### 3.2.10 Political Participation

The Croatian political system protects the passive voting right of members of national minorities by ensuring a pre-reserved number (of at least 5, at most 8, which is the number elected) of representatives in the Parliament. The members of minorities must decide whether they want to vote with other citizens in regular electoral units or for candidates in special units for minority candidates. The Serb minority elects three representatives, the Italian and Hungarians have one representative each, while other minorities are grouped into electoral units where several minorities elect one representative. Minority representatives are elected from the electoral unit (by simple majority vote) regardless of the number of votes they win.

There are also several other dilemmas regarding the way representatives are elected at the national level. The prevention of positive discrimination of minorities by their right to vote two ways, pushes the minorities into a difficult situation: the ghettoisation of their minority or forced assimilation. This is because by voting only in a small electoral unit they waive their right to the general electoral vote and political identity, and by voting only in regular electoral units they waive their identity as minorities.

At the level of local and regional government, the Constitutional Act foresees the right of minorities to proportional representation in representative and executive bodies, everywhere where minorities account for more than 15% of the population. The intention of the

legislation was to replace the principle of democracy by the majority, in the parts of the country where there is a significant minority presence, with the principle of consolidated community governance. However, the principle of proportional representation is complicated by question of how minority quotas should be calculated to determine their level of representation. If representation were based on the most recent voter lists, minority representation in local assemblies would be significantly higher in war-affected areas, where many refugees have returned since 2001. This question is currently before the Constitutional Court for review and adjudication, at the request of the NGO GONG and the National Council for National Minorities, mandated by the CLNM to support and co-ordinate the participation of minorities in public life at the national level.

The third “pillar” of minority representation – minority self-government, i.e., the council of national minorities – is envisaged as a link between civil society and local government. The legislator has enabled a high degree of fiscal autonomy for minority self-governments, which they do not use (SDF, 2006), and consequently the self-sustaining capacities for these institutions are very low. The connection between minority NGOs and minority self-governments has been lost, and there is no awareness of the non-party character of minority self-government. Neither the members of representative and executive bodies of local and regional governments, nor the members of minority self-governments, fully understand the intention of the legislator in that minority self-governments should not function as authorities. Rather, they should act as a consultative body which contributes to the introduction of the principle of participatory democracy and the European principle of good governance in the Croatian local government.

### 3.2.11 Key Challenges

In the previous decade, Croatia has made the most progress in the official protection of minority rights. The implementation of the principle of the rule of law and the affirmation of the mechanisms for minority protection are the basic obligations of the Croatian state in the near future. In addition to creating official protection, Croatia has made significant progress in the openness of media, and in the correctness of social communication. Hate propaganda, quite common in public discourse concerning minorities until recently, has become a sporadic phenomenon.



In the case of human rights violations of minority members, an adequate reaction from the executive branch of government there has not been forthcoming. Action has primarily been taken at the local and regional level. Croatia's accession process into the EU will represent a special challenge for the protection of the minority rights. The establishment of a coalition between the HDZ and the Serb national party, the SDSS, satisfied international observers in regards to the first of the three pre-Copenhagen criteria for commencing an institutional dialogue with the EU.

### 3.2.12 Policy Implications

Aside from the Serb and Roma minorities, national minorities encounter the same type of difficulties as the majority of the population. The issues concerning the Serb minority are approached from the perspective of the protection of minority rights, thus, in some cases their social rights become a political issue, while the Roma are primarily perceived as a socially vulnerable group, where their minority rights are ranked as second-class.

With regards to human rights, it is necessary to take into account the standpoint of the majority, according to whom rights are expensive, especially when they are enjoyed by minority groups. Therefore, in the case of the Roma, it seems that there are three alternatives. The first is connected with the elimination of discrimination and the strengthening of contributions by the Roma to the formal economy, thus enabling their access to services. The second is connected with the regulation of non-formal economic activities and the development of basic measures for health and social insurance funded through contributions from those informal activities. The third possibility is to create universal programmes targeting the dimensions in which the Roma are in a disadvantaged position. The universal nature of such targeted measures would enable access to rights, without resulting in stigmatisation.

It is especially necessary to adopt implementing legislation which would serve to realise the rights of Article 22 of the Constitutional Act concerning positive discrimination in favour of minorities, when it comes to employment in public administration, state and public services, the judiciary and in the administrative apparatus of local government. It is important

to form a consultative committee with the European Economic and Social Committee, which would deal with the development of civil society (including minority NGOs and minority self-government) and their inclusion in decision-making processes.

Finally, the development of politically correct social communication, systematic eradication of hate speech, and encouragement of open media is necessary. Special attention should be paid to a focused gathering of statistics on the male and female members of minority groups, as well as the monitoring of the various life experiences of these men and women in the private and public sphere. Furthermore, special attention should be paid to the interaction of the Roma and Serb minorities with the general population in various civil society programmes, and in measures implemented by the state.

## 3.3 Returnees and IDPs<sup>65</sup>

### 3.3.1 Human Rights

According to the provisions of the Law on Amendments to the Law on the Status of Displaced Persons and Refugees (Narodne novine, 128/99.), a displaced person (*prognanik*) is a person who, individually or in an organized manner, fled from their place of residence in one area of the Republic of Croatia, endangered by war, in order to avoid an immediate threat to their life caused by aggression and other war activities. A returnee is a person who acquired returnee status pursuant to the special regulations on returnees and who returned pursuant to the 1998 Program for Return and Accommodation of Displaced Persons, Refugees and Resettled Persons (*povratnik*). A returnee, whose returnee status has been recognized, enjoys returnee rights for a maximum of 6 months starting from the date of his/her return. According to the Government of Croatia's restructuring as of June 1, 1999, the Office for Displaced Persons and Refugees (ODPR) is responsible for managing the status and rights of displaced persons, returnees and refugees.

The Law on the Status of Displaced Persons and Refugees regulates the equal status and rights for returnees and displaced persons. A returnee has the

<sup>65</sup> The section of the text on Returnees (3.3) is complemented by the section on National Minorities (3.2).



basic rights that they had as a displaced person or refugee (financial support, humanitarian aid, help in social adaptation, health protection). A returnee also has, on the basis of particular regulations, the right to tax and customs benefits, as an incentive to return.

Ever since the return process began in Croatia (between the end of 1995 and 30 June 2006) UNHCR has registered a total of 128,000 Serb returnees to Croatia. Of this, 102,587 Croatian Serb returnees came from Serbia and Montenegro and Bosnia and Herzegovina, and 23,210 returned as former displaced persons from the Croatian Danube region to other parts of Croatia. The Government reported that by the end of June 2006 a total of 380,012 returnees had been registered (Returnee status granted); 63% were formerly displaced persons, most of which were of Croatian ethnicity, with 38% being of Serb ethnic origin.

Creating the conditions necessary to encourage and sustain peoples' return has been problematic for the Government of Croatia (PULS 2004). The Organization for Security and Co-operation in Europe's (OSCE) Mission to Croatia project estimates that only 60-65% of registered returns to Croatia are sustainable (OSCE 2006). A study conducted by UNHCR in 2003 indicated that that percentage is actually lower as some registered returns are simply "commuters" moving between their place of exile and pre-war residence, while some are registered simply to visit once or twice or to have the possibility of returning at some point in the future (UNHCR 2003).

Serb returnees with "Confirmation on Arrangements for Return" issued by ODPR do not have access to the benefits of Returnee Status before obtaining personal documents, in particular a Croatian ID card or an ID for foreigners. Acquisition of a foreigner ID is a time-consuming process for returnees, who are former residents, and lasts up to 3 months followed by another few of months delay until the first returnee grant is received. In addition to this, returnees who are non-Croatian citizens (former habitual residents) have to fulfil the following requirements: possession of a valid travel document and medical insurance and must also be considered as potential beneficiaries of one of the existing housing programmes in Croatia. Obtaining personal documents is even more difficult, if not impossible, for Collective Centre residents who

formerly held occupancy-tenancy rights, but do not own private property in Croatia.

The Government of Croatia differentiates between the status of Internally Displaced Persons (IDPs) and returnees. IDPs are granted full benefits until the termination of reconstruction assistance, plus 6 month return status, while returnees are given only 6 months return status. A fair and non-discriminatory approach would be to grant IDP status to returnees from abroad who do not receive reconstruction assistance, until the completion of the reconstruction/repossession followed by 6 months returnee status. ODPR does not register any returnees as IDPs until a final durable solution has been achieved. This was not foreseen in the Law on Amendments to the Law on Status of Displaced Persons and Refugees since the amendments entered into force on 8 December 1999.

### 3.3.2 Access to Social Services

The following is a brief demographic returnee profile:

- Returnees are older than the average population of the Republic of Croatia. The average age<sup>66</sup> in the country is 39, while the average age of the returnees registered since 1998 is 50.1.
- Returnees have a relatively low percentage (12.2%) of young people up to age 19, versus 23.7% in the country as a whole.
- Children between the ages of 0 to 17 represent 10.5% of the returnee population versus 21% in the whole country. In absolute numbers, since 1998, 11,400 children aged 0 to 17 returned to Croatia with their parents or grandparents.
- Individuals above 60 represent 42% (Ageing Coefficient) of the returnee population versus 21.6% in the whole country.
- Consequently, the Ageing Index that represents the ratio of population aged 60 or over, including the population between the ages of 0-19 years, is higher than the average in other return counties and extremely high for the returnee population.

<sup>66</sup> It should be noted that Croatian average age of 39 years is one of the oldest in Europe, very much like age of highly developed countries such as Denmark.

Such age structure has numerous serious consequences:

- High consumption of health and social services considering the high old-age dependency rates illustrate the potential social support needs and possibly the need for changes in the way community resources are shared between generations.
- Ability of the population to actively participate in economic development and production is limited.
- There are limited free market capital investments into areas with such demographic statistics.
- All of these factors may contribute to a widening development gap and increasing inequality.

Although the absolute poverty rate in Croatia is low by international standards, it does not adequately reflect county-specific conditions. Poverty rates are higher in rural areas, among poorly educated individuals and the elderly, which describes most returnees. National unemployment is officially 17.2%, however it can be as high as 34.2%<sup>67</sup> in some return areas where fragile pre-war economic infrastructure has collapsed leaving little prospect for revitalization. High unemployment rates and an overall difficult socio-economic environment are affecting the whole population, weakening the community's ability to secure the vulnerable. Statistical data from the Ministry of Health and Social Welfare<sup>68</sup> shows that 2.7% of the national population receive social welfare support benefits.<sup>69</sup> However, in counties with high return rates this percentage can be as high as 5% in Karlovac county or even 10.1% in Šibenik-Knin county. At the municipal level, this rate can rise even further – Vojnić 11.2%, Topusko 12%, Obrovac 14.8%, Gračac 17.1% and Knin 30%. All of these municipalities have high numbers of Serb returnees. Comprehensive development programmes should focus on the overall improvement of all areas of return (including the economy, infrastructure, education, social welfare, health, etc). Otherwise, if nega-

tive conditions continue or worsen, they will not only negatively affect the sustainability of return, but can become a cause of secondary displacement, planting the seeds of fresh discontent and renewed tensions.

The data on trust in the social welfare system from the UNDP Quality of Life survey also provides insight regarding whether returnees are able to socially reintegrate into a favourable environment. Almost half the population (43.1%) in Croatia are dissatisfied with the ability of the healthcare system to adequately provide services while distrust in the social welfare system exceeds 50%. Counties affected by the war and that are home to a high number of returnees (e.g. counties of Zadar and Šibenik-Knin as well as counties in Slavonia) emphasize their dissatisfaction with social welfare services. Consequently, returnees and refugees display more dissatisfaction with these services and feel the environment is not favourable for reintegration. Elderly people throughout Croatia also show distrust in the state pension system, but especially in the war-torn counties of Zadar and Vukovar-Srijem. Very low pensions cause feelings of social and economic insecurity among returnees.

The state welfare system in the areas of return is often underdeveloped and already overburdened, thereby weakening its ability to meet the needs of vulnerable returnees. For example, Lika-Senj County is the oldest county in Croatia with an average age of 43 and at the same time one of the least developed. However, only 2.2% of the population receives support from the Ministry for Health and Social Welfare. This is a result of the very low population density (the lowest in Croatia) of 10 people per km<sup>2</sup>, difficult terrain and an undeveloped social services system. Elderly and vulnerable people living in these areas have limited access to social welfare services and social services provided by mobile teams from local NGOs, such as the Croatian Red Cross. The overburdened system is ill-equipped to provide the quantity and quality of services beyond the bare minimum.

Since the ODPR does not provide social care to returnees in their facilities, local ODPR offices are expected to refer cases to the Centres for Social Welfare (CSW). The CSWs usually refuse to take care of returnees

<sup>67</sup> Vukovar county - The latest official data on unemployment rate per county available for 2004

<sup>68</sup> Official data from the Ministry of Health and Social Welfare as of September 30, 2005

<sup>69</sup> Support benefit is just one of seventeen different benefits/services provided by Ministry of Health and Social Welfare. Local administrations (counties, municipalities) provide different social benefits from their budgets.

residing in the collective centres since they are considered to be under ODPR care and as such cannot be under the state social welfare. Upon expiration of their returnee status, returnees in need of institutional care fall into an assistance gap as their transfer from ODPR care to social welfare is not automatic. The transfer from an ODPR facility to a social welfare facility is cumbersome given the lack of coordination between ODPR and Social Welfare and the limited capacities of institutions.

### 3.3.3 Access to Healthcare

Although the present health system promotes equal access to healthcare for all citizens, part of the population is not able to utilize this right. This is particularly true for refugees, returnees and other Croatian citizens who, for various reasons, do not have health insurance. The available data demonstrates that a certain number of people from these groups do not fulfil the legal requirements for health insurance, while others could benefit from the national health insurance system but lack the necessary information and assistance. Returnees are often part of the latter group. They tend to face delays in obtaining full access to state health services, including insurance, immediately upon their return, due to administrative procedures. Typically, their healthcare applies only to emergency situations. The lack of advocacy services to uninsured returnees admitted to hospitals, associated with the occasional lack of awareness about their rights in healthcare, frequently results in unnecessary payment of services directly by the beneficiaries.

The new Law on Health Insurance (Narodne novine, no 85/06) which came into force on 3 August 2006 does not recognise the special category of returnee as did the previous Law on Health Insurance. The category of returnees is interpreted in the present Law as "others", who are obliged to pay health insurance contributions for at least 12 months retroactively.

### 3.3.4 Access to Education

The right to education in an unofficial language is guaranteed in the 2002 Constitutional Law on the Rights of National Minorities (CLNM) and other relevant legislation. These laws provide minorities with a generous and liberal framework by which a spe-

cific minority education for their children is provided. Article 1 of the CLNM allows members of national minorities to establish kindergartens, primary and secondary schools and institutions of higher education specific to their language and cultural traditions.

The Ministry of Science, Education and Sport has adopted three basic models for minority education:

**Model A** – all teaching is done in the language of a given national minority, with an additional four hours per week of Croatian language classes. The regular curriculum is translated into the minority language and supplemented by topics related to the special characteristics of a given minority. Teaching is performed in separate schools or in special classes in majority schools.

**Model B** – teaching is bilingual. Natural sciences are taught in Croatian while humanities are taught in the relevant minority language. This form of education is mostly organized in regular schools through special classes.

**Model C** – in addition to the full educational syllabus taught in Croatian, minority students have an additional five hours per week of lessons related to the culture, language and history of their specific minority group.

#### The physical separation between children in the Danube Region

Since the peaceful reintegration of the Danube Region, minority education has been a particularly sensitive issue. In Vukovar-Srijem County and Osijek-Baranja County, education *Models A* and *C* are in use by Serbs, Hungarians, Slovaks, Germans, Ruthenians and Ukrainians. In the 2005/06 academic year approximately 5,000 minority students were included in education *Models A* or *C* in kindergarten, primary and secondary schools. Most children of Serb ethnicity are enrolled in educational *Model A*, with a small number enrolled in *Model C* classes. Until recently, Croat and Serb students remained physically separated in many kindergartens and schools in the town of Vukovar, despite the fact that more than 80% of parents would prefer mixed education for their children according to a survey conducted by an Osijek-based NGO - the Nansen Dialogue Centre. The situation outside Vuk-



ovar varies depending on the school. In most schools in Osijek-Baranja County Croatian and Serbian language classes take place in the same building in mixed shifts.

The problem of history textbooks, stemming from the 1997 moratorium on teaching history related to the 1991-1995 conflict in the Danube Region, was finally resolved in September 2005. Common history textbooks were introduced for all schoolchildren in the region following an agreement between the Government and representatives of the Serb community. A Serbian language supplement for history teachers is currently being prepared and should be in use by September 2006.

### 3.3.5 Access to Employment and Employment Services

The registered unemployment rate<sup>70</sup> within the working age population is much higher in counties with high return numbers than the national average. In Sisak-Moslavina county, where there is a high number of returnees, 29.7% of the working age population is unemployed, while in Šibenik-Knin county the figure is 31.1%. In the more developed county of Međimurje, the unemployment rate is lower than the national rate of 18.0% (2004).

Reports from the field indicate that Serb returnees have little chance of finding employment in the private sector, with few new jobs being created. The CLNM should have mitigated this situation as it provides for "representation in the state administration bodies and legislative bodies", based on the representation of particular minorities in the population. As such, the Law facilitates employment of Serbs in municipal and state offices, institutions and public companies. Unfortunately, the Law does not stipulate implementation measures, leaving it up to the local authorities. In Dvor municipality, for example, where Serbs represent 60% of the population, out of 300 employees in local administration, only 7 are Serbs. In Plaški, Serbs are the absolute majority, and although they represent a majority in the municipal government, not one Serb

is employed in public companies (Croatian Electricity Company (HEP), Postal Service, Croatian Railways, or other public institutions). In Knin Town and Benkovac and Korenica municipalities, no Serb minority members are employed in State administration offices or public companies. According to the Serb Democratic Forum, the situation is similar in other areas of return (Serbian Democratic Forum, 2005).

It should be noted that recruitment for the majority of jobs in public administration in the Areas of Special State Concern was undertaken between 1995 and 1997 when there were virtually no working age returnees. Any attempt to change this situation is difficult to achieve, as there are no alternative employment opportunities. Nevertheless, in any future recruitment for local or state administration offices, judiciary and public companies should implement a principle of positive discrimination that stems from the CLNM.

The importance of economic factors when making decisions regarding returnees is further demonstrated in the result of a survey (PULS 2004) among Croatian refugees in Serbia and Montenegro. According to this research, the main obstacles to return among 14 replies received were "*less possibilities for my children in Croatia*" and "*fear of unemployment*". With a stable security situation and having finally begun major reconstruction assistance for beneficiaries in the last two years, the lack of economic opportunities remains the biggest challenge to the sustainable return and full reintegration of Serb returnees.

### 3.3.6 Access to Transportation

Returnees frequently live in remote hamlets, which are sparsely settled and have little or no access to public transportation. The returnees' rather low living standards cannot afford them personal vehicles. For local authorities, it is often difficult to organise public transportation in isolated areas with so few inhabitants, thus, some returnees are unable to travel when necessary to attend the nearest regional centres, hospitals, jobs, etc.

<sup>70</sup> The latest official data on unemployment rate per county available for 2004.



### 3.3.7 Access to Information and Communication Technology

Returnees in some isolated places often lack an adequate supply of electricity, making it difficult for them to use electronics. Many returnees are seniors who have limited desire to use a computer, however, the access to a computer and internet is very much a challenge for children of returnees due to their parents' difficult economic situation.

### 3.3.8 Access to Housing and Basic Infrastructure

Access to adequate housing represents a major obstacle to the return of Croatia's remaining displaced population. Three categories of refugees and displaced persons originating from Croatia still lack access to adequate housing:

- *Housing for former holders of occupancy/tenancy rights (OTR)*: protected tenants of former socially-owned apartments are the largest remaining category lacking access to adequate housing (since 1992 up to an estimated 30,000 Croatian Serb households were deprived of this specially protected dwelling right). Two housing care options were adopted by the Government in 2000/02 and 2003, pertaining to the formerly occupied rural Areas of Special State Concern and for mainly urban areas in the rest of Croatia. Unfortunately, both of those programs are still largely unimplemented and around 7,000 applications for housing need to be resolved by the Croatian authorities.
- *Owners of private property allocated for temporary use by the State*: the process is near completion as only 190 of over 19,000 private Croatian Serb

residential properties which were allocated for temporary use by the State (mainly to displaced Bosnian Croats and Croatian settlers) still remain occupied. While up to 8,000 owners sold their properties to the State, more than 3,000 houses (owner's whereabouts unknown to the authorities) remain empty and are mainly uninhabitable. The government still needs to address several legal gaps affecting property return, including repairs of houses devastated by temporary users, unsolicited investments by temporary users, and the return of agricultural land and business premises.

- *Owners of war damaged residential properties who applied for State Reconstruction assistance*: since 1992 the Government has assisted the reconstruction of over 140,000 residential properties, out of 190,000 damaged in the war. Since 2002, about 80% of the reconstruction beneficiaries have been minority Croatian Serb applicants who were waiting for several years. Concerns have been raised by the high number of negative eligibility decisions on reconstruction passed on weak legal grounds, and a large number of people ineligible due to strict criteria set by the Law on Reconstruction. Currently around 2,400 reconstruction claims are still pending (1,000 for which various court proceedings are underway), in addition to some 14,000 appeals. The Government expects to complete the bulk of the remaining reconstruction cases by the end of 2006.

The pre-conditions for a dignified and sustainable life in return areas lies in the reconstruction of the electrical grid, the water supply system and the condition of roads in minority return villages. In particular in regard to re-electrification, the OSCE identified in 2004 more than 200 Croatian Serb hamlets in need of re-electrification, almost a decade after the end of armed conflict. As a result of extensive consultations

with the international community at the highest level, more than 40% of the 214 Croatian Serb villages have been re-electricified and the overall process is scheduled to be finalized by the end of 2008.

The OSCE has started similar advocacy actions in favour of the amelioration of infrastructure in return areas in regard to water supplies and road maintenance. The OSCE has also produced analytical reports encompassing all return villages/hamlets and ensuring the adequate political and financial prioritisation from central authorities in the reconstruction of the necessary infrastructure network.

In 2006, the UNDP launched a local development programme in several counties in the Areas of Special State Concern which aims, amongst other things, to provide limited infrastructure support to the most neglected areas.

### 3.3.9 Key Challenges

Although the economy is in transition and experiencing positive growth, the improvement of social and economic life in areas of return is necessary for the integration of returnees in Croatia. Counties which suffered the consequences of war and which have the highest numbers of the returnees continue to lag behind the rest of the country. If the present socio-economic situation in return areas persists and if different programmes for social and economic revitalisation do not begin to yield positive results, such conditions may continue to negatively affect the pace of return and further isolate returnees. This socio-economic situation means that once refugees have become returnees they still rely on humanitarian assistance to facilitate their initial legal, social and economic reintegration in their communities.

### 3.3.10 Policy implications

- All the obstacles impeding closure of the refugee file in the region should be removed, and all the political conditions, as well as legal and practical mechanisms enabling the sustainable return of refugees to Croatia should be created by the end of 2006 (as foreseen in the Sarajevo Declaration).
- The implementation of housing care programmes for former Occupancy/Tenancy Rights holders should be accelerated. Property restitution and reconstruction assistance, in particular the resolution of all pending appeals, should be accelerated and completed by the end of 2007.
- Status problems of the displaced persons, who have not yet acquired Croatian citizenship, should be resolved and working years in the former Serb controlled areas should be recognized for all those eligible under the Law on Co-validation.
- Basic infrastructure in return areas should be improved. The Croatian Electric Company (HEP) should expedite the re-electricification of return villages, expected to be completed by 2008. Local and regional self-government bodies should work on improving and repairing water supply networks and road conditions.
- Employment discrimination on minority employment in public institutions should be investigated and statistics collected. Strategies to enforce and encourage minority employment should be developed and implemented.
- Comprehensive development programmes that focus on all areas of return which reflect the specific needs of returnees should be developed.
- A long-term strategy should be adopted aiming to phase out the physical separation between children of Serb and Croat ethnicity in Eastern Slavonia.

### 3.4 People with Intellectual Disabilities

#### Box 4: A life story

My name is Vladimira, but everybody calls me Vlatka. I was born in Zagreb in 1960. After I was born, I couldn't live at home, so they found me a new family. After some time, I returned to my mother. In 1969, my mother took me to the Stančić Rehabilitation Centre.

It was not very nice in the institution, because there were a lot of us in the room and I didn't get to have my things with me. I made handicrafts in the workshop, but I didn't get paid, so I couldn't buy myself stuff that I wanted. We could leave the institution on our own, but only in a group with chaperones. I felt imprisoned, as if I lived in a cage. I dreamed of living outside, just like everybody else.

One day they asked me whether I would like to leave the institution and live in Zagreb with two of my friends from Stančić. I could hardly wait for the new year of 2001 when I took my first free steps and moved into my first apartment.

I had to learn a lot of things: to take care of myself, my apartment, to use the telephone and to take the tram and bus. The counsellors and my coordinator helped me.

I got my first job in the Association, where I used to deliver mail. I was not happy with that, because I wanted a real job. My wish has come true. I now work in a warehouse and I glue labels, get a salary, and I can buy what I need and want.

I live with my boyfriend now, and I'm thinking about getting married. My mother and sister, whom I am now seeing again after many years, will come to my wedding.

#### 3.4.1 Human Rights

In Croatia, there are no published statistics for the number of people with intellectual disabilities (defined as those with IQs under 70) in the general population. However, according to the theoretical distribution (the Gauss curve), they account for about 2.14% of the overall population<sup>71</sup>. This would translate into approximately 94,962 people with an intellectual disability, the majority having mild disabilities.

While *"the Constitution of the Republic of Croatia guarantees equal rights and freedoms to all, regardless of gender, race, national or social origin, social position or other characteristics..."* and *"The Republic of Croatia [promises to] provide special care for the protection of persons with disabilities and their inclusion in social life,"*<sup>72</sup> people with intellectual disabilities experience the greatest deprivation of rights within the population. They are regarded negatively as incapable, dependant, even dangerous to themselves and to the community in which they live. These prejudices are used to justify their social exclusion and isolation through a separate system of the "special schools" and lifelong accommodation in residential institutions.<sup>73</sup>

According to statistics from the Ministry of Health and Social Welfare<sup>74</sup>, there were 78,681 "persons with physical or mental disabilities" in "treatment" in CSW on December 31, 2004, with 6,797 of those in social welfare homes; 3,052 living in the 25 state-run group homes for children and adults with "physical or mental disabilities"; 1,416 were housed in 15 private group homes, and 2,329 resided in other types of homes (for example, homes for the elderly and infirm or persons suffering from mental illnesses). It is presumed that the remaining 20,000 individuals with intellectual disabilities are provided for by other systems (health care, education, and pension) which have residential accommodation.

<sup>71</sup> Kirk S.A, Gallagher, J.J., *Educating Exceptional Children*, Boston, 1989.

<sup>72</sup> Article 57 of the Constitution of the Republic of Croatia

<sup>73</sup> The term residential institution means a special social welfare home for incapacitated residents.

<sup>74</sup> Ministry of Health and Social Welfare, Annual statistical report on applied social welfare rights, legal protection of children, the youth, marriage, family and persons deprived of business capacity, and the protection of persons with physical or mental disabilities in the Republic of Croatia in 2004, [www.mzss.hr](http://www.mzss.hr)



Institutionalised people with intellectual disabilities are prevented from making decisions concerning their life and from making personal choices. In a residential institution, the possibility of interaction with the natural social environment is limited, or non-existent (social exclusion). Individuals with intellectual disabilities form a group of people most commonly deprived of their legal capacity - one of the main preconditions for most citizen rights. These individuals lose a number of guaranteed rights, such as the right to paid employment, the right to marry and to have a family, the right to vote, the right of free association, the right to choose one's place of residence, access to education, etc. These rights are invoked and negotiated by legal guardians on behalf of the disabled individual.

According to the Ministry of Health and Social Welfare, as of December 31, 2004, 13,875 adults were placed under guardianship, of which 6,806 had an intellectual disability; 4,148 had been placed into social welfare homes (residential institutions) by their guardians. Most people with intellectual disabilities live in the community with the support of family members, but they have very limited opportunities to be included in the activities offered by their local communities. This is mainly due to the absence of professional support services in their local communities. If a person with intellectual disabilities remains alone, without a next of kin, they tend to be placed in one of the residential institutions, implying for many a lifelong separation from the surroundings with which they identify. Experiences of people with intellectual disabilities "clearly point to the fact that people in institutions do not have any rights."<sup>75</sup>

### 3.4.2 Access to Social Services

Special care to individuals with intellectual disabilities is provided through the system of social welfare, which is meant to provide assistance in fulfilling the basic needs of the socially vulnerable which they

cannot satisfy on their own or with the help of their family members, due to personal, economic, social and other circumstances. Depending on the source of social insecurity, beneficiaries of social welfare could be *inter alia* "a physically or mentally disabled or ill adult person, an elderly person, an infirm person or any other person who in view of permanent or temporary changes to their health cannot meet their basic living needs." The Centre for Social Welfare, established in the territory of the person's residence, is responsible for the provision of social services. A person may, within the welfare system, exercise one of a dozen of rights, such as: counselling, assistance in overcoming special difficulties, support assistance, residential expenses assistance, one-time support benefit, home care and assistance allowance, home care and assistance, disability assistance, independent living and occupational training, provision of care outside the family, as well as other forms of assistance (food assistance, clothing and footwear assistance, assistance for personal needs of clients in residential care, payment of funeral expenses, energy assistance).

The financial rights within the social welfare system are determined on the basis of the minimum personal amount (set at 400 HRK) necessary to realise basic social welfare rights, as prescribed by the Government of the Republic of Croatia. An addition, the assistance and care for one individual may be calculated at 70% of the base (280 HRK), while the maximum amount that could be granted for personal disability compensation is 250% of the base (1,000 HRK). The amount the person receives depends on the income of the members of the family. Social welfare rights which are supported by funding are minimal, and the established base for funding has not changed despite the increase in the cost of living.

UNDP focus groups indicated that respondents consider the social welfare system to be poorly organised, and one in which the realisation of rights depends on one person – most frequently a social worker. The employees at the CSW are satisfied with their own work and that of their institutions, although they are not convinced of the satisfaction of their clients.<sup>77</sup>

<sup>75</sup> UNDP, 2006b

<sup>76</sup> Social Welfare Act, OG 73/97, 27/01, 59/01, 82/01, 103/03, 44/06

<sup>77</sup> UNDP (2006c). Reserach in Social exclusion in Croatia: providers of social welfare services. UNDP, Zagreb, Croatia.



### 3.4.3 Access to Healthcare

All people with intellectual disabilities who live with their families are covered by the health insurance system with access to all available health services. Those who live in residential institutions are not covered by the regular system of health services, but the institutions tend to provide health services in-house. Health care in the institutions is frequently below-average quality compared to that received in the community. For the most part, those with intellectual disabilities simply receive prescribed drug therapy. The provision of any other medical services, such as receiving prosthetic devices or dental services (repairing teeth or getting dentures), is well below the average and satisfies only minimal needs.

### 3.4.4 Access to Education

According to the Ministry of Science, Education and Sports, in 2002 almost 70% of children with intellectual disabilities are integrated in regular schools.<sup>78</sup> This includes children who were fully integrated into the education system, those who were separated into special groups inside regular schools, and those educated in special schools. Segregation of children is often related to institutionalization, since children living in smaller cities where there are no available special schools often have to be placed in residential settings in the larger urban areas. The level of inclusion in the education system depends on the extent of the intellectual disabilities of the child. Children with mild intellectual disabilities are most frequently integrated into regular schools or partially integrated in special education groups. However, this depends on the ability of the community to provide adequate support to special education needs. Many teachers in regular schools state that they are not sufficiently trained to create adjusted educational programmes for children with intellectual disabilities, and sometimes the responsible Ministry does not approve the hiring of necessary staff.

### 3.4.5 Access to Employment and Employment Services

All people with disabilities have legal access to employment, except for those with more severe intellectual disabilities. They are deprived of their legal capacity to sign an employment contract. Individuals with more severe intellectual disabilities receive occupational training for certain tasks and jobs that are not included in the regular classification of jobs. Such people tend to end up in sheltered workshops, in day centres in their local community, or in residential institutions.

Day centres for rehabilitation and occupational activities are social welfare homes that offer full or half-day services. A person attending them has the status of a client and the expenses of their participation are usually covered by the relevant Ministry, through social welfare resources. Sheltered workshops are special organisational units within social welfare homes called Centres for Rehabilitation, where people are not really employees. The Act on Professional Rehabilitation and Employment of Persons with Disability, states that the sheltered workshop is a special institution or company which employs at least 51% of persons with disabilities. Unfortunately, there is no specific data on how many sheltered workshops are registered under the new regulations. In Croatia, there are several companies that are enterprises for employing the disabled. One of them – URIHO, the Institution for Rehabilitation of Persons with Disability through Professional Rehabilitation and Employment, is located in Zagreb. The founders of this institution are the City of Zagreb and the Croatian Association of the Deaf and Hard of Hearing. The company has a total of 570 workers, and those with a disability account for over 52%.<sup>79</sup>

People with minor intellectual disabilities are provided vocational training for outdated professions (e.g., manufacturer of the lower or upper sole for shoes, basket-maker, book-binder, and other). These individuals, if they live with their family, end up reg-

<sup>78</sup> Central Bureau of Statistics, Statistical Reports, Zagreb, 2002, p. 9; available at: [www.dzs.hr](http://www.dzs.hr).

<sup>79</sup> URIHO Zagreb; available at: [www.uriho.hr](http://www.uriho.hr).

istered with the employment bureau and receive a nominal salary (280 HRK) until they find a job. They tend to receive this compensation for life, because employment opportunities are almost non-existent. In order to provide at least minimal financial security for their child, many parents/guardians recall their child's/ward's working ability so that they can receive personal disability compensation (1,000 HRK) and, after their death, the right to family pension. Individuals with no family live in students' homes during their education, and in residential institutions after they finish their schooling.

The Act on Professional Rehabilitation and Employment of Persons with Disability was adopted in late 2002 with the purpose of including people with disabilities in the labour market through a number of incentives. According to the opinion of organizations representing people with intellectual disabilities, the possibility for employment is almost non-existent.<sup>80</sup> Namely, in the case of people with intellectual disabilities, the measures stipulated in the act are not appropriate in view of their needs. The Act enables co-financing for the job coach who provides support to a person with disabilities in the workplace however the coach has to be an employee of the company where the person with disabilities is working. People with intellectual disabilities, especially with more severe ones, do not gain employment in the open labour market but rather realise their right to work only within the framework of sheltered conditions. Unfortunately, employment under these sheltered conditions falls under the responsibilities of the system of social welfare and not the system of economy and labour, which puts the person in the position of a beneficiary of social welfare services.

### 3.4.6 Access to Transportation

In the City of Zagreb, the city transportation service *Zagrebački električni tramvaj* (ZET) has gradually started introducing modern buses and trams modified to suit the needs of people with disabilities. The City of Zagreb also allows individuals with intellectual disabilities, who are members of the Association for Helping Persons with Mental Retardation, to have free annual transportation. In smaller towns, where public transportation is in the hands of market-selected concessionaires, there is no free service. Organized transportation to schools is only available in large educational centres (special schools) which own vehicles and have staff members responsible for transporting students.

### 3.4.7 Access to Housing and Basic Infrastructure

There are three forms of housing available for persons with intellectual disabilities: a family (either biological or foster-family), residential institutions, and, more recently, supported community-based housing programs (Homes for Independent Living and organised housing). If an individual lives with a family, the quality of housing depends on the conditions and status of that family. After the death of the individual's parents, he or she will most likely be institutionalized. An alternative to institutionalisation is community-based supported housing, which enables the person to continue living in their residence while receiving support. People with intellectual disabilities who live in residential institutions, live under the con-

<sup>80</sup> UNDP (2006b). Resreach in Social exclusion in Croatia: Groups at an increase risk of Social exclusion – focus groups. UNDP, Zagreb, Croatia. Pg 17.

ditions that their institution can provide (for example, several people share a room, common bathrooms and toilets). The individual with the disability does not decide where he or she will live, which is a decision left to members of their family (if the person lives with one) or the social welfare centre. Since there is not enough alternative accommodation, people with intellectual disabilities are mostly accommodated in residential institutions.

The issue of housing for those with intellectual disabilities is a serious problem, especially from the point of view of de-institutionalisation. CSW need to work with the local administration on providing housing within the local community, as is the case with veterans, orphans, and other socially vulnerable groups.

### 3.4.8 Social Ties

At the national level, the Croatian Association of Societies for Persons with Mental Retardation incorporates 36 local societies which assist people with intellectual disabilities. The organization was founded by parents of children with disabilities, and those with intellectual

disabilities are nominal members having no participation in the decision-making process. Clubs that organise a number of day-activities involve individuals living with similar disabilities, thus representing closed groups, which do not encourage wider social integration.

While developing the program for community-based supported housing, the Association for Promoting Inclusion began building self-advocacy skills for people with intellectual disabilities. The result is the establishment of the first and only Association for Self-advocacy in the region. Individuals who are involved in the programmes of the Association for Promoting Inclusion play an active role in all community activities, depending on their desire to do so.

### 3.4.9 Key Challenges

The biggest challenge for people with intellectual disabilities refers to developing a different approach to their representation. In Croatia, the representation for these individuals is at an administrative level of procedure. The courts determine the legal capacity of

#### Box 5: Positive experiences of an NGO

The Association for Promoting Inclusion was established in 1997 with the purpose of encouraging the process of de-institutionalisation and development of community-based professional support services. In the process of implementing these objectives, the Association had good cooperation with the ministry responsible for social welfare, resulting in the first clients being deinstitutionalised in late 1997. As it was necessary to legalise their life in the community, at the initiative of the Association, the social welfare system introduced the possibility of providing care for people with intellectual disabilities in community-based housing alternatives.

In mid 2000, the first Home for Independent Living in Croatia was formed. At the time, there were already 23 people living in rented apartments in Zagreb. Today, there are 105 adults with intellectual disabilities who live in 35 apartments/houses in Zagreb; Osijek, Bjelovar and Slavonski Brod. Two-thirds of the people with the programme of community-based housing were deinstitutionalized from long-stay residential social welfare institutions.

In mid 2003, the Association launched as a pilot-project the first community-based group home for children with disabilities. A new type of supported living was introduced in the system of social welfare in late 2003, called organised housing. In mid 2004, it became possible for NGOs to provide this form of care to people with intellectual disabilities.

The Association gives the greatest importance to the realisation of the rights of people with intellectual disabilities. Currently all the clients of our programmes are also involved in the programme of self-determination and self-advocacy. This approach has enabled the establishment of the first Association for Self-advocacy of people with intellectual disabilities in Croatia, and the region. One of the realised rights was the right to live together and to marry. Six couples, now married, have obtained this right in court. In addition, at the initiative of persons with intellectual disabilities, procedures have been initiated to reinstate their legal capacity.



these individuals, but the legal guardian is appointed and supervised by the Centre for Social Welfare. Most frequently, individuals with disabilities are completely deprived of their legal capacity which may have negative economic effects (financial rights). Deprivation of legal capacity should be an exception, evaluated on a case-by-case basis and in accordance with the individual needs of each person. The work of the legal guardians should be supervised by the court or by an external monitoring body, not by a body vested with public powers which simultaneously fulfils the role of a guardian/advocate. In all other cases, people with intellectual disabilities should have the right to professional counsel that provides support in making decisions and exercising their right of choice.

Granting the people with disabilities the legal capacity, would allow them to voice their life decisions, such as the choice of residence and place of work. Encouraging the development of community-based professional support services is a necessary precondition for the deinstitutionalization of people with intellectual disabilities.

### 3.4.10 Policy Implications

The State focuses special attention on the protection of individuals with disabilities and provides financial assistance for the basic cost of living. This assistance, however, should not be geared towards institutions or caregivers, but towards individuals, enabling them to purchase the services they require.

Two types of additional agencies should be established - an agency for specialised foster family care and an agency for supported employment. The agency for specialised foster family care would encourage and monitor foster care for children while discouraging institutionalisation. The agency for supported employment should facilitate the employment of people with disabilities in the labour market, providing them with the necessary support at the workplace. Employment of people with disabilities reduces the costs of social welfare, allowing the system to focus on the development of quality community-based services. Consistent implementation of the existing legislation related to the education of people with intellectual disabilities would enable them to take an active part in the labour market.

## 3.5 People with Physical Disabilities

### Box 6: A life story

M.C. lives with his father in a village. Six months ago, his mother died. His posture is distorted, and when he sees the physically disabled on TV, he feels completely uncomfortable. When he sees others looking at him, his posture worsens. For him, and especially for his father, this is very embarrassing, so whenever he notices somebody unfamiliar coming towards their house, his father takes him inside and hides him from views. M.C. also has major speech defects, so it is very difficult for him, if not impossible, to communicate with people orally. His father does the best in supporting M.C., but he is rather ill himself and cannot rise to this challenging situation. They have tried to find a person to look after them through the classifieds, but have been unsuccessful. Institutionalisation in his view would be the worst solution. According to M.C., their social position is as low as it can get. The only financial assistance he receives is 300 HRK from his uncles.

M.C. is 54 years old and did not receive any formal education. He is self-taught, but very successful in certain skills like the English language, using the computer, and playing chess on US Chess-Live, where he became a member. M.C. also designs calendars, but has no colour printer, so he only makes copies for his neighbours. He loves to listen to pop and rock music. The harsh reality has encouraged him to use his computer and to ask questions and inquire about membership in associations or about places where he might get free legal counsel.

After contacting M.C., it was discovered that no social worker has come to assess his situation, although they claim that they do know of him. In order to carry out the assessment, the social workers require a written request, which they claim not receiving, although one has been sent. The local association for people with disabilities has never heard of M.C. After several interventions, the Centre for Social Welfare has finally visited him, upon which M.C. started receiving a personal disability pension. As the solution to his permanent care, M.C. opted for institutionalisation because, according to the opinion of his social workers, this was the best choice for him and the easiest choice for social services.



### 3.5.1 Human Rights

The Government of Croatia became aware of the socially exclusive situation faced by many people with physical disabilities in 2001 when the Census Act<sup>81</sup> was amended, and the Act on the Croatian Register of Persons with Disabilities adopted. This produced a list identifying the number of disabled in Croatia, who account for 9.68% (429,421 people) of the general population (42.74% women and 57.26% men).

Like all citizens, Croatians with physical disabilities are provided with fundamental human rights in the Constitution of the Republic of Croatia. Collective and individual rights for the physically disabled are expanded in 280 various laws and bylaws, such as the National Programme of Protecting and Promoting Human Rights in Croatia for the period from 2005 to 2008. The National Programme emphasises the special care that Croatia has promised to dedicate to the protection of people with disabilities and in promoting their inclusion in social life. The legislation provides guidelines for ensuring adequate protection in individual segments of life. Special regulations and national programmes, especially the "National Strategy for a Coherent Policy for the Disabled from 2003 to 2006", provide measures for eliminating discrimination against these individuals, protecting their independence, facilitating their social and work integration, and their inclusion in society.

Although the percentage of people with physical disabilities in Croatia is identical to that of many European countries, people with disability are still invisible in the community and are not largely integrated into the social fabric. A substantial amount of research, as well as measures of state institutions, have confirmed that discrimination against the disabled persists in all areas of social fabric (education, health, social welfare, employment, housing, environment and public life). The source of this insecurity can be linked to two root causes. The first is the lack of knowledge about the challenges faced by Croatians with disabilities, and little consideration given to how these challenges might be faced. The second involves contemporary attitudes or views that are not aligned with the needs of a modern society.

### 3.5.2 Access to Social Services

Two-thirds of disabled people live with their families and most view their financial situation as very unfavourable. While those who live in institutions are in a far worse position, receiving personal disability compensation of only 100 HRK to 280 HRK per month, with the exception of a few who receive a pension. The Croatian social welfare system allows the disabled to have access to either financial assistance (social assistance) or specific services (social welfare), determined under criteria equalised across the state. Local governments, depending on their economic status, may decide to grant other forms of assistance above those provided by national law. However, those with disabilities often note that employees in the CSW either do not give or do not know precise information. To rectify the problem of access to information for the disabled, a programme was planned that would provide additional education for government clerks in social services so that they might better serve the disabled. This programme has been drafted and incorporated into state strategies, but it has not yielded the expected results.

There have also been some examples of good practice such as personal assistants who support the disabled in their everyday life, day centres, clubs and counselling centres. However, the access to buildings housing, and social welfare services is still a great physical obstacle since they do not provide special access ramps for the disabled. These buildings are now being modernized to allow access to all individuals, but the process will take some time to complete. Fortunately, all new buildings are constructed in a user-friendly manner that can accommodate people with physical disabilities.

### 3.5.3 Access to Healthcare

The healthcare system provides for all Croatian citizens, including persons with disability. The disabled are exempt from the process requiring referral slips for specialised examinations, and from drug plan restrictions of medication listed by the Croatian Health Insurance Institute. There are few bureaucratic

<sup>81</sup> The list includes two questions about persons with disabilities.

obstacles preventing the disabled from benefiting from the healthcare system; the largest problem would seem to be the quantity and replenishment of prosthetic devices.

One in five Croatian citizens (21.1%) view the quality of their healthcare to be low,<sup>82</sup> noting excessive waiting periods, high costs to visit doctors, and a lack of information about options regarding their health. Medical institutions used to place individuals with disabilities at the front of patient triages, however, today there would appear to be no such formal triage procedure which grants special status to the disabled.

The problem of physical barriers and inadequate equipment for the disabled in health institutions is reduced with each new investment, however there are still problems with public bathrooms not providing adequate support. Gender too has become an issue when modernizing health services for the disabled. Men are not overly affected by deficiencies in the system, however for disabled women requiring gynaecological examinations the situation is less than satisfactory.<sup>83</sup> Another problem is the lack of attention in the health services paid to registration forms for the Croatian Register of Persons with Disability, which can compromise the quality of the data on people with disabilities.

### 3.5.4 Access to Education

Many students with disabilities are unable to attend primary school within their community due to a lack of proper infrastructure to accommodate their needs. Often these children are sent to schools away from their homes, or to special institutions. Consequently, the children are separated from their families and from their social networks. This diminishes the chance of gaining employment in their home community, or of developing quality inclusion. In 2005, at the initiative of the Ministry of the Ministry of Science, Education and Sport, and in partnership with the Croatian Union of Physically Disabled Persons Associations,

an assessment of necessary structural adjustments needed in schools to accommodate disabled students was conducted.

In the last several years, the associations of parents and persons with disability have been applying strong pressure, demanding that the problems of accessibility be resolved,<sup>84</sup> and that problems concerning schooling be settled in cooperation with the Ministry, in agreement with the local authorities. However, new schools are still being built without consideration for access for the disabled, and those with the proper resources (such as elevators) fail to maintain them. Despite these drawbacks, there are 28 schools in Croatia with elevators, 127 restrooms have been adapted to the needs of the disabled, 303 access ramps have been constructed, 1,196 (72%) entrances have been modified to a minimum width of 90 cm, and 561 (34%) have reduced entrance steps' inclinations and modified safety rails.<sup>85</sup>

Accessibility means that all Croatian schools must allow all students to attend regular classes, within an appropriate distance from their residence, regardless of any physical impairment. There are also less tangible barriers that are faced by children with disabilities, which include:

- Inadequately educated professional staff;
- Lack of team work;
- Absence of a network for family support (transport, personal assistant, temporary care for the child, assistance in the house, and other);
- Lack of technical equipment in public and educational institutions;
- Deficiencies in developing social skills and self-care skills in line with the abilities of disabled persons; and
- Insufficient social acceptance of diversities, that is, insufficient understanding and acceptance of diversities in the community.

<sup>82</sup> UNDP (2006). Research on social exclusion in Croatia: Quality of Life and the risk of social exclusion. UNDP, Zagreb, Croatia

<sup>83</sup> Five gynaecological offices for women with disabilities have been adapted for them in Zagreb (2), Rijeka, Split and Osijek; [www.mzss.hr](http://www.mzss.hr)

<sup>84</sup> The association of persons with physical disabilities helped build an elevator in a primary school in Velika Gorica in 1999, and also contributed to the adaptation of 19 rooms for the needs of persons with physical disabilities in the Student Dormitory Cvjetno Naselje in 2000.

<sup>85</sup> Analysis of accessibility in primary schools in the Republic of Croatia 2006, THE HSUTI in co-operation with the Ministry of Science, Education and Sports.

### 3.5.5 Access to Employment and Employment Services

Their particular disability often reduces the working capacity of people with physical disabilities, making it more difficult for them to find employment, thus often leading to poverty and social exclusion. Employment opportunities are very limited, and about 5,800 people with disability are registered with employment bureaux. Discrimination in employment may result from the financial costs that employers would have to undertake to modify their place of work in a way that accommodates disabled individuals. However, most discrimination stems from a lack of awareness on the side of both employers and people with disabilities, and negative attitudes towards the disabled.

As with most people, unemployment among the disabled can result in depression, a loss of confidence, and diminished self-worth. Many retire too young, receive social assistance, and require continual support by their families. Families are also exposed to the pressures of everyday life and taking care of a disabled family member can strain relations within the family. This kind of social and family pressure will logically cause feelings of guilt and a sense of hopelessness in a person with disability.

Innovative programmes designed to resolve employment issues for disabled people have involved forming cooperatives for the employment of people with disability.<sup>86</sup> It is also necessary to develop new organisational forms of finding employment for them, as the current models have not yielded satisfactory results.

#### Box 7: A positive example by the initiative of the Croatian Union of Physically Disabled Persons Associations: A pan-Croatian campaign of alerts to parking places for persons with disability

In Croatia, people with physical disabilities have great difficulty with parking spaces, to the point where this impacts their quality of life. This is why the Croatian Union of Physically Disabled Persons Associations (HSUTI) launched an all-Croatian initiative calling on people with disabilities, their associations, the Ministry of the Interior, Ministry of Health and Social Welfare, Ministry of the Sea, Tourism, Transport and Development, scouts, young members of the Red Cross, and representatives of the local government to embrace a level of tolerance that exists in other developed countries. Leaflets with the wording "People, this is not a joke!" were placed on the windshields of cars. Local communities throughout Croatia received pertinent information, which was also presented on the web-sites of the HSUTI and other associations, as well as the sponsor, the Foundation for Civil Society Development. Local authorities and their representatives in towns were also involved. For example, in the City of Zagreb, the mayor was distributing flyers to the people of Zagreb; he was joined by the state secretary for social welfare and members of the Parliament. Numerous radio shows broadcasted the campaign in Zagreb, Koprivnica, Rijeka and other towns in Dalmatia and western Croatia.

The campaign strongly resounded with the public, resulting in more "yellow" parking places available for the people with disabilities. At their technical examinations of vehicles, drivers received a leaflet reminding them about the legislation and parking the disabled. This was followed by placing striking texts on the parking payment slips that read: "recipient: negligent driver; purpose: fine for violation of basic human right to movement of persons with disability". In cooperation with the police and children, "leaflet-payment slips" were also placed on the windshields of cars. The intention was to challenge complacency and encourage respect for the rights of this vulnerable group.

<sup>86</sup> The Cooperative for Employment of Invalids in Pula gives the following explanation: "Under the presumption that about 10% of the population of persons with disabilities have the required capacity to work at least a little, it seems justifiable to do something to help them achieve better results towards the realisation of their independence for economic security. Things that people with disabilities do at home as a hobby, for fun, where they make relatively small quantities of uncontrolled quality, can always be transformed into a business and profit can be generated. This can be done through cooperatives – as a new form of community-based action. Cooperatives are a new and acceptable way of private economic initiatives of physical persons (entrepreneurs) with small and/or temporary businesses. Cooperatives help reduce the initial investments and risks and they yield better repro material acquisition costs, and the costs are negligible."



### 3.5.6 Access to Transportation

Due to their pronounced difficulties with mobility, over the past decade more attention has been paid to transportation for people with physical disabilities. Special transportation is organised by special vans, which are owned by either town services, associations of persons with disability, or special institutions. The City of Zagreb provides transportation for disabled students to their respective educational institutions. Despite some recent acquisitions of modern trams and low step buses in Zagreb, public transportation for the disabled is still largely inadequate. A long-term practice of providing financial support<sup>87</sup> to those with physical disabilities who wish to purchase vehicles or prosthetic devices<sup>88</sup> to increase their mobility was discontinued in 2000. The programme now only services war veterans at 100%.

### 3.5.7 Access to Information and Communication Technology

To provide access to ICT to people with physical disabilities, it is necessary to adapt computers depending on the type and degree of particular disabilities. This type of accommodation requires specialized equipment which can pose a financial obstacle to fair and equal access, although this financial burden can be overcome by mobilizing donations and humanitarian actions. ICT education increases employability, however people with disability can seldom afford the training without support from their family or society. The institutions that provide the training are also not necessarily built to accommodate the disabled. Public computers are available to people with physical disability however, they do not always have the necessary specialized equipment needed to compensate the person's disability. The website MojPosao has

launched an initiative to employ people with disabilities. The organization has developed a service which helps job-seekers find an employer who endorses the hiring of people with disabilities.

### 3.5.8 Access to Housing and Basic Infrastructure

While people with physical disabilities may live with a family (either their biological family or a foster care family), or in institutions (mostly homes for the elderly and not adapted to the needs of younger people with disability), increasingly they are residing in their own specifically adapted apartments. The new Law on Construction and Ordinance on Accessibility,<sup>90</sup> which entered into force in 2004, provides that one in 10 apartments in any newly-constructed apartment building must be able to accommodate the independent living of a disabled person confined to a wheel-chair. The Ordinance also provides measures of support for purchasing apartments for disabled people wanting to live independently. Best practice can be found in Zagreb where the City Council provides adapted apartments (social housing), which is not the case in the rest of the country. Besides this, people with disabilities may also obtain finances for their costs of living through the system of social welfare.

The quality of the infrastructure and supporting bathroom equipment, necessary for independent living of people with disability, depends on the financial status of the person or their family. A special problem is posed by catwalks and dropped curbs which are higher than the prescribed measures of 0-3 cm, specified in the Ordinance. If an individual is not able to secure the pavement to their house door, accessible bathroom or the accessible entrance to the residential building, civil society mobilises in support of the individual.<sup>91</sup>

<sup>87</sup> Exemptions from customs duties, taxes and excise duty.

<sup>88</sup> The reason for the revocation of the measure, according to the explanation of the sponsor, were abuses of the right by people who were not invalids. Instead of taking advantage of the mechanisms available to the Government in order to punish people who violated the law, the Government decided to punish those who were not guilty, thus increasing the social exclusion of persons with physical disabilities and making it dependent on their personal material status.

<sup>89</sup> [www.moj-posao.net](http://www.moj-posao.net).

<sup>90</sup> The Ordinance on ensuring accessibility of buildings to persons with disabilities and reduced mobility, OG 104/03.

<sup>91</sup> In 2003, the HSUTI launched a volunteer action with the title "Thank you, my good angel – Your help for our everyday life", which solved 185 individual problems. After that action, which was strongly covered by the media, there are more and more individual actions which solve such problems on the local level.



### 3.5.9 Social Ties

When asking Croatians about equality of rights, the participants of a UNDP sponsored focus group state: "Under law, yes, but that is only a letter on a paper."<sup>92</sup> The same group of participants also mention that in Croatia disabled veterans have much better ways of protecting their rights than do other invalids. Most disabled people are members of associations that emphasize the importance of social support. Isolation can be a concern for the disabled, and it is admittedly worse for individuals that do not belong to associations or support groups. Social support associations also act as a source of information to help make disabled people aware of their rights as citizens. The associations have been increasing their participation in the community, as well as the organization of sporting and social events. A number of these have been financially supported by the state and local administration bodies. The extent of social exclusion or inclusion often depends on the personal choices an individual with disability makes.

Family is important to everybody, but for the disabled, family takes on an even more important role. Families with disabled members are often overextended as they try to cope with the pressures of everyday life and provide ongoing care and support. Family support networks, which assist families with transportation, personal assistants, child care, and housekeeping, have only just begun to develop in Croatia. Friends are usually found in the same social group, but this is a personal choice.

In the case of people with physical disability, hobbies take an extremely important place; they help foster feelings of value and build social contacts. Even people with limited manual dexterity can draw with mouth appendages, and those with limited leg function can still enjoy sculpting or painting. The intensity and variety of the activities depends on the type and degree of the physical disability.

### 3.5.10 Key Challenges

All problems relating to the social exclusion of people with physical disability in Croatia stem from insuffi-

cient and inadequate representation in the political process. However, there is a substantial segment of this population that does not feel excluded from society, because of the support afforded to them by their family and friends. Family that act as the main support for the disabled person also require support from the community, and from the state. Regardless of the amount of support given to the disabled, their quality of life will not improve without self-acceptance. This is why it is necessary to empower disabled people, to challenge the culture of complacency, thus enabling their full integration into all spheres of social relations.

An important factor in social exclusion of the disabled is a lack of proper information regarding the opportunities and rights provided by the state that are meant to improve their quality of life. Personal engagement by the disabled and their family has strong influence on raising social awareness about the problems faced by this population. It is necessary for people with disabilities to have more influence on the legislative and executive branches of government, especially since their current representation does not reflect the fact that they account for 10% of the population. Solutions that reduce social exclusion of people with physical disabilities often in parallel address the problems of mobility for the elderly and parents with small children, which represent a significant share of population.

### 3.5.11 Policy Implications

Although Croatia is a social state that provides care for the disabled, the system does reveal some signs of social injustice which are not appropriate in the modern social societies. Social assistance must become more targeted to the person for whom it is clearly intended, and not be spent on groups acting as agents of equal rights movements. It must target people with physical disabilities in a way specific to their needs and social resources. Increased targeting would improve the efficiency of social welfare, thus increasing the dignity of people with disabilities. Only policies which respect basic human rights and are efficient in the application of legislation will generate socially acceptable outcomes.

<sup>92</sup> UNDP (2006b). "Research on social exclusion in Croatia: Groups with increased risk of social exclusion - focus groups". UNDP, Zagreb, Croatia.

### 3.6 Single Parents

**Box 8: Single mother, divorced, has son and daughter, pre-schoolers, employed, lives alone with children in a tiny rented apartment**

My husband found another woman and left me and the children two years ago. It was very difficult, because I was all alone with two children, and the little one was still a baby. He visits the children now and then, but he works on and off, so he gives no money for them... It is difficult to survive, because my salary is small, and the children need care - I work and can barely pay for the kindergarten. It is hard when I can't afford something, because it would be easier if I had two salaries, but other people don't understand what it feels like to have to ask all the time: "How much is this?"... I don't know what I'll do when the children start going to school. The money is the biggest problem! I'm scared how I'm going to pay for books and everything when my daughter starts school next year. She is very clever, so she'll definitely be a good student... The children are good and cheerful when they don't think about that. Sometimes they want things I can't afford to buy, but they are still good. It is difficult for me, because I have nobody to look after the kids, and I have to work weekends and holidays. Free baby-sitting or kindergarten would help. It is difficult for me to look for another job, because where I work I at least have a salary; I haven't heard that anybody was hiring shop assistants, anyway. I'm happy with my job - it's not too hard, and the salary comes in regularly... The children are sad, because their dad does not come to visit - it is difficult for me to explain it to them and I tell them that I love them, and that dad loves them, too, although he is not around. I went to see the kindergarten psychologist, and we talked about it... They [children] ask about dad, and he sometimes visits them, but very rarely. They are very happy when they see him. Once, I was late to pick up my little girl from kindergarten, so somebody asked her where her mom and dad were, and she later asked me why dad had not come and why he wasn't around... There is nothing good about single parenting - you have to do everything on your own and you have nobody to complain to. The only good thing is the children. (*Raboteg-Šarić et al., 2003; p. 413*)

**Single father, divorced, has two sons going to primary school, unemployed, lives with children in a one-room apartment of 26m<sup>2</sup> as protected tenant**

I divorced three years ago; my wife abandoned the family one year before that. I first lost my job. I had to close my business, so for ten months I was trying to find a job, but I couldn't find one. That is how I became the beneficiary of social assistance. I lived on the brink of existence, with no help from anyone. That was the worst part of my life, all the sorrows of this world came down on my soul; I had loved my wife... The biggest problem is that I stay at home without work when my children go to school. I have a university degree, and am not good at trade, so I'm not good at finding jobs of that kind. Material problems are the most pressing. Because of my material status, all my friends abandoned me as well as my wife's relatives, even the best man... I'm worried about this material situation, whether I'll be able to finance my children through school and what will happen when they graduate, how I'm going to direct them in life in view of their potentials. It scares me that I'm alone with them - if something happens to me, they'd have nobody to rely on. My personal experience is not that bad - I am a single parent and unemployed, and I feel like a slave, but otherwise people do try to help. People are full of understanding for my material problems, they delay my payments, allow me to pay in instalments, and things like that. At least I have managed to resolve the housing issue, because of my status and qualifications. I have received professional help in upbringing my children; I receive more help than others - that is my experience. I frequently feel that other people are impressed and that they appreciate me because of my status and my experiences... I'm worried, though, because I have no job. I'm almost certain that in at least three job competitions I was not selected because I was a single father. (*Raboteg-Šarić et al., 2003; p. 422*).

### 3.6.1 Human Rights

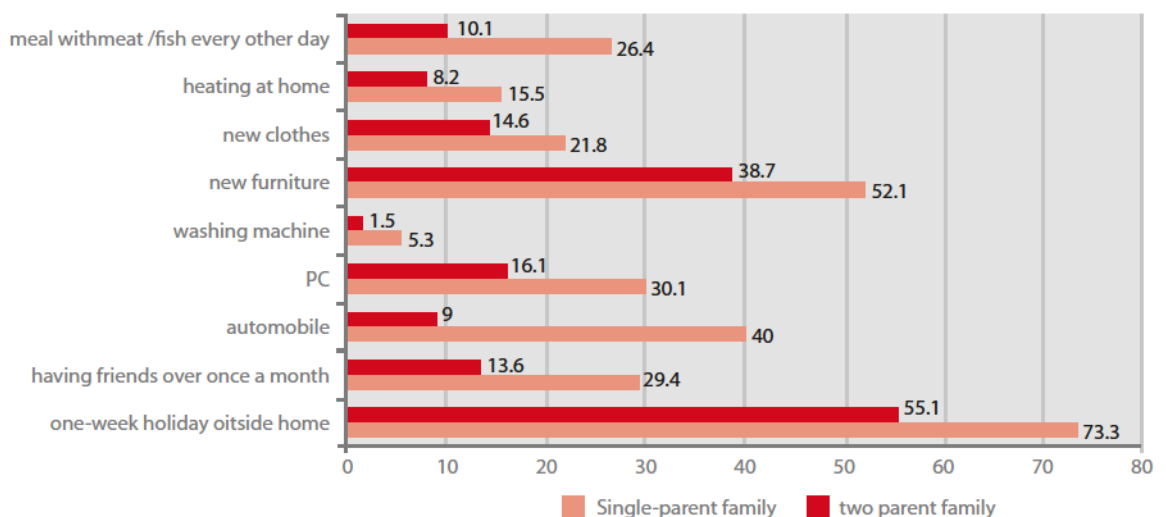
In Croatia, single-parent families are at a relatively high risk of falling into poverty (Šućur, 2006). According to the 2001 census, single parents account for 20.5% of Croatian families. Of that, 83% are single-mother families (156,038), and 17% (31,965) are single-father families. In contrast to many European countries, Croatia does not allocate special assistance to single parents as an independent category in the family and social policy (Puljiz i Zrinščak, 2002.).

Human rights violations against single parents and their children tend to concern their right to enjoy a minimum standard of living, although there have also been reports of discrimination in the work place which has denied single-parents job opportunities and promotions. In 2002, research was conducted to evaluate the average standard of living in Croatian single-parent homes in the four largest Croatian towns (Raboteg-Šarić, Pećnik and Josipović, 2003). The UNDP also conducted research (2006a) with 113 single parents from both urban and rural environments.<sup>93</sup> The results of the research demonstrated

that a minimum standard of living necessary for the health, well-being, and the optimum development of the child, is enjoyed less often in single parent families as opposed to two-parent families. Most single parent households in Croatia are worse off financially than dual parent households. Single parents tend to have greater difficulty finding suitable housing, lower earnings per family member,<sup>94</sup> greater difficulties providing basic necessities,<sup>95</sup> and no resources to pay for their children's leisure-time activities or summer holidays.

Figure 7 illustrates the level of basic economic, social and cultural deprivation that single parent families suffer from, and occasionally dual parent families as well. Compared to dual parent families, single parents express a greater dissatisfaction with their standard of living, health, and social life (Raboteg-Šarić et al., 2003; UNDP, 2006a). Data regarding the quality of life of single parent families indicates that children in these families are not afforded the same advantages and opportunities for education and development as children from dual parent households. Financial difficulties, as the single greatest problem facing single

**Figure 7:** Share of parents from single-parent (N=113) and two-parent families (N=2191) who cannot afford various goods



Source: UNDP (2006). "Research on Social Exclusion in Croatia: Quality of Life and Risk of Social Exclusion". UNDP, Zagreb, Croatia

<sup>93</sup> In both studies, the parents took care of at least one child under 18.

<sup>94</sup> The median of the equivalent income of single-mother households is 1,923 HRK, which is lower than the amount stated by single fathers (2,692 HRK).

<sup>95</sup> One in four single-mother households and one in ten single-father households did not have enough money for food the previous year (UNDP, 2006a).



parents, was identified by one in two single mothers, and one in four single fathers. Financial problems may increase the depressiveness of parents, and depressed parents are less involved in their children's lives, have less insight into their children's activities, and are able to provide less overall support to their children (Raboteg-Šarić and Pećnik, 2006).

The research also pointed to the problem of realizing the right of child care support. Only one in three divorced parents (35.2%) and one in six unmarried mothers (16.9%) regularly receive child support from the absentee parent. Forty-three percent of divorced parents do not receive child support at all, and in the case of unmarried mothers this percentage is as high as 66.3% (Raboteg-Šarić et al., 2003). Even more discouraging is data gathered from a nationally representative sample of single parents which reveals that only 8% of single parents received child support in 2005 (UNDP, 2006a). Typical reasons for this are an improperly functioning court system, unemployment of the other absentee parent or his or her employment in the 'grey' economy.

The establishment of a state child support fund within the National Family Policy (Puljiz and Bouillet, 2003) presents one possible solution to this predicament. More than three-quarters of single parents support this measure (Raboteg-Šarić et al., 2003; 200). However, "after several announcements made by the Government of the Republic of Croatia, as well as several discussions on legislative proposals in the Parliament, the idea of establishing the child support fund was abandoned, with an explanation that it is necessary to wait for the establishment of family courts, whose role in the payment of advances on maintenance from the state budget is not completely clear" (Rešetar, 2005; 171).

In regard to the realisation of employment rights, single parents are subject to the same general discrimination against women and parents on the

labour market as the general population. While the number of official complaints concerning discrimination against single parents is relatively low,<sup>96</sup> research suggests that there are a number of instances that go unreported<sup>97</sup> with parents keeping quiet about their single-parent status (Raboteg-Šarić i sur., 2003; UNDP, 2006b).

Not all single parents are exposed to the same degree to the threat of social exclusion. Judging by the results of research conducted by UNDP (2006a), one in four single parents feels excluded from society, which is a higher rate than that of dual parents. Additional analyses show that single parents who feel excluded from society (N=29) compared to other single parents (N=85) are characterised by a lower level of employment and education, a lower income level, and less frequent contacts with the family, friends or neighbours.<sup>98</sup>

### 3.6.2 Access to Social Services

Croatian laws enable single parent families to exercise general rights provided for by the system of social welfare (counselling, one-time financial assistance, assistance in food and clothes), child bonuses, maternity leave and subsidised services for children. At the local level, there are also other benefits for working single parents who have pre-school and school aged children (reduced kindergarten fees, co-financed warm meals in school, free school books). The main services provided by the state are the child bonuses, which were received by half (UNDP, 2006a) or three-quarters (Raboteg-Šarić et al., 2003) of the single parents included in the two researches. Any custodial parent whose average monthly income generated in the previous year per household member does not exceed 40% of the budget base is entitled to this benefit. The amount of the child bonus does not cover the costs of supporting the child or ensure an adequate standard of living.

<sup>96</sup> The report of the Gender Equality Ombudsman for 2005 mentions family and parental status as the basis for discrimination in 0.7% of complaints against discrimination in employment and labour received in 2005.

<sup>97</sup> Interviews with 97 single parents showed that so far for one in two single parents, single parenthood has not posed a difficulty in finding a job, performing their job or being successful in their career (Raboteg-Šarić et al., 2003; 317).

<sup>98</sup> Although obtained on a very small sample, so one should consider them carefully, these results are in line with the expectations arising from social exclusion based on three key dimensions of deprivation – unemployment, poverty and social isolation (Matković i Stulhofer, 2006).

One in four single parents needing assistance did not know whom to address (Raboteg-Šarić et al., 2003; 207). Some experiences have shown that even service providers do not always have sufficient information about the rights of single parents or how to support them (UNDP, 2006b). It was also established that one in six single parents asked for assistance, but have not (yet) received it (Raboteg-Šarić et al., 2003; 207). All divorced parents have personal experience with CSW, as do many mothers of children born out of wedlock, as well as widowers and widows. Hence, it is disconcerting that one in four (28.5%) single parents deems the quality of social welfare services low, while one in 10 regards it as high (UNDP, 2006a).

### 3.6.3 Access to Healthcare

The health of single parents tends to be worse than the health of parents from dual parent families, judging by their subjective estimates (Raboteg-Šarić et al., 2003; UNDP, 2006a). The deteriorating well-being of single parents is connected with chronic stress. A participant in the focus group stated: *"I have a feeling that we waste away at a much faster pace than families with two parents... You have no one to rely on; all the responsibility is on your shoulders... People work two jobs just to support their children"* (UNDP, 2006b).

According to UNDP research (2006a), access to health for almost one half of single parents is obstructed by the cost of visits to the doctor. A substantial number of single parents (44%) find the excessive waiting lists for appointments to be a problem as well. Another big problem for single parents is the lack of availability of psychologists and related experts necessary to protect their child's or their own mental health. For every fourth single parent, the access to a family doctor or a specialist was made difficult because of the excessive distance. On average, single mothers have some trust in the healthcare system while single fathers trust this system very little.

### 3.6.4 Access to Education

The UNDP (2006a) research reveals that one in five single parents is not satisfied with their level of education; with the level of dissatisfaction being greater in

mothers than in fathers. Dissatisfaction with the level of educational instruction available is lower among mothers than among fathers. Although in principle, single parents have the same access to adult education as any other citizen, they attend such classes less frequently. For example, the mentioned research showed that last year only 6.5% of single parents (all female) attended a course or programme, which is half the average of those in dual parent families.

Access to education for the children of single parents is made easier in some regions due to financial aid programmes, such as reduced fees for kindergarten, breakfast programmes, etc. However, there are obstacles, such as not enough vacancies in kindergartens or extended day programmes in schools, as well as the cost of books and other supplies that are needed for school (Raboteg-Šarić et al., 2003; 266).

Pre- and primary school institutions do not properly address the issue of the various forms that a family can take, although this would help children from single-parent families overcome their stigma, and facilitate overall integration in society. In addition to restricted educational access, children from single-parent families also tend to be stigmatised by questions of where their other parent is and why he or she does not live with them.

### 3.6.5 Access to Employment and Employment Services

Only 14.1% of single parents report discrimination in the work place, with the number of incidents reported by mothers being four times higher (16.1%) than those reported by fathers (3.5%) (UNDP, 2006a). One in five single parents interviewed stated that their family status was a problem in acquiring a job or interfered with their job performance (most frequently because of the child's sickness). One in 10 reported that their family status made promotion difficult or impossible (either because of extra family responsibilities or because of lack of understanding on the part of his/her colleagues at work and the employers) (Raboteg-Šarić et al., 2003; 317).

Almost one in two single parents believe that employment and job security needs to be a priority of the state if they are to improve the quality of life of

their families. An especially big problem for parents is finding quality childcare while they are working. The opening of new work posts should go hand in hand with the development of new childcare services. Flexible working hours that offer weekends off are perceived as something that would greatly alleviate the conflict between single parents family responsibilities and obligations to employers.

Regarding the security of employment, although single parents are not expressly mentioned, the Labour Act (Article 123) states that in the case of dismissal the employer must take into account, *inter alia*, the family obligations of the employee. Despite that, it seems that employed single parents do not experience this special provision in reality since they, like dual parent families, do not have much confidence in their job security (UNDP, 2006a).<sup>99</sup> Single parents see a possible solution in greater protection by the Labour Act, although numerous personal experiences show that certain provisions of the Labour Act are not often applied, including the right of single parents not to work night-shifts until the child reaches 7 years of age (UNDP, 2006b).

### 3.6.6 Access to Transportation

Research conducted in the four largest Croatian towns showed that last year one in three single-parent families tried to save money on transportation costs (tram, car), while this was the case for one in five two-parent families. Creating cheaper transportation to work or school was pointed out by some as the most important measure that would improve the quality of life of a single-parent family (Raboteg-Šarić et al., 2003; 105, 212). Forty percent of single parents do not have a car, as opposed to 9.3% of dual parent families (UNDP, 2006a).

### 3.6.7 Access to Information and Communication Technology

According to the only empirical data on this issue, single parents would appear to use the Internet somewhat less frequently than parents from dual parent families (UNDP, 2006a).<sup>100</sup> Less frequent use of the Internet can be attributed to the fact that relatively fewer single parents own a personal computer. The same survey has shown that 30% of single parents cannot afford a personal computer (nine times more mothers than fathers), which is two times higher than the rate of other parents.

### 3.6.8 Access to Housing and Basic Infrastructure

According to the 2001 census, 83.4% single-mother households and 86.5% of single-father households live in an apartment they own or co-own. Single-parent families (especially mothers) live in households with three generations more frequently than two-parent families (Raboteg-Šarić et al., 2003; UNDP, 2006a). Judging by the testimonies of people who participated in the survey (UNDP, 2006a), the quality of housing for some single-parent families is very low, including a lack of space, old carpentry, humidity/leaks, no sewage, etc. These deficiencies were present in one third of single parent households. Single parents who live as tenants are less socially secure. Some who try to solve the problem of housing through the social welfare system face long years of waiting lists for social apartments. One in two single parents agreed that favourable loans for purchasing an apartment and subsidies for settling tenancy costs was the most important of the proposed 23 measures to increase their quality of life.

<sup>99</sup> Three-quarters of employed single parents (78.6%) believe they will probably not lose their job in the following 6 months (UNDP, 2006a).

<sup>100</sup> Two-thirds of single parents did not use the Internet even once over a period of one month, while one in five single parents used it several times a week or more frequently.



### 3.6.9 Social Ties

According to UNDP (2006a), except in the case of borrowing money, the perceived absence of all social support is more pronounced with single fathers than single mothers. One in five single fathers believes that there is no one in their life who can provide practical and emotional support or advice if they need it (UNDP, 2006a). Differences in national<sup>101</sup> and foreign research indicate that single fathers maintain the stereotypical gender role when it comes to seeking and receiving help.

Self-help organisations provide opportunities to receive support in a way that encourages reciprocity and equality more so than relations with experts and public servants in the formal support system. Single parents can obtain support from the Association of Single-parent Families of Croatia which operates in Zagreb as well as the associations of single-parent families in Osijek, Rijeka and Split. The problems of single fathers are dealt with by the National Organisation of Men of Croatia (NOMAH). The interests of one-parent families are also publicised by the organization "Let" in Zagreb (with the financial support of the Ministry of Health and Social Welfare), which implements projects that strengthen the capacity and social inclusion of single-parent families.

### 3.6.10 Key Challenges

The first problem faced by single parents is their standard of living. In addition to solving the housing issue and improving material living conditions through financial contributions, loans and benefits, the most important challenge is in creating job security for single parents. As far as childcare is concerned, the most desirable solution is to offer maternity and paternity leaves with increased compensation. A contributing factor to the low standard of living is that many parents entitled to child support do not receive it. Many European countries have responded to this challenge by introducing the advance on child maintenance.<sup>102</sup>

Another challenge is the distrust single parents have in the system of social welfare, and their dissatisfaction with the quality of services. It is necessary to improve the quality of service, develop standards of good practice for specific concerns, and the mechanisms for monitoring and evaluating their outcomes. The services should be provided from the conceptual framework of social rights, and the implementation should be based on the principle of strengthening the partner relationship between the provider and the beneficiary of service. Social services for single-parent families need to vary according to the dynamics present in each situation. It is

#### Box 9: Gingerbread

Single parent associations can provide a valuable contribution to improving the status of single parents in society and the organisation of self-help and mutual help networks. Their basic aims are to provide practical and emotional support to single parents and their children, and to advocate the interests of single parent families to the media and in politics. There are several associations of single parents in Croatia, but their influence is not sufficiently felt in the public. The following example of self-organisation of single parents seems a desirable model for strengthening single-parent families.

"Gingerbread" is the national network of local self-help groups of single parents, which is active throughout Great Britain with the support of the central office, and which ensures access to information, training and other resources that are needed. In addition to support groups that they can attend, single parents and their children have access to a free telephone line for getting legal advice and other information relating to housing, employment, and personal and family crises. Information and exchange of experiences are also available online ([www.gingerbread.org.uk](http://www.gingerbread.org.uk)). Members of the organisation have a magazine, and a discount on using certain recreational and educational resources for families and children. This network of civil initiatives helps single parents to become satisfied and successful as parents and contributes to the diminution of inequalities to which the children of single parent families are exposed in their access to recreational and educational activities.

<sup>101</sup> It turned out that single fathers receive less material assistance from their families and friends than single mothers (Pećnik and Raboteg-Šarić, 2005).

<sup>102</sup> Recommendation No R(82)2 of the Council of Europe on payment of advances on child maintenance, drawn in 1982, with the purpose of promoting the adoption of common guidelines and aligning the legal rules in Member States concerning child maintenance. Advances on child maintenance exist in Slovenia, Hungary, Austria, Germany, France, Luxembourg, Sweden, Denmark and Finland.

necessary to take into account the differences in experiences between single fathers and single mothers.<sup>103</sup>

Finally, society's attitude towards single-parent families and their members can also generate social vulnerability in this group. According to research, Croatian citizens still name "the family" as their most important value (European Research of Values, 1999; Matulić, 2002). However, what constitutes a family, according to parents from both dual parent and single parent families, is primarily the support and emotional ties between its members, and to a lesser extent the formal structure of its parts.<sup>104</sup> It is necessary for educational programmes about families and their facilitators to be sensitised to the needs and problems of single parent families in order to reduce prejudices towards single parents and their children. This is the key role of the educational system and the media, which should encourage the values of family diversity which is a case with a growing number of children.

### 3.6.11 Policy Implications

To resolve the main challenges, it is necessary to adopt legislative measures pertaining to the family and social and educational policies in order to overcome the risks of social exclusion of single parents and their children. Such measures would include:

- Improving the material conditions of single-parent families, including the question of employment and housing;
- Putting in place more efficient legislative regulations for determining and collecting child support (Child Maintenance Advance Fund);
- Removing obstacles to accessing social rights, including improvement of the level of information and the development of a model for providing social services and contributions, which would follow from the paradigm of human rights;
- Creating new and improved quality social services for children and parents;
- Sensitising society to issues of single parenthood and the needs of single-parent families.

## 3.7 The Unemployed

### Box 10: A sketch of the life of the unemployed

Karolina only has primary school education. She dropped out of secondary school during her second year, got married and became a housewife and helping hand on a family farm in Bosnia and Herzegovina. Her husband, Lovro, supported the family and for 13 years worked as a welder in a local factory. The war left them jobless and homeless.

During the war, Karolina and Lovro were forced to flee to Croatia, and then to Germany. During their three years as refugees they legally worked as auxiliary workers, but they were also eligible for social assistance, a combination which is possible in Germany. They then returned to Croatia and moved to Knin, where they have been looking for a job ever since. Knin does not have a factory where they would need a welder, so that Lovro underwent re-training to become a bricklayer. However, employers prefer workers with some experience, so Lovro has been unable to find a job.

Karolina and Lovro are registered with the Croatian Employment Service office in Knin, but because of the poor economic activity in the region, there are no jobs there. They say that it is possible to get some jobs through good connections and money, but they do not have such resources. The long years of looking for a job have been very disheartening, and interpersonal relations within the household are full of anxiety and edginess. To firms where they look for a job, Karolina and Lovro are not attractive as candidates. Being in their late 40's, for many employers they are simply too old. Employers prefer to hire younger unemployed people. They have also experienced direct discrimination: "We don't hire Bosnians, only people from these parts".

Karolina sometimes works illegally with other refugees, and helps out in the processing plant located in a nearby town. She waits for a call at home and whenever the employer calls she works several days a month under poor working conditions. The wage is minimal, and she has to pay for all her travel costs and meals. She goes to work even if she is extremely sick, because she has no right to sick-leave, and she does not want to jeopardise the job.

<sup>103</sup> Single mothers, compared to single fathers, are poorer, unemployed more frequently, and they feel discriminated against more often in their access to employment/promotion at work. Employed single mothers find work to pose difficulties in the performance of their family obligations and chores more frequently than single fathers and they also hold that they spend too much time at work and too little time with their family and sleeping. Single fathers are socially more isolated, resigned and pessimistic than single mothers (UNDP, 2006a).

<sup>104</sup> The analysis of personal definitions of family has shown that love, togetherness, mutual support, harmonious relations, understanding and trust, as well as security and protection, are most frequently voiced as what defines the family, and less frequently the community of two parents (married) and children (Raboteg-Šarić et al., 2003).

### 3.7.1 Human Rights Violations

In Croatia, the employment picture improved considerably in the early 2000s. During the 1990s, the activity rate of employable people was decreasing and unemployment was steadily increasing. However recent growth in the Croatian economy has been accompanied by a marked recovery of the employment rate (rising from 51.6% in 2001 to 54.8% in 2005) as well as a steady decline in unemployment (dropping from 15.8% in 2001 to 12.7% in 2005). Unfortunately, these positive trends in the Croatian labour market have done little to reduce the share of the long-term unemployed in the total unemployment rate. More than half of all unemployed people have been searching for a job for more than a year, and the number of those that are 'very long-term unemployed' (2 years or more) shows a steady increase.

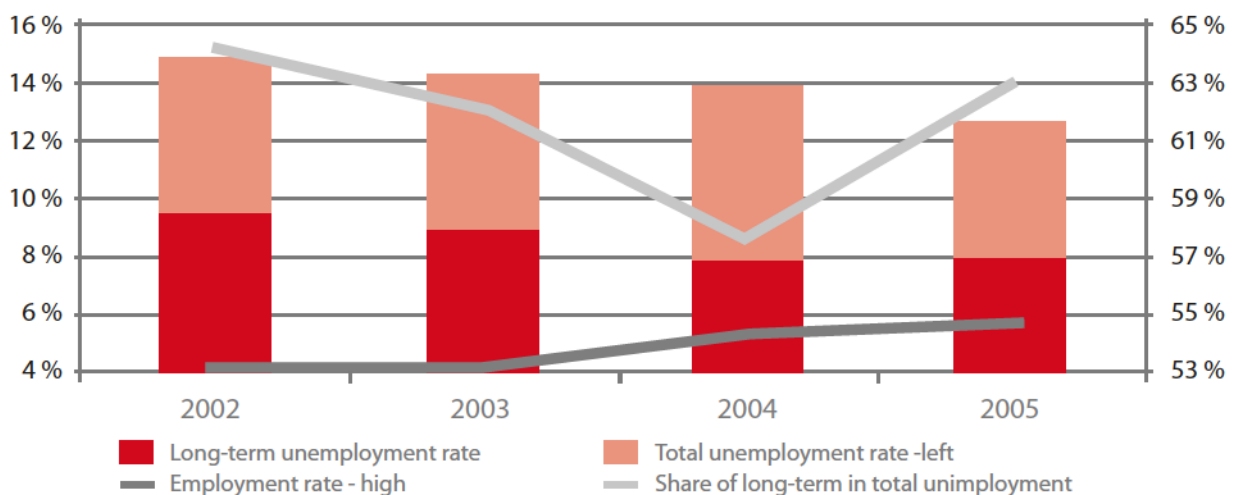
The burden of unemployment falls particularly hard on young people, reflecting their problems of entry into the labour market. However, although young people are disproportionately represented in the overall unemployment rate, the majority of them are short-term job seekers. The proportionally smaller amount of older individuals seeking employment, tend to be unemployed for a much longer period of time.

Education matters as well. People with vocational education are particularly likely to fall into unemployment. Those whose education doesn't exceed the primary level are particularly prone to long-term unemployment. Persons who have some amount of higher education are less likely to be unemployed, and even less likely to suffer from long-term unemployment. Among the unemployed, especially the long-term unemployed, women constitute the majority despite the spread of the services and sectors traditionally dominated by women.

### 3.7.2 Unemployment Benefits<sup>105</sup>

Upon becoming unemployed and registering with the Croatian Employment Service (CES), individuals with a sufficient history of unemployment contributions have the right to income maintenance through unemployment insurance, as long as they can demonstrate their job-search efforts. The insurance payments can last from 13 weeks (for those that have contributed for at least 9 months during the previous 2 years) to 65 weeks (20 or more years of contributions). Given that this is the mechanism of social security based on individual contributions, the unemployment

Figure 8: Employment and unemployment rates (%)



Source: Labour force survey, Central Bureau of Statistics

<sup>105</sup> This chapter draws heavily from the UNDP-led Quality of Life survey data. In making comparisons and analysis that inform this chapter, only those who both defined themselves as unemployed and stated some effort in job search during the previous month were considered to be unemployed. Most analyses compare short-term (less than a year) unemployed, long-term unemployed and the employed. All the differences and effects reported are based on results of various methods of statistical analysis (measures of association, ANOVA and linear or logistic regression models).



benefit should be equal to 80% of previously earned income, and be not be lower than 887 HRK (20% of the average national wage). However, its maximum is determined by the decision of the Ministry and is currently equivalent to 1,000 HRK. This low amount of wage replacement is not unique to Croatia but is typical for most transition countries.

Unemployment insurance should help individuals maintain a decent living while they are engaged in their job search. However, in 2005 only about 23.6% of the people registered as unemployed with CES actually received these payments; those who did receive them were mostly short-term unemployed with previous work experience. Accordingly, 34.9% of the short-term unemployed in the UNDP Quality of Life survey had received this benefit in the past month, whereas only 12.8% of the long-term unemployed had. The unemployed who are registered with the CES are allowed to earn up to 1,000 HRK per month without losing the right to employment insurance or the status of an unemployed person.

In cases when the system provides an adequate amount of support, the unemployment insurance is sufficient and a new job is found within a reasonable amount of time, using formal or informal job search methods. Yet, for a large and growing share of the unemployed in Croatia this is not the case. Moreover, the “stigma” of being long-term unemployed tends to decrease opportunities with prospective employers, leading to worsening material and psychological conditions (Šverko et al., 2004, 2006, Galić et al., 2006). In line with this, claims of discrimination in the employment sphere in the UNDP Quality of Life survey, while not too common, are much more prevalent among the long-term unemployed (29%), than the short-term unemployed (17%), or the employed (9%).

### 3.7.3 Access to Healthcare

When it comes to health services and medication which are not covered by the basic health insurance package, the unemployed are left to their own, often meagre resources. Although survey respondents did not report any perceived differences in waiting periods, about 25% of the long-term unemployed have reported material costs as being prohibitive to their access to health services, which is twice the level of employed respondents. The long-term unemployed

are comprised of groups that are in greater need of healthcare services (disabled, old, undereducated). The long-term unemployed in the national sample of UNDP Quality of Life survey are found to have worse health conditions, and are less satisfied with their health than the general population. The short-term unemployed, on the other hand, are virtually indistinguishable from the employed population in regard to the perception of their health or access to healthcare services.

### 3.7.4 Access to Education

In comparison with the employed, the unemployed are more likely to have a lower level of education. Moreover, the incidence of long-term unemployment increases as the level of education decreases; both the CES and the LFS data indicate a relatively high difference in employability along the educational spectrum. Lifelong learning is a way to preserve and improve employability in a contemporary society in which skills quickly become outdated in a rapidly changing working environment.

The UNDP quality of life survey indicates that 14% of the employed participated in informal education during the previous year, similar to the short-term unemployed, 17% of whom tried to improve their skills and employability as well. However, among the long-term unemployed, only 6% participated in informal education, displaying a lack of capacity of this demographic to recover their employability. Numerous certified adult education courses are available in Croatian urban centres, yet, as demonstrated, the unemployed are not their primary users. Since the post-socialist transition and during the most intensive economic restructuring with increasing unemployment, public training and educational measures have been completely abandoned. Since 2005, the CES - the only provider of state-financed active labour market policies - provided training (and accompanying unemployment assistance) for only 0.15% of the unemployed population.

The most recent employment policy priorities, in line with the National Employment Action Plan, have a goal of training 4,000 of the long-term unemployed in 2006, at a cost of 8 million EUR. These measures would target about 2.5% of the total number of long-term unemployed. This level of coverage is still well below the European average, but it represents a targeted measure that could be fostered in the future

if it turns out to be effective. Apart from re-qualification courses, CES also manages short-term job search, self-assessment, and self-presentation workshops that aim to increase the efficiency of job searches. About 2% of unemployed in Croatia attended such courses in 2005.

### 3.7.5 Access to Employment and Employment Services

For many of the unemployed, the formal labour market remains out of reach, offering only opportunities for informal, mostly temporary work, primarily in the construction, trade or service sector. By taking these jobs, unemployed individuals are robbed of legal protection and social insurance. They do, however, receive monetary and psychological payoffs and the hope of eventually obtaining regular employment.

There are several employment services operating in Croatia that can be divided in three groups. The first are job mediation agencies that operate on a commercial basis and cater to the competitive segment of the labour market, that is, primarily university or polytechnics (equivalent to International Standardized Classification of Education level 5). The second are temporary job agencies that have recently developed, catering to all profiles, but mostly to general labour. Despite a positive evaluation of these firms, they are a niche service, with only 4% of the unemployed (according to UNDP survey sample) claiming to have contacted them during the previous month of unemployment. The third option for prospective job seeker is the CES. It was founded in 1952 and is a public institution that administers unemployment provisions, public employment programmes (including active labour market measures), and job mediation for the broadest profile of applicants.

Job seeking and job-specific training are activities that demand a great deal of effort and resources (postal charges, transportation costs, clothes, etc.) which may discourage those most challenged (that is, the least employable) from taking part in the job search and training process altogether. As a result, programmes are necessary which improve the employability of the unemployed and thus facilitate active job seekers and promote efficient outcomes on the labour market.

Croatia has a tradition of training-oriented active labour market policies which date back to the 1970s, but in the 1990s, this focus was shifted to employment subsidies. Among the attempted three short-lived active labour market measures (ALM) introduced by the government (1993-1996, 1998-2001 and 2002-2005), only the middle one (1998-2001) contained public works and training provisions.<sup>106</sup> The most recent set of ALM schemes targeted employment subsidies programmes, consuming approximately 0.2% of the GDP. There has been no formal evaluation of this programme, but existing reviews have deemed it to be neither effective nor efficient (Oračić, 2005., Babić, 2003). The current set of employment measures presents a more balanced approach, based on the National Employment Action Plan. It includes training, income maintenance, public works programmes, and employment subsidies for a narrowly defined target population with low employability (Annual Employment Plan, 2006).

#### Box 11: A sketch of the life of the unemployed

After finishing his education in mechanical engineering, Filip got a job in a big pharmaceutical company in the mid 1990s. The company did not pay him regularly, so he resigned. In the following six years, he worked as a waiter, but employers did not register him. He was paid "under the table", and was given no job security – which resulted in his termination when Filip was in his late twenties. He started to look for a new job; he went to interviews and sent applications and e-mails. He tried one job, but it turned out to be too strenuous for his health, and he is now looking for a job that would be less physically demanding. Filip is not the only member of his family who cannot find a job; one of his brothers has a job, but the other keeps circulating from the employment service register to temporary jobs and back to the employment service. Filip is attending an educational course organised by the unemployed persons' association, where he has received significant social support, but he has still not found a job.

<sup>106</sup> Although not very big in scope (2670 participants), public works programme performed in 1999, done in cooperation with local government, was one of rare programmes to be subjected to thorough evaluation. Results of the evaluation indicate that the public works program did not have a discernible impact on the employability of the participants, yet participants generally rated programme well, as it has increased their material and psychological well being. On the expenditure side, the costs of public works program per employed person proved to be high in comparison with most other active labour market policy measures.

### 3.7.6 Access to Transportation

It is necessary for the unemployed to be mobile in order to conduct a proper job search. To this end, Zagreb and other large urban centres have introduced free public transportation for the unemployed. In less populated areas, however, public transportation infrastructure is less developed making access to transportation more of an issue. For the unemployed in rural areas, searching for (as well as commuting to) a job demands substantial resources, and often requires a private means of transportation. However, according to the UNDP Quality of Life survey, vehicle ownership is less common among the unemployed. While 87% of those employed have access to a car within their household, only 62% of the long-term unemployed and 72% of short-term unemployed have the same level of access. The CES does reimburse travel and the moving expenses of a person who has found employment outside of their current place of residence. In 2004, approximately 3% of CES registered people used this right.

### 3.7.7 Access to Information and Communication Technology

In the early 2000s, the CES and private job mediation agencies placed their job search databases online, allowing employers to post openings and clients to search for jobs quickly and efficiently from their home – provided that they have Internet access. Several computers and printers are also made available in public employment service facilities, but they do require basic IT skills.

According to UNDP Quality of life survey, 65% of employed respondents had a personal computer in their household, whereas only 49% of the short-term unemployed and only 37% of long-term unemployed had similar access. In regard to the frequency of Internet usage, the differences are even greater. Although age, education and to a certain extent gender, all affect the frequency of Internet use, being unemployed, both short-term and long-term does demonstrate a

negative effect on Internet use. Only a small number of both short-term unemployed (21%) and long-term unemployed (13%) in the UNDP sample reported using the Internet on a weekly basis, whereas 34% of the employed used it, and 63% of students. With the entrance of IT-savvy student cohorts to the labour market, this digital divide is sure to become even more acute.

Although reliable data is lacking, a cursory overview of adult education reveals that IT training courses are most common among the general population. According to the UNDP Quality of Life survey about one fifth of those unemployed who have participated in some kind of education have taken an IT course. However, in the education measures scheduled by the CES for 2006, there is no mention of IT training. Training provided by the state has so far been limited to a few locally sponsored courses conducted by the CES (like 100 unemployed people participating in ECDL course in 2005), or IT courses organized by unemployed persons' associations. Although, even if such programmes were plentiful, it is unclear as to whether or not the most excluded unemployed would have opportunities to participate.

### 3.7.8 Access to Housing and Basic Infrastructure

A lack of reliable income among the unemployed is a major obstacle in obtaining or maintaining satisfactory, long-term housing. The UNDP Quality of Life survey indicates that access to housing is not a source of concern for most respondents - both employed and unemployed – of which approximately 64% own their own residence. Although, some divergent trends can be seen among respondents who are not in "clear" ownership of their residence. According to the data, those who are employed are likely to have a mortgaged residence, the short-term unemployed are more likely to rent or lease, while the long-term unemployed are more likely to have found an alternative solution which does not require substantial financial commitments (such as living with family, or social housing).



Not surprisingly, the unemployed are less satisfied with their housing situation than the employed. Forty-three percent of long-term unemployed and 35% of short-term unemployed have reported financial difficulties concerning payment of monthly utilities costs, while this is reported by only 16% of the employed. The average quality of residence between the employed and unemployed differs as well; the unemployed are almost twice as likely to live in dilapidated housing (rotten or leaking places) as the employed. However, both employed and unemployed respondents by and large perceive their residential safety and living environment as very satisfactory. This could be a result of low residential segregation resulting from low mobility in the population.

### 3.7.9 Social Ties

There are various ways in which unemployment might lead to social isolation. A lack of resources might lead to less contact with relatives (which often assumes a show of generosity), friends (due to expenses related to going to or inviting for dinners, going out for a drink), as well as lesser participation in social activities (most member organizations demand fees). Unemployment brings along the termination of contacts and activities associated with a former working place. While not so much of a problem for younger unemployed people, it can present a significant difficulty for the older unemployed who had spent most of their working lives with the same employer and colleagues. Even when the unemployed possess adequate resources and social contacts, the element of stigma can limit their participation in social activities, like sports clubs and going out for a drink.

There is not much empirical evidence to point to the quantitatively different social lives of the employed and the unemployed. In the sphere of secondary

sociability (friends and relatives), the unemployed actually have more social contacts than the employed, due to their amount of free time. On the other hand, the employed tend to compensate by having slightly more frequent indirect communication (phone, mail, e-mail) with friends and relatives. However, qualitative differences are notable. Nearly 14.7% of long-term unemployed respondents feel socially excluded, this being the case with only 3% of employed respondents. Both short-term and long-term unemployed respondents are also more prone to feeling overwhelmed by the demands of daily life. The long-term unemployed have a lower level of satisfaction with their social life than employed or short-term unemployed respondents.

### 3.7.10 Key Challenges

Although the unemployed are certainly not winners in the transitional process, they do not have to be losers either. As long as unemployment is uncomfortable but transitory, relatively short periods of it could be tolerated. Problems emerge when this temporary condition becomes more permanent, leading to skill fade, poverty, and social exclusion. The unemployed are more likely to need support and services, and yet are also more likely to have restricted access to them. The key challenge is to effectively support the re-entry of the long term unemployed back into an active, decent and productive lifestyle.

### 3.7.11 Policy Implications

Motivation to work does not seem to be an issue among the unemployed, but it is up to policymakers to provide an effective system of support that will not penalize job-search efforts ("inactivity trap"). The CES should provide ongoing support for an effective job-

search (income maintenance), as well as skill maintenance and development (training programmes and other actionable policies). With the expansion of fluid employment and an increasingly liberal economy, the risk of unemployment has become a common concern. To counter this risk, unemployment insurance levels should be augmented to reflect the level specified by employment legislation, and the duration of benefits should be modified to prevent inactivity and skill fade. However, this would mean either increasing spending or a redistribution of payroll contributions (currently unemployment insurance figures at a modest 1.8% of payroll), which could eliminate some low-paying jobs.

Active measures should target the long-term unemployed, with the goal of increasing their employability. Being that the long-term unemployed are a heterogeneous population which is challenged in several areas, precise targeting and empirical evaluation is necessary to determine the most effective combination of programmes. Such a mix could include education and training (both on- and off-workplace) which have a key role in increasing employability (both on the personal and societal level), but also community-based initiatives (such as public works), and subsidized employment can have positive effects on certain groups of the unemployed. IT training might also be integrated into the programming mix, in an attempt to bridge the digital divide.

Policy-makers need to keep in mind current employment practices. Fixed-term employment is becoming commonplace and comprises 85.6% of CES registered employment. With current labour market practices, this situation leads to a two-tiered segregation of labour into a protected, core workforce on one side and a growing number of unprotected temporary workers on the other. In the interest of social cohesion, it might be best to harmonize the level of employment protection for both temporary and permanent workers, by increasing the level of unemployment protection (particularly in active labour market measures provision and replacement rate) while relaxing the employment protection system.

## 3.8 Youth

### Box 12: Personal Experience

S.T. (27) majored in ecology at the Biology Department at the Faculty of Natural Sciences and Mathematics in Zagreb. During her free time, she was an activist and a member of several non-governmental organisations concerned with youth culture. She graduated in 2005, with a 4.0 GPA, and has been trying to find a job in her profession ever since, but has been unsuccessful. She has tried many places, applied for many job openings, and has even had a few interviews, but has still been unsuccessful. Over the past year, she has been working part-time jobs unrelated to her profession in order to pay for the basic necessities of life. She still lives with her parents and a brother. Although she would like to become independent and start living on her own or with her partner, she cannot do that, because she cannot find a job. Part-time jobs are not a stable enough source of income to rely on when renting an apartment. S.T. is active in her job search, she has taken additional education and she keeps track of job openings and applies for them, but she is quite certain that she will not get a job without a "connection". She currently works in a beauty salon, illegally, and continues to look for a job in her profession.

### 3.8.1 Human Rights

According to the National Programme of Action for Youth of the Government of the Republic of Croatia,<sup>107</sup> the youth demographic (those aged 15-29) account for one-fifth of the total population of Croatia.<sup>108</sup> This group includes young citizens that are also members of other vulnerable groups, such as the unemployed, or people with disability. Although the youth demographic presents a diverse group, many social issues are common to all youth.

<sup>107</sup> National Programme of Action for Youth, Adinda Dulčić (ed.), State Institute for the Protection of the Family, Maternity and Youth, Zagreb, 2003.

<sup>108</sup> According to the 2001 census.

Judging by secondary school or university students, it seems that young citizens enjoy a relatively high quality of life and social security; they are still acquiring education and are generally not too burdened with a lack of economic independence. It is this population (between 15 and 24 years of age) who report most satisfaction with their life and are the happiest.<sup>109</sup> However, once young people complete their education, they enter the labour market for the first time, and have to undergo the difficult task of looking for a suitable job. From the apparent formal and educational lethargy of the Croatian educational system, young people are faced with the fact that after they finish their education they will most likely have to wait some time before they can begin their profession. The unemployment rate of people aged 15 to 24 varies from 2 to 2.5 times higher than the national unemployment rate. The relative unemployment of youth places Croatia at the bottom of the European scale, even compared to the economically undeveloped states where the absolute unemployment rate of youths is higher.<sup>110</sup>

According to the web portal MojPosao, 5% of those who participated in a survey on age discrimination in employment<sup>111</sup> state that they frequently encounter announcements for jobs that specify a minimum age requirement. This occurs despite the fact that age discrimination in the work place is prohibited by Article 2 of the Labour Act. The same research reveals that 58% of those younger than 29 years of age do not even attempt to apply. Young people have also reported the use of improper interviewing techniques by potential employers who insist on asking them very personal and sometimes inappropriate questions when they apply for a job. Young women are often forced to answer questions regarding their marital status and family plans by employers who demonstrate a bias against employing potential young mothers.

As an integral part and a supporting element of society, youth are frequently regarded as a social problem, and not as potential, as recommended by the European Commission.<sup>112</sup> Societies are now faced with

the phenomenon of “extended youth”, meaning that young people live with their parents for longer periods of time. As young people come of age, their difficulty in becoming independent, as result of unemployment and unsolved housing issues, generates further problems, such as substance abuse, which viewed out of context perpetuate the misconception of youth as a social problem. Young people in general tend to be a socially excluded group due to their lack of participation in most economic, social and political aspects of citizenship. In some cases young men are more vulnerable than young women since they experience higher drop-out rates, higher rates of substance abuse, as well as delinquency and suicide rates.

### 3.8.2 Access to Healthcare

In general, young people tend to describe their health to be extremely good,<sup>113</sup> however the main health concerns that do arise are connected with sexually transmitted diseases (STDs). Chlamydia has the highest rate of incidence among students, and the rate of Human Papillomavirus (HPV) is increasing. However, HIV is less common in young people, with the first reported case of HIV in an adolescent coming only this year. Given the significant health risk that STDs pose to young people, the level of information available on sexual health is less than satisfactory, especially considering young people are entering into sexual relationships at younger ages. Public disagreements regarding sexual education programmes in schools certainly contributes to this knowledge gap. The Church can also complicate matters, as it prefers the promotion of abstinence as opposed to educating young people about contraceptives and sexual health. Youth get most of their information regarding sexual health from their peers and the media, and some from their parents. However, over the past several years NGOs have intensified their programmes and activities aimed at informing and educating youth about the risk of STDs. The Croatian health system is relatively accessible to young people however it is not particularly

<sup>109</sup> UNDP (2006a). “Research on social exclusion in Croatia: Quality of Life and the risk of social exclusion”. UNDP, Zagreb, Croatia.

<sup>110</sup> Young People in South Eastern Europe: From Risk to Empowerment, World Bank, Washington, 2004

<sup>111</sup> [http://www.mojposao.net/jseeker\\_wiki.php?sessionId=6c171570e301d73e8e84d6bf9e155c2d&wikiName=IstrazivanjeDobnaDiskriminacija](http://www.mojposao.net/jseeker_wiki.php?sessionId=6c171570e301d73e8e84d6bf9e155c2d&wikiName=IstrazivanjeDobnaDiskriminacija)

<sup>112</sup> “A new impetus for European youth” – The White Paper of the European Commission, Adinda Dulčić (ed.), State Institute for the Protection of the Family, Maternity and Youth, Zagreb, 2002

<sup>113</sup> Only 0.6% of interviewees in the age group from 15 to 24 and 1.8% interviewees in the age group from 25 to 34 believe their health to be poor, and only 6.3% of interviewees in the age group from 15 to 24 believe to have a long-term illness or difficulty (UNDP (2006) “Research on social exclusion in Croatia: Groups with increased risk of social exclusion - focus groups”. UNDP, Zagreb, Croatia)



“youth friendly”. Although young people tend to give a better grade to the quality of health services,<sup>114</sup> they are also in need of such services less frequently.

### 3.8.3 Access to Education

The illiteracy rate in Croatia is 3%. The system of secondary and post-secondary education is available to most young people. Most educational costs are covered by the state, and students are only required to maintain a certain level of performance. In 2006, less than 50% of students received government assistance with educational costs. Some costs are still borne by the students such as transport costs for those who must travel to secondary schools outside of their community. Accommodation costs can also pose a problem, with most dorm facilities undersized compared to the student body.

In 2005, Croatian Universities began to apply the Bologna Process as a step towards joining the wider European community of higher education institutions. In general, the youth in Croatia receive a similar education to their European colleagues (for example, 71% of survey respondents aged 15-24 understand the written English language very well), but the educational system itself is archaic, suffering from obsolete methods, older faculty, and more reproduction-based than experience-based learning. The average duration of studies in Croatia is about 7 years, and many students are forced to work in parallel with their studies to cover their educational costs (especially if they study outside their place of residence).

### 3.8.4 Access to Employment and Employment Services

Some research has indicated that the likelihood of employment for young people under 24 is 39.6%, and for those between the ages of 25-34 it is 44.4%. This does not compare favourably with other member nations of the European Union however the rate of

youth unemployment varies considerably from one country to another, being as low as 10% in Austria, and as high as 33% in Slovakia in 2003. Youth unemployment in Croatia has never fallen below 32%, but it declines slowly.

Young people often do not have sufficient experience to get their first job, but need their first job in order to get experience. The state has recognised this problem and has adopted - within the National Action Plan for Employment for the Period from 2005 to 2008<sup>115</sup> - the Annual Plan of Incentives for Employment for 2006.<sup>116</sup> This plan includes measures for co-financing the employment of young people without working experience, and subsidised employment for 1,036 people under 29 years of age. In addition, subsidised interest on entrepreneurial loans is to be provided for entrepreneurs under 29 years of age. Unfortunately, there are more than 100,000 unemployed youth for which these somewhat limited measures will only slightly improve the overall picture. Part of the problem lies in the fact that these measures only apply to long-term unemployed youth. The state must regard the problem of extensive youth unemployment as part of the wider economic problem, bearing in mind all the existing levels of unemployed youth, such as highly educated people, youth without secondary education, etc.

### 3.8.5 Access to Transportation

In larger urban centres, young people can benefit from well established public transportation (e.g., in Zagreb, secondary school students can ride city transportation for free, while annual passes for university students are about 1/6 the price of a standard pass). Unfortunately, this service is not universal across Croatia, where most young people do not have access to proper transportation infrastructure, which limits their access to education, cultural events, etc. However, people throughout Croatia who are under 26 can travel by rail at a 30% discount which provides better mobility for young individuals.

<sup>114</sup> UNDP (2006b). Reserach on Social Exclusion in Croatia: Groups with increased risk of Social Exclusion – focus group. UNDP, Zagreb, Croatia.

<sup>115</sup> <http://www.mingorp.hr/default.asp?id=11>

<sup>116</sup> <http://www.vlada.hr/Download/2004/12/02/54-011.pdf>

### 3.8.6 Access to Information and Communication Technology

Young people are the most computer literate segment of the population, which gives them an advantage over other social groups in the labour market. They are comfortable using ICT to find employment and to further develop their skill sets. Students have free Internet access through the university institution CARNet, which also organises free computer training courses. The state has also entered several public-private partnerships with a number of leading companies, through which it provides computers, Internet access, and storage space for e-mail and web pages to schools and research centres. Many companies also provide special packages for young users (for example, the mobile Internet, where students receive a 50% discount).

### 3.8.7 Access to Housing and Basic Infrastructure

The problem of youth housing is closely connected with the problem of unemployment. It is extremely difficult for this demographic to afford adequate housing, although youth are more satisfied with their accommodation compared to other age groups.<sup>117</sup> Young people do not have adequate financial resources to resolve their housing issues and to acquire independence from their parents. Those who do manage to find economic independence, for the most part cannot afford to buy property, but are forced to rent. The state introduced tax benefits for the first time purchase of real estate, but very few young people have taken advantage of this benefit.

The state, and a growing number of local authorities, have been launching programmes of subsidized housing, which allows young people to buy apartments at reduced rates, but there is still only a negligible number of young people who can afford this. Despite the assistance provided by such programmes, young people still have difficulty being approved for loans and mortgages. A solution to the housing problem requires a combination of three factors: employment, credit worthiness, and financial support from parents.

#### Box 13: NUM

The Independent Youth Association (NUM) from Lepoglava has about 200 members. They are active in the Ivanec region in the Varaždin County, which includes Ivanec, Lepoglava, Bednja and the nearby villages. In this area, the youth are extremely passive and uninterested in the development of social and political lives. Many young people who attend faculties in the nearby towns, primarily Zagreb, mostly do not return home. The NUM is working on the improvement of the life of young people in the Ivanec region, through cultural, ecological and sporting events. In addition, it organises volunteer work actions and provides information to young people on socially relevant subjects. At the local elections in 2005, the NUM formed an independent roster and won one out of 15 positions in the council. They have received offers to participate in the government, but decided to stay in the opposition and support only those projects which are in line with their programme goals. They decided to take an active part in the political life of Lepoglava, because no political option has put youth at the top of their priorities. So far, they have initiated the development of a town programme of action for youth, they have started consultations with relevant stakeholders regarding the county programme of action for youth, they have formed a coalition of youth of Lepoglava, and they advise town authorities during the implementation of the tourist-cultural centre project. Within the ecological projects of the Town of Lepoglava, their proposal for employing youth to remove ragweed (Ambrosia) has been accepted.

### 3.8.8 Social Ties

Young people, as a social group, are most satisfied with their family and social life,<sup>118</sup> and they dedicate much more free time to their social life, as opposed to their family life. They spend most of their free time engaging with friends, although many are spending time with computers and TV. Young people display

<sup>117</sup> The grade 7.5 out of 10 given by interviewees from 15 to 24 and the grade 7 given by interviewees from 25 to 34 (UNDP (2006a))

<sup>118</sup> The total grade is 8 out of 10 (UNDP (2006a))

more trust in others than members of other age groups,<sup>119</sup> and are more likely to change friends but within a similar social group that reflects their own views. Youth are generally very involved in various hobbies, sporting activities, cultural programmes and other activities in their free time.

### 3.8.9 Key Challenges

Although young people tend to express satisfaction with their standard of living<sup>120</sup> it is likely that the youth will continue to be in an unfavourable position in the labour market in the near future. The current measures aimed at youth employment have not been successful or have yielded only negligible results. In order to find a solution it will be necessary to mobilise the Government at all levels and all social partners. At the global level, youth are recognized as “key participants in decision-making and development”.<sup>121</sup> This partnership cooperation is a model of inclusion for young people where they themselves identify problems and suggest solutions and possible mechanisms.

The active participation of youth in society is relatively low. Some surveys show that less than 10% of young people are involved in an organisation, which is most frequently a youth association.<sup>122</sup> Young women take a more active role in civil society than young men and are more inclined towards volunteering for the community benefit.

A fairly small number of young people take part in the youth branches of political parties. In general, youth do not demonstrate an interest nor are they ready to actively participate in politics and consequently have less representation in all levels of government. For instance, in the Croatian Parliament there is only one young person or 1% of the total number of parliamentarians. The situation is slightly better at the lower levels of government (municipalities and towns), but youth are still politically marginalized in Croatia.

Although it is precisely the young people from the youth branches of political parties who should have an active impact on the decision-making process, their senior colleagues tend to restrict their activities. Almost 2/3 of citizens agree that there is tension between young people and the older generation.<sup>123</sup> The greatest responsibility however lies with the youth to get actively involved in political life, since this is the only way that they impact decisions primarily concerning youth. For greater political activation, young people need to develop a greater degree of identity as a social group, and as the relevant subjects who represent youth in public and political life. In youth associations, an umbrella organisation called the Croatian Youth Network has been created, which includes 48 organisations, including all major youth associations. However, the Network is still not publicly recognised as an organization that represents the interests of youth.

In terms of participation in political parties, the governing elite does not provide much opportunity for the advancement of younger generations. Even after adopting the *National Programme of Action for Youth* as the first strategy for youth in Croatia, it took three years for the systematic implementation of the National Programme, according to the Operative Plan for 2006. The state institution in charge of the youth policy is the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity. Within the Ministry is the Family Directorate and the Department for Children and Youth, within which there is the Section for Youth, whose several members are responsible for the needs of 900,000 Croatian citizens. This structure is an example of the contemporary view of youth as a case for social welfare as opposed to a potential social resource.

In the 2006 state budget, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity allocated 11 million HRK for youth policy and programmes, which is viewed by youth organizations as a huge success. However compared to the total ministerial

<sup>119</sup> UNDP (2006a)

<sup>120</sup> UNDP (2006a)

<sup>121</sup> “Youth and the Millenium Goals: Challenges and opportunities for implementation”, Sustainable Development Commission of the United Nations, 2005, <http://www.takingitglobal.org/themes/mdg/pdf/YouthMDG.pdf>

<sup>122</sup> Youth on the Eve of the Third Millennium, <editor Vlasta Ilišin and Furio Radin>, Institute for Social Research in Zagreb and the State Institute for the Protection of the Family, Maternity and Youth, Zagreb, 2002.

<sup>123</sup> The percentage of 24.4 interviewees hold that there is a lot of tension, and 48.6% of interviewees hold that there is little pension between the old and the young. (UNDP (2006) “Research on social exclusion in Croatia: Groups with increased risk of social exclusion - focus groups”. UNDP, Zagreb, Croatia



budget of 6.6 billion HRK, of which 4 billion is allocated to veterans, the amount allocated for youth pales in comparison. According to the Operative Plan of the National Programme of Action for Youth, the government has budgeted additional 40 million HRK to 7 ministries and two state offices, for the realisation of 40 priority measures defined in the National Programme.

### 3.8.10 Policy Implications

Considering that the current situation for youth has not improved significantly over the past several years, many of the following recommendations can be found in other publications, especially those concerning youth policy, such as the *National Programme of Action for Youth* or the *2004 National Human Development Report for Croatia, committed to youth*. Although the youth sector has developed considerably in the past 5 years, the government still has to recognize youth as a priority. Without this, any implementation of individual measures in a national or local programme will be unstructured and ineffective.

The Croatian Government should develop and adopt a comprehensive strategy for youth employment as well as incentives for solving the housing problem for young people. The state administration and regional and local authorities should embrace the principle of “co-management” in all bodies concerning youth. This particularly relates to the Croatian Government Youth Council that should promote equal participation of young people in its work. All levels of government should develop projects of multiregional and multifunctional youth centres in partnership with young people.

Youth organisations should be more active and energetic in the implementation of programmes involving young people aiming to increase the active participation of young people in society. They should also enter into networks at the local level and, through their activities and engagement, impose themselves as an equal partner in the co-creation of youth policy.

## 3.9 Prisoners

### 3.9.1. Human Rights

The law prohibits discrimination against inmates on any grounds - regardless of their race, gender, language, religion, political beliefs, national or social origin, education, social position or other characteristics. Imprisonment means *only* the deprivation of liberty, and as such, conditions and procedures used in connection with inmates should not include any additional forms of punishment. Inmates, although guilty of criminal actions, are still citizens of Croatia and should not be subject to the risk of physical or emotional abuse. A large portion of the public believe that inmates should not be provided with special care or comfortable conditions, given that many law abiding citizens struggle with their quality of life and unemployment. “It is said that no-one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.”<sup>124</sup>

The level of social exclusion inmates will suffer tends to be proportional to the duration of their sentences. Although inmates who are in the prison system for a year or less adjust to society relatively quickly, they may still experience exclusion in the loss of their previous employment, social contacts, emotional connections, and family communities. About one-third of inmates are in prison for one to three year sentences. Prison sentences longer than five years are mostly served in prison penitentiaries. Research has shown that during sentences that exceed five years, a mutual process of separation occurs where inmates lose their sense of belonging to a wider social community, and embrace the prison community.

The inmate demographic is a microcosm of society, containing various groups, some of which are especially vulnerable. These groups include the elderly, the disabled, people with mental disabilities, addicts, foreigners, illiterates and members of national minorities. Even within each of these groups, there are

<sup>124</sup> Mandela N. (1994), *Long Walk To Freedom*, Little Brown, London.

#### Box 14: Prison SMART programme of the association *Art of Living*

*The Art of Living Foundation* is a non-profit educational organisation established in the USA, with branches in 154 countries that became active in Croatia in 1995 under the name "*Umijeće življenja*" ("Art of Living"). The main activities of the Foundation are stress management workshops where participants are instructed on how to cope with stress through breathing techniques, physical exercise, and cognitive and group processes.

*The Prison SMART Programme* is a Foundation project for inmates, launched world-wide in 1992. It helps inmates further their personal rehabilitation, working on issues they may have with violence or dependency, and it teaches them to accept responsibility for their past and future behaviour. The programme deals with all segments of personal life, and it teaches participants to find solutions from within.

The programme in Croatia began in 2002 with the approval from the Ministry of Justice. A total of 52 inmates and 60 detention centre employees took part in the initial workshops. The current goal is to include as many inmates and employees in the programme as possible in order to prevent and disrupt any feelings of social isolation. It is possible during the period of imprisonment to provoke deep-rooted changes in the value systems of most inmates. Staff members should understand and support inmates in these efforts. Participating in this programme will ease the reintegration of inmates back into society once they have completed their sentence. After the workshop, participants express their experiences:

*"I am 30 years old, and I have been everywhere, but for the first time I am calm and full of positive energy, despite the fact that I am here, in prison. Until now, I would always feel uncomfortable in front of other people, I was afraid lest I should say something stupid, so that other people would laugh at me, but now I do not care. I do not care anymore if people will accept me for what I am or not, because I have accepted myself."* (Mihovil)

*"Today I can say that I am ready to accept things for what they are. Before I would always try to speed things up and that was my problem."* (Anto)

*"I have changed, everybody has noticed. There is much more love in me now than before and I no longer pay attention to things that used to irritate me. If I had only known all this before, I would definitely not be here today. I have to point out something very important. I used to stutter all my life, but after the workshop I stopped. Today, two years after the course, I still do not stutter as much as I used to. Several times I was on the brink of a physical conflict with other inmates, but thanks to my focus, I managed to reduce the argument to the verbal level, and even to smooth things out."* (Dalibor)

Observation by the director of the Penitentiary: *"If there are ten people who are willing to attend the workshop, we allow it, because after the workshop they are full of positive energy. If they manage to transmit the energy to at least one of their cell-mates, that is twenty inmates who think positively. That makes things easier for us, and that is why we shall do our best to encourage people to join in. I am glad that the inmates have also recognised the benefits and that they also encourage other inmates to attend the workshop"*. (Stjepan Loparić)

sub-groups – the mentally unstable, those who are physically weaker, those lacking in mental fortitude, alcoholics, substance abusers, perpetrators of criminal acts against sexual freedom and morality, etc. Special

attention should also be paid to minors, and female inmates. In the case of minors - who find themselves in the unfavourable conditions imposed by prison during a crucial time in their emotional and physical

development - personal treatment should focus on education, maintenance and development of family ties, and assistance in personal development.

Globally, female inmates represent the minority in prison populations, and since systems of governance are designed to accommodate the majority, many aspects of the prison system are tailored towards the needs of men. In Croatia, women serve their sentences separately from men, and on December 31, 2005, women accounted for only 2.32% of the total number of inmates in the country. Given the central role that women play in society and family, their segregation from their community while in prison can have a substantial impact on the functioning of the family. Special attention should also be paid to pregnant women, young children who can stay with their mothers in the penitentiary until they reach three years of age, and young children who stay with their families. Otherwise, after their mothers go to prison, many children will be taken in by social welfare institutions.

### 3.9.2 Access to Healthcare

Health services are well addressed in prison, due to the increased risk of harmful consequences on the physical and mental health of inmates brought on by the conditions of the prison. Also, the movement of large groups of people in confined spaces necessitates that special attention be paid to the prevention and spread of infectious diseases. Given the varying characteristics of the prison population, a range of special programmes for inmates have been designed to target the needs of each group. To date, programmes have been implemented for inmates who have problems with substance abuse, those suffering from Post-Traumatic Stress Disorder (PTSD), traffic offenders, and a pilot project for inmates who committed sex crimes.

The participation of inmates in medical and/or other trials is not permitted. Inmates cannot be forced to receive treatment even if such treatment is recommended on medical grounds, except in the case of infectious diseases which may spread to the rest of the prison population. The most significant difference between the healthcare received by the public and that available to inmates is that inmates cannot choose their general practitioner and dentist.

Medical examinations for inmates are mandatory at admission, discharge, and before any solitary confinement. At the time of admission, inmates are examined to verify their health, to ensure they are free of any contagious diseases, and to determine if any specific medical measures are necessary to maintain or restore their health. Typically, the first few months of a prison sentence can be the most stressful and present the greatest risks to inmates' health. During this period of adjustment the risk of suicide increases, necessitating close supervision of newly-arrived inmates.

If a prosthetic or other device is required, it is the prison medical staff doctor who must place the orders, in accordance with public health regulations. The inmate may be requested to share the cost for the device, relative to their financial capacity and the duration of their sentence. If the inmate has no financial resources, the cost of the device is charged to the prison or penitentiary. If an inmate requests consultation with a specialist, they must seek a referral from the prison medical staff. If a referral is not granted, the inmate may still meet with the specialist, however if the specialist deems the examination medically unnecessary, then the cost of the visit will be borne by the inmate.

Regarding the health protection of women, the availability of gynaecologists is considered to be part of primary health protection. Pregnant women who are incarcerated have access to the same level of health protection as those outside the prison system. Six weeks before delivery – or sooner if a doctor so recommends - the pregnant woman is placed in the maternity ward. Croatia has a women's penitentiary equipped with a special department for postnatal care and a department for mothers with small children.

### 3.9.3 Access to Education

Inmates have various forms of education at their disposal. Literacy programmes are open to all inmates regardless of their age, those under 21 must attain primary education, and those older can attend, if they so choose. Education is organised both within the penitentiary and outside, and upon completion, the inmate receives a certificate that must not indicate that the education was received during a prison sentence.



Based on the nature of the prison environment, there are also some restrictions as to what type of education can be provided, especially in closed penitentiaries. Vocational training can only be organised for professions whose practical training can be organised inside the penitentiary, which slightly limits the options available. The selection of training available also depends on the location of the penitentiary, relative to the local labour market and social environment. Despite the educational resources available to inmates, a relatively low percentage of the prison population actually takes part in such programmes. This may be due to the lack of flexibility in the educational system in terms of the duration of programmes and the inability of inmates to complete their programmes after they have been released. There is also a particular lack of programmes for people with special needs.

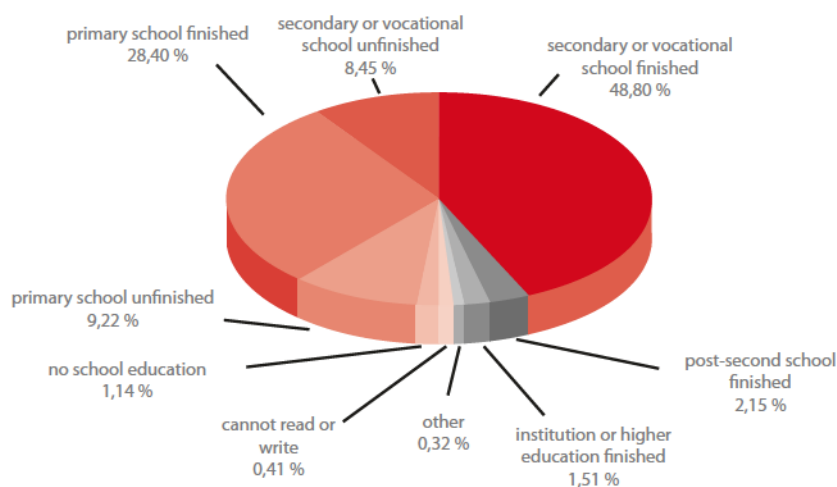
### 3.9.4 Access to Employment and Employment Services

In accordance with the International Covenant on Civil and Political Rights and the Constitution of the Republic of Croatia, no citizen, incarcerated or otherwise, shall be required to perform forced or compulsory labour. Thus, inmates only work if they choose to. The deployment of inmates to work in a specific

position must be in line with their abilities, education, health, and interests, and must also be in line with other segments of the individual's sentencing. The inmate must receive remuneration for his or her work, however this should not be in such excess as to counter the purpose of the sentencing. The organisation and conditions of work must be as similar as possible to that found outside the prison system, so as to prepare the inmate for reintegration into the labour market upon their release. The inmate can work in the penitentiary or prison or with some other employer on the outside. Based on special consent and subject to special approval, inmates whose prison sentences are less than six months in duration can continue to work with their employer or continue to perform their own private activity. This provision is a big step forward in reducing the harmful consequences of imprisonment.

The work of inmates is organised according to general regulations, including work-related protection, provision of job-appropriate attire, protection against work-related hazards, certification for heavy machinery, reasonable working hours, daily breaks, weekly rest, and annual leave. The conditions surrounding employment for inmates change depending on the level of security at the prison they have been confined to. In semi-open and open prisons, all inmates who want to work are provided work, however in closed

Figure 9: Prisoners' education levels as of 31 December 2005



penitentiaries there is an insufficient number of suitable work positions meaning that only about 50% of inmates can receive work. In addition to the problem of limited work positions, there is also a problem with obsolete technology, as well as the type and nature of jobs that can be offered to inmates. Unfortunately, in Croatia there is no data on how and to what extent former inmates are able to find employment once they re-enter society.

### 3.9.5 Access to Information and Communication Technology

Inmates are allowed to make telephone calls in order to maintain communication with their family members, which is particularly important for those inmates who due to physical distance cannot realize their visitation rights. Telephone conversations in prisons and penitentiaries may be supervised. Supervision consists of checking telephone numbers that the inmate dials, as well as in controlling which numbers the inmate dials. The use of cell phones, which cannot be supervised as easily, is not permitted. As part of their individual sentence programmes, inmates are permitted to participate in ICT training workshops. At such workshops, inmates learn to use the PC and various programmes (Word, Excel, etc.). They are not allowed to use the Internet, because the free unsupervised access to information and communications is viewed as a security risk.

### 3.9.6 Access to Housing and Basic Infrastructure

Inmates have the right to adequate accommodation; each inmate's cell must provide 4m<sup>2</sup> and 10m<sup>3</sup> of space, both natural and artificial light for reading without causing eye strain, clean and available facilities, adequate heat and cooling, and a proper bed and supply of linens. The law states that inmates should be accommodated individually, but in the case of shared accommodation it is necessary to ensure that

the inmates are not likely to cause a mutually negative effect.

The prison system is presently facing overcrowding in high security penitentiaries. In the last five years, the number of inmates has grown by about 900 (in 2001 the total number of inmates was 2,679, and in 2005 it was 3,485). Overcrowding has become an issue in 11 of 14 prisons (some are populated up to 190% of their capacity). This situation presents a problem in providing the space to each inmate prescribed by the accommodation standards. Accommodation conditions can have a strong influence on the health and mental condition of inmates, and in the case of overcrowding, mutually bad influences and possible harassment are more difficult to prevent. In addition, the space intended for various activities, work, education, exercise, and participation in individual and group treatment programmes, is reduced.

The problem of overcrowding could be mitigated by introducing alternative sentences – such as probationary sentences with protective supervision or community work – which do not exclude the convicted person from their environment, allow them to keep their job, and thus reduce the personal and societal risk from potential consequences of incarceration. Allowing for protective supervision and employment does restrict the freedom of the individual, but does not exclude them from society. The problem of overcrowding could also be partially mitigated by longer periods of probationary release for inmates. In order to pursue this option, a probation service would need to be established that could identify those who could qualify for conditional release, and ensure adequate supervision of the released (in European countries, the probation service). During probation, the convicted person may be obliged to undergo or continue training, find employment, concede to supervision over the disposal of their income, accept certain restrictions on movement and associations, as well as submit to reporting to the social welfare centre, and the police. These activities are presently carried out by the enforcement judge (county court judge from the area in which the inmate is released)

### 3.9.7 Social Ties

In order to reduce the negative effects of incarceration, inmates need contact with the outside world, including access to information through the media, as well as through personal correspondence, telephone calls and visits. While serving sentences, inmates are entitled to visits from family members twice a month and on holidays, while under-age children can visit their parents every week and on holidays. Maintaining family ties and contacts with the social environment is crucial to the future reintegration of inmates back into society. However, the remote location of penitentiaries frequently presents an obstacle to maintaining social ties, which affects the rights of both the inmate as well as their family. In closed penitentiaries, visits are supervised for security reasons, however, the supervision needs to be organised in such a way that respects the rights of the inmate's privacy, but also prevents abuses that might jeopardise security.

Conjugal visits are regarded as a privilege, however inmates frequently dispute the logic of treating such visits as privilege. Based on special approval, institutions, NGOs, the media and members of the local community conducting research may visit penitentiaries as well. However, there are very few NGOs that offer programmes suitable for the prison population. There are several associations that take an active part in the treatment of substance abuse in penitentiaries and prisons, and this kind of cooperation also continues after the inmate leaves the facility. Interactive workshops which were organised for the wider prison population by the associations such as the "Art of Living" and the CAHIV (Croatian Association for HIV) are an example of good cooperation between the prison system and NGOs.

### 3.9.8 Key Challenges

In order to maintain incarceration as a "last resort", legal alternatives to detention - available in the implementing phase of the criminal procedure - need to be more widely adopted. Statistics show that a small number of people in the prison population require maximum security measures and the restriction of communication in order to prevent their undesirable or dangerous activities. The penal system faces a challenge to developing and intensifying programmes which would enable inmates to behave responsibly and permit them to serve their sentences under more lenient conditions. An additional challenge is raising public awareness about the rehabilitation approach to inmates charged with criminal offences, which would lead to fewer difficulties in their social integration, both while serving their sentences and after discharge.

### 3.9.9 Policy Implications

In order to achieve transparency and accountability in a closed prison system, an independent body of citizens should be established that could visit penitentiaries and prisons without any restrictions, communicate with inmates and report findings to the public and the Parliament. Ensuring adequate financing for the prison system should, in addition to satisfying accommodation standards, include the acquisition of technical security devices (walls, video surveillance) which would decrease the need for firearms within the prison. The establishment of a probation system would open up the possibility of shorter terms of incarceration, as well as create conditions for a larger number of alternative sanctions, thus raising the level of humanity and protection of human rights in the implementation of criminal sanctions.



### 3.10 Women Victims of Family Violence

#### Box 15: Personal Experience

"When we went shopping together, he would go crazy if I stayed in the shop too long while he waited in the car. I always got beaten after that. The worst that happened was during one Christmas. He threw me out into the backyard and didn't let me in for hours... I could not defend myself because it would make him even angrier. I never called the police; as soon as I would take the phone, he would grab the receiver and would then hit me with the phone to teach me the lesson to not even think of calling for help... I was leaving him three times but have always returned. I thought it would get better. Finally, all our interaction was dysfunctional. And he wanted a second baby. The fourth time I ran away in slippers and I knew I would never come back." (Sanja Sarnavka "A 'ko joj je kriv!", 2003)

#### 3.10.1 Human Rights

In the *General Recommendation No.19 made by the United Nations Committee on the Elimination of All Forms of Discrimination against Women*,<sup>125</sup> gender-based violence is defined as: "a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on an equal basis with men." Based on the virtue of their gender, women who are victims of violence face a double risk as a vulnerable group, firstly through having an increased risk of poverty,<sup>126</sup> and secondly, having limited options in society and a high risk of social exclusion.<sup>127</sup>

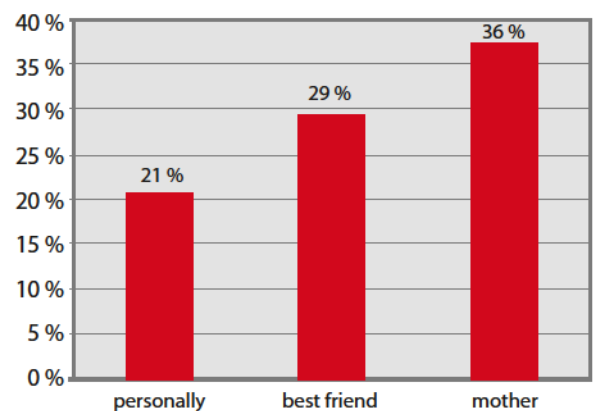
Women's non-governmental organizations (the Autonomous Women's House Zagreb and the Group for Women's Human Rights Be active Be emancipated (B.a.B.e.), Women's Help Now) encourage the adoption of new laws as well as the amendments to the existing ones in the process of alignment with the EU legislature. Such laws include the Family Act, and the Gender Equality Act, the Act on the Protection from Family Violence, and the amendments to the Labour Act (2003). In addition, the Office of the Gender Equality Ombuds-

man was also formed in 2003, just like the Government Gender Equality Office (February 2004). Experts from NGOs were members of the working group which created the National Strategy for Fighting Family Violence for the period 2005/2007 and the Protocol for Handling Cases of Family Violence. However, despite the laws and newly-established institutions, the mechanisms of implementation are still problematic.

A survey on family violence against women, conducted in 2003,<sup>128</sup> provided an alarming piece of information that in Croatia at least 29% of women have experienced some sort of physical abuse by their intimate partners (21% of those interviewed experienced it personally, 29% knew that their best friend experienced it, and in 36% of the cases, family violence was experienced by the mother of the interviewed person and the interviewed person witnessed the event in her childhood). Therefore, one in four women in Croatia was a victim of some form of family violence.

According to data and contrary to popular belief, it is one's home, and not a dark alley, that poses the most danger for a woman. Women are exposed to the most serious forms of persecution and violence in their home, by the partner they know and trust, which makes this form of violence especially cruel and horrifying. Since there has been no comparative survey since 2003, it is impossible to talk about the trend of the presence of violence against women in the family.

Grafikon 10: Physical Abuse of Women

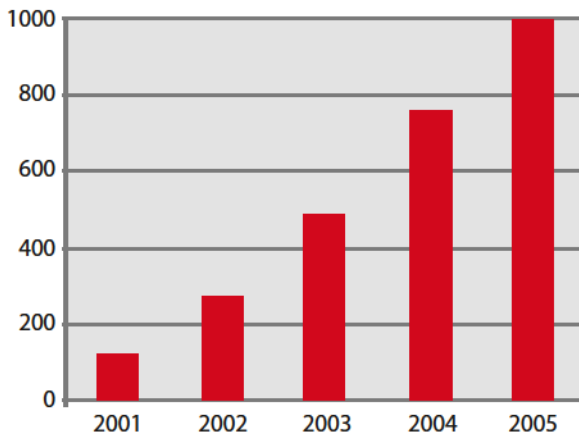


<sup>125</sup> General Recommendation No.19 (2nd session, 1992), U.N.DocA/47/38(1992).

<sup>126</sup> Source: Central Bureau of Statistics, "Poverty Indicators from 2002 to 2004", No. 13.2.2 of 7 July 2005.

<sup>127</sup> Economic Vulnerability and Welfare Study (2000), World Bank.

**Figure 11:** Number of reported persons for criminal offence referred to in Article 215 a, violent behaviour in the family



However, according to the data of the Central Bureau of Statistics, the trend of increased reported family violence is noticeable (see Figure 11).

This data shows the rising trend of reported cases in the period from 2001 to 2005, which indicates that family violence has become a visible problem for Croatian society, family members, and the police. Also, according to the data of the Central Bureau of Statistics, 996 adults have been prosecuted for acts of domestic violence. State attorney's offices have assessed that of the total number of reported incidents, two thirds were legitimate. Of the total number of people convicted for domestic violence from 2001 to 2005, 1,119 were women (or 13%) and 7,733 were men (or 87%). With regards to the type of legal punishment ruled by court, the most frequent is a fine, followed by suspended sentences and imprisonment in equal proportions.

### 3.10.2 Access to Social Services

In accordance with the Croatian Social Welfare Act, all individual and legal entities have the right to establish a safe house for children and adults who are the victims

of family violence (Article 96). A legal entity is obliged to collaborate with the responsible Centre for Social Welfare in delivering the following services: proper nutrition and foodstuffs, proper healthcare, maintenance of personal hygiene, and psycho-social support. Many women who are victims of domestic violence seek a divorce from their abusive partner. However the social welfare system is not always capable of meeting the needs of women in this situation. Many women trying to improve their situation have expressed the following concerns over dealing with the social welfare system:<sup>130</sup>

- A lack of confidence in the expertise and willingness of the employees at CSW to protect them and mitigate the serious consequences of domestic violence. They feel that the employees try to play down their situations, believing that they "should endure for the well-being of their children and family"; that they are overreacting, etc.
- Information not being provided, or even denied to women trying to exercise their rights for protection in situations of domestic violence (e.g., information on how and where to report family violence, how to initiate a divorce procedure, how to solve problems concerning the division of the marital estate, etc.).
- A lack of respect for basic administrative procedures on the part of social welfare centre employees when women request protection against an abusive partner. For example, women feel that employees do not respect the right of the party requesting protection to be heard as provided for in Article 8 of the General Administrative Procedure Act. That is, before they adopt a decision, the employees do not permit the victim to express her views on the facts and circumstances relevant to the issue in question. Women who are the victims of violence frequently propose witnesses in order to prove certain relevant circumstances which occurred during the marriage, but the centres mostly do not acknowledge the supporting evidence, even when the women state that witnesses possess knowledge about important events pointing to violence.

<sup>128</sup>The study was conducted in the form of a poll as part of the project under the title "Social Costs of Family Violence against Women". The initiator and the competent body for the project was the Autonomous Women's House Zagreb, and the project was approved and funded by the State Institute for the Protection of the Family, Maternity and Youth. The study was conducted on a representative sample of 976 female interviewees in the age range from 18 to 65. The data were gathered by the face-to-face method at 42 locations in Dalmatia, Istria and Primorje, Lika and Pokuplje, Northern Croatia and Zagreb. The author of the study was Dijana Otroćak.

<sup>129</sup> Decision on the proclamation of the Act on Amendments to the Social Welfare Act, adopted by the Croatian Parliament at its session of 21 September 2001.

<sup>130</sup> The problems of women when encountering the social welfare institutions are specified according to the testimonies of women activists who have been directly assisting and communicating with women victims of family violence.

- A lack of professionalism by public employees who contact members of the affected family in an untimely, unprofessional and inexpert manner. They feel that there is no compassion towards the woman suffering from domestic violence; their testimonies are met with suspicion and scepticism.
- Insistence on “conciliation” procedures often jeopardise the safety of the woman. According to the Family Act, in divorce proceedings spouses who have under-age children must participate in a conciliation procedure at a social welfare centre. Having attended three to six conciliatory meetings, a centre for social welfare then decides, within a period of six months, whether or not the procedure was successful.
- The marriage and family teams (consisting of a social worker, a psychologist and a jurist) are burdened with too heavy a caseload and, consequently, become insensitive. There have also been reports of powerlessness on the side of these teams which may have been intimidated or threatened by the accused.
- Until the adoption of the new Family Act, the social welfare centre was responsible for the removal of small children, with support from the local police. If the centre met with resistance from the accused, they would seek a court order authorizing the action. However, the matter would only be heard in court after a certain number of unsuccessful enforcements (attempted every one to three months), prolonging the harmful consequences of the situation for both the children and the victims.

### 3.10.3 Access to Healthcare

According to the Act on Protection against Family Violence: “Healthcare workers, social welfare workers, psychologists, social workers, social pedagogues and workers in educational institutions must report any cases of family violence to the police or the municipal state attorney’s office...”<sup>131</sup> There is no legislation dedicated to the medical and psychological support of victims of domestic violence however in the *Protocol*

*on Handling Cases of Family Violence* it is stated that the Ministry of Health and Social Welfare should issue recommendations to healthcare workers regarding victims of domestic violence. The health of women who have had to endure long-term violence is often weakened, and many take sedatives prescribed by specialists, instead of receiving concrete assistance in getting out of the abusive situation. Women who are the victims of violence are often afraid or ashamed to see a doctor for help, so their health keeps deteriorating. Women who are the victims of violence have to pay 120 HRK for the case history with a detailed list of injuries, which they need as evidence in court.

### 3.10.4 Access to Employment and Employment Services

According to the UNDP study,<sup>132</sup> women feel discriminated against in terms of employment and career advancement more frequently than men. Women are also one of the most vulnerable groups (especially single mothers) threatened by poverty - there are more unemployed women than men, and more women work in lower paid jobs.<sup>133</sup> For women who are the victims of domestic violence, finding access to rewarding employment is that much more difficult, because violent men control their partners in all spheres of life, frequently keeping them in complete social isolation. If women are employed, their employment is not necessarily terminated when they go to the shelter. Women who have not been employed can find employment during their stay in shelter, although some stay completely outside the labour market, worsening their situation, as they are unable to gain economic independence. Women who are exposed to violence are often absent from work due to their physical injuries and/or corresponding psychological problems. There are very few, if any, social programmes that deal with the economic empowerment of women who are victims of violence. In 2005, the Women’s Entrepreneurial Centre *Rosa* was one of the first to initiate a programme for the employment of women who are victims of domestic violence in Velika Gorica. The programme was envisaged to have two segments:

<sup>131</sup> Act on Protection against Family Violence, Article 5, OG 116/2003.

<sup>132</sup> UNDP (2006a). Research on social exclusion in Croatia: Quality of Life and the risk of social exclusion. UNDP, Zagreb, Croatia

<sup>133</sup> Almost half (47.8%) of employed women work in 4 under-appreciated and underpaid sectors (textile industry, education, health care, social work); 6% of women are on high-ranking management positions; the average net salary for women in Croatia in 2003 was by 11.5% lower than for men; the greatest difference in salaries (22%) is present in trade and craft enterprises.



1. *Empowerment*, which concerns women who have experienced violence and who need psychological support, including learning how to take responsibility for one's own life, improving communication skills, and learning how to conduct a self-appraisal of one's abilities;
2. *Education on self-employment*, which includes educating women on basic entrepreneurial activities, the use of ICT, as well as the finer points on business communication and business culture. Economic independence and reinstating the control over women's lives are the two main aims of this component.

According to information from September 2006, the CES has begun to treat women of domestic violence as a separate group within the unemployed, which constitutes a very important step in the employment services for victims of family violence.

### 3.10.5 Access to Information

Since 1997, and the launching of the campaign, "Stop Violence against Women", the NGO community has succeeded in drawing the interest of many important actors (media representatives, political parties, decision makers and judges) towards the problem of family violence. During the Campaign of 16 Days of Activism in 2001, 130 radio stations in Croatia broadcast the radio jingle of the campaign free of charge, and by 2003 the campaign had developed regionally.<sup>134</sup> A key problem voiced by women victimized by domestic violence is that they have insufficient access to information regarding their rights. According to a report published by the Women's Counselling Centre<sup>135</sup> in 2001 (with a total of 1,253 clients), women who requested help from the Counselling Centre had received information about its work from the following sources: 17.8% from friends/relatives; 11.2% from institutions; 8.1% from the media; 7.8% from NGOs; 3.1% internally; and, in 52% of cases no information was available.

To address this concern, the Ministry of the Family, Veterans' Affairs and Intergenerational Solidarity prepared a comprehensive listing of organizations and institutions that provide support to victims of domestic violence in March 2005. NGOs had earlier published guides for women victims of violence in 1991 and 1998. The police also published the brochures "How to Help Yourself" and "Violence doesn't Live Here", which increased the knowledge of victims of domestic violence as well.

Although the civil campaigns have contributed the most to a change in socially accepted attitudes and stereotypes regarding domestic violence, the media have also played an important role by giving more space and attention to this social phenomenon. Today, it is a common practice for the media, especially daily newspapers, to publish annual reports about domestic violence during important days (such as September 22, the national day for violence against women). Although the NGO community highlights that their cooperation with local journalists is fair, they are critical of editors' practices of emphasising sensationalism and sexism in the headlines.

### 3.10.6 Access to Housing and Basic Infrastructure

Women who are victims of domestic violence are usually forced to leave their homes, relying on women's shelters or friends and family for support. One of the protective measures in the Protection against Family Violence Act relates to the place of habitation and the protection of women on shared premises.<sup>136</sup> This measure calls for the removal of an abuser who is accused of committing violent acts against a family member in the same residence, if there is a danger of the accused repeating the offence. The measure of removal is rarely applied, in part because many women who are victimized are also economically dependent on the abuser.

As a result of numerous demands for accommodation, the Ministry of Health and Social welfare has proposed the establishment of a larger number of shelters, with lower capacity, in different towns and

<sup>134</sup> The topic was 17 women who were killed by their present or former partners over an 18-month period: the killed women were presented as silhouettes on which it was indicated who killed them, where, how... Shown as silent witnesses – with the question "Violence is a CRIME, what is the PUNISHMENT?", the silhouettes were placed at much frequented places in Zagreb, provoking silent empathy with the victims of family violence.

<sup>135</sup> A joint project of the Autonomous Women's House Zagreb and the Centre for Women Victims of War – ROSA..

<sup>136</sup> This measure can be issued only in the duration of up to three months.

mutual cooperation with NGOs that provide services to victims. Some in the NGO community claim that this system of funding for shelters is not adequate, as it undermines the autonomy of the shelter. Neither the ordinances nor the Social Welfare Act mention the feminist approach to operating shelters, employed by the oldest and most successful shelters which are run by the feminist NGOs.

Fifty-five people (women and children) can be accommodated in homes for adults who are victims of domestic violence. The total capacity of church shelters is 97 adults and more than 24 children. The total capacity of shelters managed by women's non-governmental organizations amounts to 73 for women and a minimum of 33 for children (data refers to the capacity of the Autonomous Women's House in Zagreb, Women's Group 'Step' in Karlovac, association Mirta in Split, Safe House in Istra, and Women's Help Now – SOS Phone-line). It is possible to accommodate a total of 225 adults and a minimum of 57 children at the same time, in shelters which receive women and children victims of family violence.

Apart from the shelters run by women's NGOs, accommodation is also available for women at officially-designated addresses. This type of accommodation for women who are the victims of violence is mostly founded by the local authorities or church institutions.

The principles of their operation vary; for example, church organisations put family first and not the safety of the woman, often supporting reconciliation.

Although the protection and help given to victims of family violence is within the mandate of the CSW, NGOs frequently complain that some centres disclose the addresses of secret shelters or inform spouses that charges have been filed. Women's NGOs work according to the principle of "women help women", and they do their best to provide security for their clients by keeping the addresses of the shelters secret and, if necessary, offer other forms of protection. One of the primary goals of women's NGOs is to empower women, and help them take control of their lives. In the shelters, there are psychologists, legal experts, social pedagogues and doctors who provide all forms of assistance that the women need. Women in these shelters also receive free legal assistance in the form of information, representation in court, court petitions and contacts with state administration, all with the purpose of facilitating the realisation of their rights.

### 3.10.7 Social Ties

Table 5 illustrates that women who have experienced domestic violence are most likely to reach out to their friends and relatives for help.<sup>137</sup>

**Table 5:** Who did you contact for help in the case of violence?

	Never	1st time	2-3 times	Frequently
Friends	54%	15%	15%	16%
Relatives	55%	15%	14%	16%
Police	83%	9%	5%	3%
Social welfare centre	90%	5%	4%	1%
Court complaint	92%	7%	0%	1%
Lawyer	94%	5%	1%	0%
Marriage counsellors	94%	4%	0%	2%
Church or other religious organisation	95%	2%	2%	1%
S.O.S. phone	95%	3%	0%	2%
Women's counselling service - NGO	99%	1%	0%	0%
Women's shelter	100%	0%	0%	0%

<sup>137</sup> Autonomous Women's House Zagreb, Otroćak, 2003.

This data indicates that most women will endure violence and that they are not likely to seek help from responsible state institutions. When women do seek help, it is most likely to be from within their closest social circle, like their friends and relatives. This could be explained by fear, shame stemming from a traditional environment, limited access to information, negative experiences with certain institutions (in particular, CSW, the police and the judiciary), feelings of alienation, feeling alone in their plight (believing that violence does not happen to other people), and self blame.

### 3.10.8 Access to the Police

The Croatian Government has measures in place for protecting the victims of criminal acts under Article 69 of the Police Act. Procedures governing the cases of domestic violence are articulated in the Ordinance on handling cases of family violence, under police jurisdiction. The Ordinance states that in the event of reported violence or when receiving a call for help from a person exposed to domestic violence, at least two police officers must be promptly sent to the scene. The officers must attempt to intervene, investigate the reported violence, and depending on the situation they encounter, the officers must take actions to ensure immediate protection of any victims, including any medical care and prevention of further violent outbursts by the accused. The police must inform the victim of their rights to protection, the right to pursue legal action, give victims information about organisations that can help them, and advise them of any further action that will be taken by the police. Unfortunately, the Protocol on handling cases of family violence does not provide the police with a wide enough range of authority which would be necessary to properly protect the victims and their families. Women's NGOs working on the elimination of violence against women in the family have expressed the following concerns when dealing with the police:<sup>138</sup>

- Interventions are too slow, often an average of 45 minutes can pass between the time of the call to the police's arrival at the scene;
- The police may not view the victim with much credibility, underestimating the danger that the victim's life may be in;

- The police intimidate the victims with frequently both partners being charged with misdemeanour offences. Under Croatian law, if a member of the community reports a domestic disturbance both parties involved in the disturbance are charged with violating public law and order. The police have also been known to simply provide a verbal warning to the abuser as opposed to properly detaining them, and then leaving the victim in the care of the accused – this is particularly common in smaller settlements;
- The police do not provide physical protection to the victim at the scene, something that women frequently request.

The latest experiences of the Autonomous Women's House in Zagreb indicate that the conduct of the police has improved significantly in this Zagreb and the surrounding area since the beginning of 2006, after the adoption of the Protocol on Handling Cases of Family Violence. According to research<sup>139</sup> only 17% of women in Croatia report violence to the police. Police records indicate that the police undertake about 39 interventions daily because of domestic violence. In 2005, around 10,000 charges of domestic violence were filed (both criminal and misdemeanour).

### 3.10.9 Key Challenges

Women who are the victims of domestic violence are prone to structural violence within state-run institutions in addition to suffering from psychological, physical, sexual or economic abuse from their current or former partners. Employees of state institutions (the police, social workers, judges) are often accused of being insensitive to the situation of these women, of failing to act promptly or not properly adhering to existing laws and regulations, and of failing to inform victims of about their rights. The consequence of such negligence is that women who have endured domestic violence tend not to report it.

The social context is a key element that contributes to domestic violence against women, which includes the consequences of war, an increased threshold of tolerance to violence, men who returned from the

<sup>138</sup> The data have been collected by a questionnaire which was filled in by all the organizations in the territory of the West Balkans within the "Women's Human Rights Support" Project. The concrete views which are presented in this text, in form of a statement, have been provided by Mrs Neva Tolle, the Head of the Autonomous Women's House (one of the organizations which participated in the said survey).

<sup>139</sup> Autonomous Women's House Zagreb, Otroćak, 2003.



war suffering from PTSD, and the reversion back to a more traditional society. Structural changes at the policy level require intensive cooperation between NGOs and the relevant government institutions (CSW, the police, and the judiciary). The obligations of relevant institutions need to be clearly specified, with precisely defined sanctions for failing to comply.

### 3.10.10 Policy Implications

- It is important to initiate educational programmes for public servants who work with victims of domestic violence and their children. These programmes should be aimed at removing the traditionally deep-rooted norms, views and behaviour so that civil servants become more efficient and more gender sensitive when encountering women victims of family violence.
- The cooperation of the governmental and non-governmental sector is extremely important to the solution of the problem of violence against women in the family. However, although the communication channels have been established, government institutions have yet to initiate sufficient collaboration.
- A more prominent engagement of all stakeholders (both government institutions and civil society organizations) participating in the solution for violence against women, is particularly necessary in the case of direct assistance to women. This includes organization and financing of more shelters, psychological and legal counselling centres, free-of-charge SOS phone-lines operating 24 hours a day, economic strengthening programmes, and the like.
- Funding for research on family violence should continue. This state budget funding should be allocated to those projects which focus on the phenomenon of violence against women, in order to track trends over time.
- Proper presentation of domestic violence, its recognition as well as that of gender stereotypes should be systematically incorporated into public awareness campaigns. Public campaigns, such as "zero tolerance" campaigns, should discourage the notion that violence is permissible, and should present the issue as a socially and morally unacceptable form of behaviour.

## 3.11 The Elderly

### Box 16: The life of the elderly

Being a senior citizen in Croatia today is a trying time for most people. A sharp drop in earnings occurs when the children have become independent and have their own families to take care of. Health related expenditures tend to rise and suddenly the life style and standard of living are reduced dramatically. At the same time, work related networks are severed and are rarely replaced by contacts in the local community. Inactivity, a lack of resources, a lack of trust, and worsening health often lead to exclusion from society.

A typical member of this group would be 74 years old, with a monthly income of up to 2,000 HRK, living alone or with a spouse. Although the elderly rural population have a below-average income, they are able to live off the land and supplement their income through home-grown products. However, the elderly in urban areas tend to suffer more from isolation and a lack of trust in other people. The primary health services which used to be a surrogate for social interaction are becoming cost prohibitive for many.

Nevertheless, research indicates that senior citizens' level of happiness and satisfaction with their life is not as low as could be expected based on their level of income and apparent exclusion. In fact, optimism seems to still be alive among the elderly, despite of all their hardships.

### 3.11.1 Human Rights

Today there are 890,000 people in Croatia aged 65 years and above; their share of the population has grown from 11.8% in 1991 to 15.7% in 2001 which is expected to increase up to 30% by 2050.<sup>140</sup> There is a widely accepted opinion that the seniors, as a group, are in greater danger of falling into poverty than other categories of the population. This group is becoming the target of policy measures which are aimed at reducing social exclusion and poverty. Recently, the concept of "new pensioners" has emerged,

<sup>140</sup> World Bank (2006). Regional Disparities and Living Standards Assessment.

reflecting those individuals who have retired over the past 5 years and who have lower pensions on average than those who had retired before this time in similar occupations. The average Croatian pension today is approximately 42% of the average net income in Croatia. Therefore, the perspectives of those who are now just entering into the age group of 65 and over are substantially worse than they once were.

Based on their growing numbers, senior citizens in most European countries have become an influential interest group. As such, they will have a strong say in most of the important decisions in society, and will be able to negotiate the most advantageous arrangements for their particular needs. If the elderly feel at ease in their present situation, they will be more likely to use their influence to secure a long-term sustainable future, and focus less on their immediate short-term needs. If, on the other hand, group members find themselves excluded and in dire need, their decisions will reflect this present situation instead.

### 3.11.2 Access to Social Services

There are three types of social welfare institutions in Croatia that cater to the needs of senior citizens: the CSW, the social welfare residential institutions and social welfare service providers. According to the Labour Force Survey (2004) only 11,700 senior citizens received income from social welfare sources. The benefits range from assistance for heating, clothes and food, to the provision of funds, placement in homes, and homecare. Table 6 illustrates the benefits provided by the Croatian social system, and what percentage of the clientele are senior citizens.

The household income of senior citizens comes from various types of pensions, however 72.5% of these households still require support from family members. A relatively small number of households receive regular social assistance, but many take advantage of the many types of occasional benefits such as income supplements, subsidized heating in the winter, or

**Table 6:** Household earnings of the 65+ group, by type

Income	%
Support from family members or relatives	72.5
Old age pension	67.5
Family pension	25.6
Earnings from work (self-employment, agriculture, employment)	24.5
Financial support from persons outside the household	18.4
Income supplement	13.9
Disability pension	8.6
Savings	6
Social welfare benefit (cash)	5.4
Informal type of work (gray economy)	3.9
Child benefit	2.7
Unemployment benefit	0.7
Social welfare benefit (in kind)	0.7
Housing support	0.6
Persons who combine welfare with other sources of income LFS(2004)	43.3

Source: UNDP (2006). Research on social exclusion in Croatia: Quality of Life and the risk of social exclusion. UNDP, Zagreb, Croatia, CBS

homecare. The CSW are the main source of supplemental income for 55% of cases, with local authorities providing for these expenses in 9.5% of cases.

The level of trust and satisfaction that senior citizens have in the welfare system was rated below-average by 36.6% of the senior citizens, 20.6% view the system as more or less satisfactory, while 23.3% hold an above average opinion of the services.

### 3.11.3 Access to Healthcare

Health related risks seem to be disproportionately high amongst this social group. The highest risk of chronic illness seems to be negatively correlated with earnings, education level and rural/urban location. As many as 37.3% of senior citizens view their health as impaired, while 52.9% have a chronic ailment which influences their everyday life. The elderly have a below average level of satisfaction with their health (only 4.7 on a scale 1-10, where 10 is very satisfied). Men seem to be slightly more satisfied with their health than women.

Discussions within focus groups revealed that seniors strongly protest the high costs of health services. Of special concern were the cash payments paid for every visit to the doctor. Although small amounts, they accrue over time given that seniors visit doctors frequently. Also, seniors tend to need monthly prescription medication, and to use services which were previously free such as blood pressure checks, which now cost 10 HRK per month - that is 5% of the average pension. It is widely considered among senior citizens that these costs are excessive compared to their income and should be discontinued.

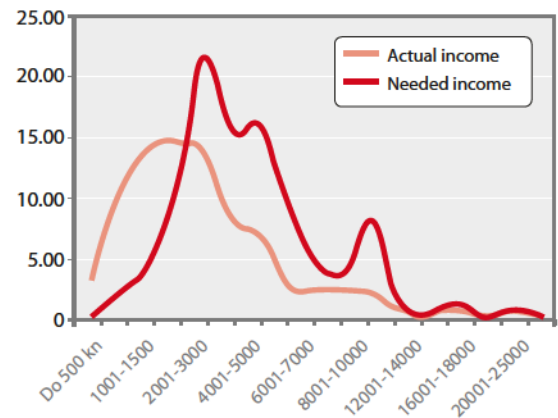
### 3.11.4 Access to Employment and Employment Services

The incidence of low earnings in households is higher in those which have senior family members, with women indicating lower incomes in general as opposed to men. In view of their financial situation, 41.79% of senior women and 31.2% of senior men assess it as unfortunate. Only 31% of men who have above average household incomes (7,000 HRK – 14,000 HRK) view this as a healthy income, while 66.6% of women in this income bracket are satisfied with their earnings. Senior women are more suscep-

tible to poverty than men; 8.9% of senior women receive less than 1,000 HRK per month, while only 3.4% of men fall within this income bracket. In the second earnings bracket (1,000 HRK – 2,000 HRK), there are 35.3% women and only 11.8% men. At the other end of the scale, 8.9% of men and only 3.8% of women live in households which earn more than 10,000 HRK.

The majority of senior citizens live in two member households, but those living alone indicate a particularly low level of living standard. There are 244,000 or 28.9% such households, 80% of which are elderly women living alone. About 45.1% of single member households live on less than 1,500 HRK per month and a further 46.7% have a monthly income of 1,500-3,000 HRK. Only 8.5% receive more than 3,000 HRK. This would indicate that within the senior citizens group in Croatia are subgroups that face an even greater risk of exclusion. More than 2/3 of households which are home to the elderly are either one or two member households.

Figure 12: Actual and needed levels of income by the elderly



UNDP (2006). Research on social exclusion in Croatia: Quality of Life and the risk of social exclusion. UNDP, Zagreb, Croatia.

Figure 12 shows the difference between the actual and the needed income as expressed by Croatian senior citizens. The amounts of actual incomes peak at levels which are considered to be unacceptably low for maintaining a decent standard of living. Even those who receive the highest amounts have expressed dissatisfaction with their income, indicating that even wealthier senior citizens subsist on a below-average income.



With such low pensions and a social welfare system which does not provide comfortable support, it seems natural to suppose that seniors who have some working capacity engage in some form of economic activity to supplement their income. In 2004, there were about 53,000 economically active individuals in this age group, yet activity rates and employment rates were quite low (8.3% for men and 5% for women).<sup>141</sup> A very small proportion (0.21%) was still actively employed in the private and state sector and approximately the same percentage was self-employed. The largest proportion of the employed seniors (76.2%) was engaged in agricultural activities and the others were either helping family members or working occasionally for cash payment or payments in kind. Most seniors working in agriculture were formally retired and were using this work to supplement their incomes. Average earnings from agriculture are around 700 HRK per month but with considerable seasonal variation. The plots of land cultivated by seniors tend to be rather small. Almost 40% of seniors tend plots up to 1000 m<sup>2</sup>, 23.3% have or use plots from 1,001 to 5,000 m<sup>2</sup>. In general, economic activity among seniors in Croatia is not widespread and takes place mostly in the subsistence agricultural sector.

### 3.11.5 Access to Transportation

Public transportation in Croatia is free for all elderly above the age of 65 in large urban centres such as Zagreb. However, private transportation, which is sometimes the only viable option in smaller centres and in rural areas, is quite expensive. These barriers to transportation can lead to limited access to health services, which usually require travel to larger urban centres. For senior citizens it is much cheaper to live in Zagreb in terms of mobility, however other expenses linked with the price of an average basket of commodities are understandably higher.

### 3.11.6 Access to Housing and Basic Infrastructure

The ownership of homes by senior citizens in Croatia is quite widespread; as many as 79.5% are home owners and only a small proportion (2.2%) has a mortgage on their home. Others live in tenancy agreements in

either privately or state owned dwellings. About 16% of senior citizens live in one-room dwellings (excluding kitchen, bathroom, halls and pantries), 35.5% have two and 28.1% have three rooms. Satisfaction with housing decreases with age. On the other hand, there is a positive correlation between the satisfaction with housing and the level of education and earnings. The sense of security decreases with age, and senior citizens seem to need safer neighbourhoods more than other age groups.

### 3.11.7 Social Ties

A valid indicator of the degree of inclusion in society is the level of trust which exists between individuals. When senior citizens were asked to comment on the degree of trust they have in people outside their close social network, 45.4% expressed a below-average amount of trust, 18.2% had average trust levels and 34.9% had above-average trust levels. A total of 15.2% of seniors think that one can never be careful enough with people, while only 3% think that, on the whole, people can be trusted.

As a result of this level of relative distrust it is not surprising that 53.6% of the elderly have described their social life as not very stimulating. However, if we look at the interaction with the family and relatives, it seems that in this regard the elderly, even though most of them live alone or with their spouses, have considerable interaction. As many as 47.6% of senior citizens have contact with their children every day, or even several times a day. A further 30.2% communicate with their family once a week, or at least once a month. However, the most frequent communication occurs, not with family members, but with neighbours. Up to 88% of the elderly communicate with friends and neighbours at least once a week and more than 60% communicate on a daily basis. It can be concluded that the elderly nurture close ties with their immediate environment while retaining a reserved attitude towards outsiders and strangers.

Seniors trust their close family and spouses or partners the most. For example, illnesses, family problems, or simply a need to be heard are all circumstances for which 60-81% of seniors turn to their immediate family. However, in money matters 22.5% of the elderly have no one to turn to. It seems the state is the only source of support, if such a high proportion of the elderly are left to fend for themselves.

<sup>141</sup> The activity rates and the employment rates are the same as there are no unemployed persons aged 65+.

Most senior citizens rarely have obligations toward younger or older generations. Volunteering is rare among this group, which points to a relative isolation and orientation towards personal daily activities and hobbies. Most seniors who have a hobby think that the amount of time which they dedicate to it is adequate, while 22.3% think that they do not have enough time for these activities. About 20% said that they do not have a hobby at all.

### 3.11.8 Key Challenges

The greatest threat to senior citizens seems to be the obvious lack of adequate financial resources, followed closely by concerns over access to health services. The group as a whole does not seem to be isolated as they tend to interact frequently with family members and immediate neighbours. Generally speaking, their self-assessment of deprivation is not as low as it might be, considering their low income. However, a sub-group which may require particular attention is the single member households, the majority of which are headed by women. Female longevity often leads to isolation, lack of adequate health support, little interaction with the community and alienation.

The institutional capacity of the welfare system seems to be one of the key challenges in successfully reaching those in need and providing the appropriate support. Excessive bureaucratic procedures reduce the time available for welfare officers to be present in the field and actively working to improve the conditions of their beneficiaries. A further challenge is the fragmented and one-dimensional approach to problems which arise from poverty and social exclusion. There is little cooperation between the various institutions responsible for different aspects of the well being of senior citizens.

Perhaps the greatest call for action at the local level is to provide support to the elderly and involve them in community life where they can significantly contribute. The NGO activities indicate a dire need for the

involvement and knowledge of senior citizens and consider their active engagement in the community to be highly desirable. Face to face interaction is more valuable than cash in hand. The lack of tradition of community voluntary activities in Croatia is now having a negative effect on the aging population.

### 3.11.9 Policy Implications

- Decentralization. Needs assessment is diluted with distance. A centralized welfare service provision spends more than necessary. Local needs assessments should serve as the primary evaluation of senior citizens' needs, and financing from international, national and local resources should be encouraged.
- Activation of the NGO sector. Social entrepreneurship is a crucial development in the sphere of service provision to community members in need, such as senior citizens. Decentralized and privatised/state services need support from both the central and local authorities.
- Better targeting. Service providing institutions lack clear strategy and operational programmes, resulting in a system driven by clients, while many who need assistance but fail to seek it remain neglected.
- Better coordination of responsible bodies, such as welfare services, the Croatian Employment Agency, the National Health Fund, and regional and local authorities. These institutions should design joint policy measures and build capacity to interact and better serve the target population. Building capacities of responsible organizations with clear and measurable goals is also important.
- Mobilization of cross-generational solidarity and the creation of opportunities for mutual learning provide a meaningful engagement for youth and the unemployed. Financing NGO activities regarding services for the elderly should be increased.

### 3.12 The Homeless

#### Box 17: Personal story

Nada is a well-groomed 60-year old. She has a daughter and two grandchildren. Until a year ago she lived in her own apartment, but today she is a resident at a shelter for the homeless. She says: "Fifty percent is my fault, but fifty percent is the fault of the state where the rule of law does not work." After her daughter was married, her apartment became too big for just one person, so she sold it and invested all of the money in a bank which later went bankrupt. Her daughter lives in a small apartment with her husband, and Nada does not want to impose on her family. "The young and the old do not mix well. I cannot sleep in the same room with my two grandchildren." At the moment, she is waiting for a decision on her disability pension. After she gets it, she will be able to rent an apartment or room and live as a tenant. She hopes to see the end of the court proceedings, and to receive compensation for the lost investment. Nada suffers from a severe form of depression and has to take medication regularly. (Focus group discussion, UNDP).

This example is typical of a new homelessness in transitional countries where people used to have secure job all their lives, they had a family and a stable residence, but they failed to acclimatize during transition, that brought along market insecurity, privatisation of housing funds, and the closure of companies where they had planned to work until retirement.

#### 3.12.1 Human Rights

Under the Universal Declaration of Human Rights, the right to housing is considered a basic human right. In the Constitution of the Republic of Croatia, the right to housing is not expressly mentioned, but it is noted that the state must ensure the right to a dignified life to all citizens,<sup>142</sup> and particularly to those with disabilities, those who are helpless, unemployed or those who are not able to work.<sup>143</sup> Since homelessness in Croatia is a relatively new phenomenon, it is yet to be

incorporated into the Social Welfare Act, or any other legislation, although most homeless people are registered as permanent beneficiaries of various rights and forms of assistance in the social welfare system. However many of the benefits available through the welfare system are based on county residence. For the homeless who cannot claim residency in any county, gaining access to these services becomes problematic and they become dependent on humanitarian, religious and non-government organisations.

According to the National Action Plans for Fighting Social Exclusion (NAP/incl.) in 10 New Member States of the European Union, the term homeless person refers exclusively to people who live "without a roof over their heads". This definition is much more restrictive than the National Action Plans of the 15 old Member States of the EU, in which all situations concerning "homelessness" were viewed from a much more general perspective and which took into account various degrees of deprivation in the realisation of adequate and healthy housing (European Commission Report on NAPs in 10 New Member States of the EU, 2005).

The definitions of homelessness and the conceptual frames used to monitor and evaluate it and used to plan social policy measures were developed by a group of experts from Eurostat and FEANTSA (European Federation of National Organisations working with the Homeless). The FEANTSA typology of homelessness takes into consideration the physical, social and legal dimensions of housing and develops 4 basic deprivation concepts: rooflessness, houselessness, living in insecure housing, living in inadequate housing. The first category, rooflessness, covers people who sleep in the street and who use homeless shelters. The second category, houselessness, covers those who live in hostels for homeless persons, in temporary accommodation, women's shelters, alien asylum centres, temporary accommodation facilities for immigrant workers, in prisons and medical institutions and in all other forms of subsidised and interim accommodation. The category of living in insecure housing includes people who live with their extended family or friends on a temporary basis, who do not have the legal right to the accommodation that they use, who live in apartments pending eviction and persons who live under a constant threat of family violence. Living in inadequate housing refers to life in temporary and non-standard structures, such

<sup>142</sup> 'The Republic shall protect maternity, children and young people, and shall create social, cultural, educational, material and other conditions conducive to the realization of the right to a decent life', Constitution of the Republic of Croatia, Article 62.

<sup>143</sup> The Constitution of the Republic of Croatia, Article 57.



as trailers, condemned or inhabitable buildings, as well as in overcrowded apartments.

Croatia does not have much data on this social group.<sup>144</sup> The Ministry of Health and Social Welfare only keeps track of the data on the number of shelters and soup kitchens. According to this data (October 2005), there are only five homeless shelters in three Croatian towns: Zagreb (the Shelter of the City of Zagreb and the Red Cross Shelter), Split (the Reception Centre for the Homeless and the Reception Centre for Homeless Women of the Association MoSt), and Osijek (the Homeless Centre of the Osijek Caritas and the City Council). Apart from these few centres, the homeless find accommodation in monasteries, medical institutions and social welfare institutions, for which there is no common data base. For example, in Zagreb the Monastery of the Missionaries of Love of Sister Mother Teresa provides accommodation and food to the homeless, but there is no information on their accommodation capacity. There is also Caritas of the Zagreb Archdiocese, which uses a facility in Rakitje for providing accommodation and food to about fifty homeless people, mostly seriously ill or immobile, as well as the Home for People with Mental Illnesses (Šestinski Dol and Mirkovec) which also accepts the homeless.

In 2002, the City Office for Health, Labour, Social Protection and Veterans conducted a study in Zagreb to determine the exact number of homeless people and their social and demographic characteristics (such as age and gender structure, financial standing, housing, education and employment, family histories of socio-pathological disorders, family status, etc.).<sup>145</sup> The study concluded that 353 adults, and 59 minors who lived under the same conditions, provided a total of approximately 400 recorded homeless people in 2002. Some children were separated from their parents and sent to special institutions while their parents resided in shelters for the homeless.

The research indicates that in Zagreb the majority of homeless people are men (73%), with an average age of 57. Only 12% of interviewees were under 40 and one-third were 41-50 years of age. People residing at the Reception Centre in Split are also mostly men (85%), but tend to be much younger; almost half are under 40, while only 6% are over 60.

### 3.12.2 Access to Social Services

Focus groups engaging with the homeless in shelters in Zagreb and Split demonstrated that out of eighteen socially vulnerable groups in Croatia, this group has the most confidence in the social welfare system, because it has offered a shelter for them when all other systems failed. During the six years the Reception Centre for the Homeless in Split has been operational, an equal number of those from the County of Split-Dalmatia have used the Reception Centre as those from other counties and even other countries. Almost all those individuals were registered with the social welfare centre in their county and received various forms of financial assistance through this institution, including one-time financial assistance, assistance for support, and bonuses for assistance and care provided by others. They are also eligible twice a year for the one-time financial assistance from the Town Council of Split, as well as assistance from the County of Split-Dalmatia once a year. Only four users from the Reception Centre in Split have realised the right to a disability pension (in an amount not exceeding 700 HRK) and they receive an additional 200 HRK from the Town Council. As all four users are under 50 their age is an obstacle to their eligibility for accommodation in the home for the elderly.

When a person using a shelter becomes eligible for accommodation in a home for the elderly (e.g., age requirement and proper documentation), the Centre for Social Welfare issues a decision on the funding of the available accommodation, usually in remote areas of the county. There are very few people who decide to be accommodated in such isolation, and they accept it only if they have serious health problems. The services in the Reception Centre in Split are free. Therefore, the users keep the financial assistance they receive. Those who do not have referral slips from the CSW have to pay 40 HRK to spend a night in the Red Cross Shelter.

#### Nutrition

Almost all interviewees in Zagreb research from 2002 acquired some sort of assistance from the social welfare system. Half of them received some sort of material assistance (e.g., financial, clothing), and al-

<sup>144</sup> Data on the structure of homeless persons in Croatia were obtained from two sources: a research conducted by the City Office for Health, Labour, Social Protection and Veterans in Zagreb in 2002 and the data base of the Shelter for the Homeless of the Association MoSt in Split. Authors would like to extend gratitude to Ms. Mirjana Blagus, the head of the Homeless Centre in Osijek for providing more information. Unfortunately, the situation in Osijek could not be compared with the situation in Zagreb and Split because there are no comprehensive records of beneficiaries in the Centre in Osijek.

<sup>145</sup> Report on Homeless in Zagreb (2002); City Office for Health, Labour, Social Protection and Veterans.

**Box 18: Example of good practice - Association MoSt**

Of the 268 users who have passed through the Reception Centre in Split, 178 of them are reported to have resolved their problems and improved their situation. Only every tenth person did not manage to do so, usually those with serious health problems. With the expert psychosocial assistance provided by the staff of the Association MoSt, 17 people have managed to return to their families, 55 have found temporary or permanent employment, and 23 now receive a pension which allows them to pay for an apartment. The Association has helped homeless individuals find more permanent housing solutions such as apartments, restoration of houses, donated trailers, and accommodation in the homes for the elderly and infirmed. In addition to expert workers (social workers, special educators, psychologists), the role of volunteers and conscripts who have opted to do community service as part of their national service is extremely important to the Association's success. The Association MoSt has raised awareness amongst students about volunteerism, and each year they organise a humanitarian action "And where are you?" with the purpose of sensitising the public to the problems of the homeless and other socially vulnerable citizens.

The Association also takes care of approximately 40 individuals (former users of the Reception Centres) and their families, with food, clothing, and financial support. They have also engaged a lawyer to help resolve court disputes in which users are involved. They plan to launch various re-socialisation and day stay programmes for the homeless and other people who are at risk of social exclusion. These would consist of various work-related activities as a form of re-socialisation, but also of self-financing (photocopying, book-binding, making of smaller objects from plastic, serigraphy, T-shirt print, "second hand shop" and the like).

most all (92%) took advantage of soup kitchens on a regular basis. Most homeless people in Zagreb have a mid-day meal at one of two soup kitchens of the City of Zagreb at Cerska and Branimirova, which prepare

over 4,000 meals every day. In order to receive a meal in the soup kitchens, individuals require a referral slip from the CSW. Homeless people who do not have a referral slip, receive their meals in church soup kitchens at four locations.

For the users of the Reception Centre for the Homeless in Split, the Town of Split funds a mid-day meal for Croatian citizens in DES<sup>146</sup> soup kitchens (390 meals) if they cannot receive such support through the Split Social Welfare Centre. For those who do not have Croatian citizenship, food is provided by the soup kitchen of *Caritas* (120 meals) with help from the Parish of St. Dominic. Breakfast and dinner in the Reception Centre is organized by the Association MoSt with help from private donations. In the Homeless Centre in Osijek, *Caritas* pays for breakfast and dinner, as well as lunch in the soup kitchen (170 meals), and the Town Council co-finances lunch for the elderly and the incapacitated.

### 3.12.3 Access to Healthcare

The data gathered during the Zagreb survey of 2002 indicates that 73% of the homeless realized their right to health protection through the City Office for Health, Labour, Social Protection and Veterans. Others had health protection through another mechanism (veteran's status, pension, through spouse, etc.) while only a small number of homeless people were without health protection. The City of Zagreb provides free medical check-ups for the homeless, if needed, as an additional programme activity. The first one was organised in 2004, but despite good coverage the response was below the expected, only about fifteen people.

Individuals who become seriously ill in a county other than the one in which they are registered as residents, encounter significant problems accessing necessary health services, which is a particular problem for the homeless who are not registered in any county. In such a case, there is no secured coverage for the costs of hospital treatment. In Split, the only option is to use temporary health insurance, which is issued by the branch Department for Health Care and Social Welfare in this county, but only if the person in question had already sent an application for the right to social assistance to the Split Social Welfare Centre (for which it is necessary to have personal documents).

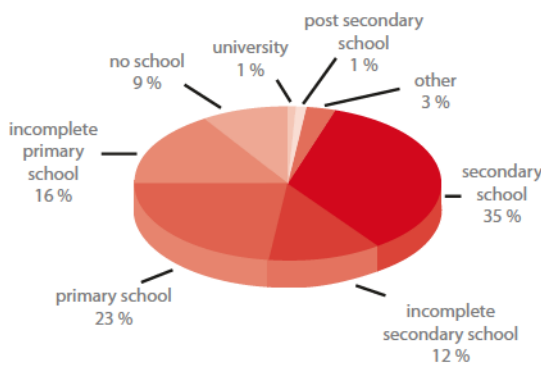
<sup>146</sup> DES – Institution for the employment, work and professional rehabilitation of persons with disabilities

In June 2006, of the 21 people accommodated in the shelter, two-thirds had health insurance, and the same number received social assistance. As of 2002, the Association MoSt has been cooperating with a general practitioner in Split who performs preventive check-ups for people who do not have health insurance.

### 3.12.4 Access to Education

The level of education of the homeless in Zagreb is somewhat lower than that of the general population. In both populations, the majority have completed secondary school, but for the general population this proportion is slightly over 50%, and in the case of the homeless population it is approximately 37%. Every tenth homeless person in Zagreb has no education at all. However, the low level of education is also confirmed by the fact that in both Split and Zagreb almost one fourth of the homeless had not finished primary education.

Figure 13: Education level of the homeless in Zagreb, 2002

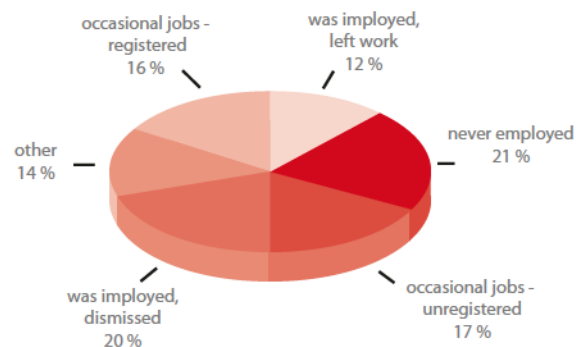


### 3.12.5 Access to Employment and Employment Services

Over half of the homeless in Zagreb have been unemployed for quite some time. Those who have never worked are almost exclusively women. More than 20% of the homeless have disabilities, and 13% do not have the capacity to work. Some homeless people could acquire social benefits based on their years of service, as one-fifth have over 14 years of reg-

istered employment. A few users of homeless shelters are able to find temporary low paying jobs, such as cleaning staircases and apartments, and manual labour, which do not provide them with pension or health insurance, neither are they secure enough to enable them to plan their future outside the shelter. The Reception Centre for the Homeless in Split organises re-socialisation programmes designed to help the homeless find useful public jobs. One such programme includes eight homeless people who clean the Youth Home several times a week and the public beach *Bačvice* over the summer, receiving remuneration for their work.

Figure 14: The Structure of the Unemployed in Zagreb, 2002



### 3.12.6 Access to Transportation

In Split, the people who use the Reception Centre for the Homeless have reported that it is problematic to get to the soup kitchen which is at quite a distance from the city centre. The cost of transportation is not subsidized, and the price of monthly tickets is too high for the homeless to afford. They are only allowed stay in the soup kitchen for up to two hours, and so are forced to spend the rest of the day in town parks, bus/train stations and other public places, until the evening hours when the kitchen re-opens.

There is a special problem when homeless people have children accommodated in the institutions of social welfare in another county. For example, a woman from Split who participated in the focus group has two children under age, who live in the Home in Osijek. She is only able to see them rarely and these visits are funded by the Centre for Social Welfare.



The people who work in the Association MoSt point out the complexity of having to take care for individuals who do not have Croatian citizenship or who do not have permanent residence in the county. These people are mostly unable to return to their original permanent residence and frequently do not have personal documents or have invalid ones. The Association MoSt funds the return to of the original permanent residence in almost all cases. The Centre for Social Welfare may finance the return only when the person is the user of some other Centre in the territory of Croatia. In the experience of Split, two out of four foreign citizens return to the Reception Centre after some time. Of Zagreb's homeless covered by the survey, the majority (87%) have a registered permanent residence in the City of Zagreb, although there are quite a few who only have a fictitious registration, so they can realise their social welfare rights.

### 3.12.7 Access to Information and Communication Technology

Considering most homeless are housed in shelters not equipped with information and communication technologies, access to the Internet for the purpose of finding employment, obtaining information about one's rights and about possibilities for additional education is not available. In the Croatian Employment Bureau, several computers are set up for public use free of charge, in order to assist in job searching activities. However, a certain amount of computer literacy is still required, and by and large homeless people do not have this knowledge. The shelters are equipped with land lines where users of the shelters can be reached during operating hours and several users have mobile phones.

### 3.12.8 Access to Housing and Basic Infrastructure

In Croatia, there are six residential facilities intended exclusively for the homeless: the Shelter of the City of Zagreb, the Red Cross Shelter in Zagreb, the Reception Centre *Caritas* Rakitje, the Homeless Centre in Osijek, the Reception Centre for Homeless Men and the Reception Centre for Homeless Women in Split. The existing accommodation capacity in Zagreb is not problematic in view of the number of beds however the problem lies in the quality and content of accommodation, especially

in the Red Cross Shelter, which is foreseen for demolition on the grounds of inadequate hygienic and technical conditions. In order to secure adequate accommodation for people who need longer-term stays in an institution, the City of Zagreb has equipped an already existing facility in Kosnica with an 80-bed capacity.

A big problem in planning and procuring accommodation capacities lies in the fact that the Ordinance of the Ministry of Health and Social Welfare does not prescribe the conditions relating to space, human resources, hygiene, and other conditions, which should be imposed on an institution (shelter) accommodating the homeless. As a result, the current facilities are not regulated by law. The shelter in Split enables other users, such as people who live in apartments without a toilet and shower, to also maintain their personal hygiene there, since Split does not have a public bathroom.

### 3.12.9 Social Ties

Only 8% of the homeless interviewed in Zagreb in 2002 are married, with the same percentage living in an extramarital union. Forty-three percent of interviewees have never married, 34% are divorced, and 4% were widowed. Slightly over one half of interviewees used to live in a two-parent family. About 40% of the primary families of interviewees lived without a home of their own, frequently changing places of residence. Over 60% of interviewees grade the material and housing conditions of their primary family as poor, and about one half of them evaluate family relations within the primary family as bad. Only one-fifth of interviewees had minor children, who lived mostly with the other parent and to a lesser extent with relatives, in an institution, or with a foster family.

The focus groups discussions in 2006 in Zagreb and Split showed that most homeless people have lost their social network. Friends offer help or temporary accommodation in the initial phases of their troubles, but with the passing of time and without any realistic chances of finding a job or other solution, links with friends and colleagues wane. The homeless find that it is difficult to be friends with people who are not in the same situation as themselves. However, all of the people who participated in the focus group in Zagreb complained that at places such as shelters relations between people are hostile; there is no solidarity, there are too many problems, too much despair and frustration. Many feel it is easier to talk to a complete

stranger than to find empathy in the shelter. Still, at times when they need somebody to talk to, most homeless people tend to address members of their nuclear family or friends outside the shelter, because they do not have confidence in the people within.

All those who participated in the UNDP research confirmed that they felt excluded and inferior. Their personal opinion is that they are held personally responsible by other people for their homelessness, which is often thought to be due to substance abuse or criminal activity, which is not true for most. In the shelter in Zagreb, only 10% of users have problems with alcohol or narcotics, while at the Split shelter, 25% have such problems. A homeless person from Split described his situation using the following words: "Not one of us begs in the street, we do not ask people for money and we do not steal. There are no drug addicts amongst us. And we have still been characterized as homeless thieves and drunkards." The homeless point out that wealth disparities have become larger, that without "connections" one cannot get a job, and that society does not take sufficient care of people who cannot fend for themselves at the moment.

### 3.12.10 Key Challenges

Most homeless people in Zagreb have been homeless for quite some time and it is unlikely that they will be able to change this lifestyle. Most users stay in reception centres over long periods of time, some of them more than seven years. The average length of stay is 2.5 years. According to social indicators, the shelter has lost its initial purpose, which was to provide temporary accommodation until a more permanent solution could be found.

Practical programmes for monitoring and providing assistance to the homeless in the EU-15 indicate that this demographic is not very accessible to public services. Volunteers and representatives of NGOs are able to make much better contact with the homeless, especially those that are based on self-representation like *Zagrebački bokci*. However, NGOs require material and expert sup-

port from state authorities, and their programmes must be under expert supervision from public services.

Croatia has no preventive programmes for families at risk of homelessness, no systematic monitoring of shelter users, and no current plans for their reintegration into society. Shelter users also point out the problem of communication with people who work in CSW, who often believe their job ends with the placement of the homeless in the reception centres, creating a permanent out of a temporary solution. They need psychosocial support and assistance in planning and carrying out activities which will help them to reclaim dignified and independent lives. Presently, the reception centres provide the basic necessities, but they do not provide expert support.

For Croatia, just like for the 10 new Member States of the EU<sup>147</sup>, the key cause of homelessness is a high unemployment rate, as well as a large number of people who own apartments, but who cannot afford to pay for them or pay utility fees. The termination of the tenancy rights and the privatisation of a substantial part of the housing fund<sup>148</sup> created the need for a new housing policy, which would enable a life of dignity for people who presently cannot maintain their property because their salaries and pensions are too low or because they are unemployed or who cannot pay the market price for renting an apartment. Other reasons for homelessness are: change of social status, problems with mental health, addictions, disorders in behaviour that are often stigmatised, personal debts, incarceration, disturbed family relations and termination of relationships with friends and the narrow circle of social support.

### 3.12.11 Policy Implications

Successful programmes for the homeless in the most developed EU Member States<sup>149</sup> emphasize the important role of NGOs and volunteers (mostly students) regarding the provision of their services in reaching out to isolated individuals. Public campaigns for sensitising citizens to the problems of the homeless and raising public awareness about the right to quality

<sup>147</sup> FEANTSA report on JIMs from EU-10 New Member States, May 2004

<sup>148</sup> In Croatia, there is a very high percentage of privately-owned apartments (with or without a mortgage) compared to the EU countries. According to the Central Bureau of Statistics, in Croatia there are 82.93% of private apartments, while according to the UNDP research: "Quality of Life and the risk of social exclusion", the percentage would be 78.2%. According to a similar research, "Quality of Life in the EU", conducted in the countries of EU-15, the percentage of private apartments is 60%, in the 10 new EU states it is 71%, while the average for the EU-25 is 62%, and for the three other candidate countries it is 67%.

<sup>149</sup> MHE-SME (Mental Health Europe –Sante Mentale Europe). An action study in 10 EU countries 1999-2000, the report "To Live in Health and Dignity", and the report on the project "The Mobile Café for the Homeless" UDENFOR.2005. Copenhagen

housing would help to reduce the stigmas associated with homelessness. This will also mobilise local communities and the business sector in helping to develop and support programmes. It is the task of the state to ensure social housing programmes for families who have lower incomes. The present state incentives programmes for housing mostly target the strata of both employed and credit-worthy individuals.

In order to successfully reduce the risk of homelessness, it is necessary to use continuing and systematic intersectoral cooperation between all referential social services like social welfare, health care, education, labour and employment, family and housing policies. Preventive activities aimed at socially vulnerable families could significantly reduce the risk of homelessness. Multidisciplinary teams should develop assistance in the community (family, schools and streets), because when a person addresses the social services, he/she is usually already so troubled that they cannot resolve the situation on their own.

The working principle of social services should be individual case management and active monitoring of social programme users to enable them to leave the system as soon as possible. The planned information-sharing/expansion via database connection, both vertically (between the state, county and local level) and horizontally between sectors (social welfare, pension, health system, employment, education, etc.) would contribute to greater efficiency and better targeting of social welfare.

Legislative regulation of homelessness should be developed. All the present forms of assistance (for example rent assistance, emergency repairs, debt relief, and one-time assistance with heating costs) can only be exercised by people who have a permanent residence in a location that falls under the jurisdiction of a Centre for Social Welfare. Shelter users have also identified the need for free legal assistance which could be organized through non-governmental associations, with support from the state and local community.<sup>150</sup> In many cases, timely legal assistance could prevent citizens from becoming the victims of financial or property fraud. Accessible legal advice on options concerning social rights could enable individuals to resolve unforeseen difficulties themselves.

### 3.13 People living with HIV

#### Box 19: Personal Experience

N. is 59 years old and lives with his family in a small town in Croatia. Seven years ago he tested positive for HIV and, until obtaining triple therapy (antiretroviral), he had considerable health problems. As a result of a previous traffic accident, N. had 20% impaired vision in one eye. Only one ophthalmologist in Croatia was willing to examine N. Together with another special doctor engaged in providing treatment to patients living with HIV in Croatia, he determined that a vitrectomy was the only way of restoring his sight.

In Croatia, such surgery is performed at only one clinic in Zagreb and the waiting line is long. However, N. was informed that patients living with HIV are not allowed to receive such treatment because the instruments are "very expensive and after the surgery they would not be fit for use again." It is a known fact that when such operations are performed, the instruments are not thrown away. Thanks to the persistence of a Croatian doctor and the NGO Croatian Association for HIV, a solution was found. The Croatian National Institute for Health Insurance (HZZO) was contacted, suggesting the treatment be performed abroad at the expense of HZZO.

The opinion of a Croatian medical board was required. However, only the test results were reviewed (in a matter of seconds) and a person-to-person exam was not carried out. The opinion was provided: "... [that] the surgery would not bring any major change; the question is whether the patient would be able to endure such a surgery.", and one specialist even added: "What does he want this for? He is going to die anyway!" In spite of everything, N. successfully underwent surgery abroad and returned to Croatia.

Source: Croatian Association for HIV (CAHIV). Published in the Croatian Association for HIV bulletin: „HIV/AIDS INFO“ I/II 2001, also available at [www.huhiv.hr](http://www.huhiv.hr).

<sup>150</sup> The lawyer engaged through the Association MoSt in Split was not able to take over all lengthy court procedures and bring them to their conclusion, so that she mostly helps in the form of advice. The procedures mostly relate to probate proceedings, division of property, divorce proceedings, and in some cases there are also criminal procedures against the users of the Reception Centre (non-payment of child support, neglecting children, petty thefts and destroying other people's property and the like).



### 3.13.1 Human Rights

HIV infection was first recorded in Croatia in 1985 when nine patients registered as positive. With Croatia's developed tourist industry, highly mobile population, and relatively liberal principles, it was expected that the epidemic would spread quickly. The spread of HIV did not materialise quite as expected, and by 2005 the rate of infection equated to only 50 new cases recorded per year, making a total of 537 HIV patients registered with the Croatian National Institute for Public Health. As in most surrounding countries, the rates of registered infection to date remain very low and the virus is generally spread to people who are exposed to high-risk behaviour. The transfer of HIV in Croatia has been long associated with the population mobility. The infection seemed to spread to individuals who travelled regularly on business, and engaged in long absenteeism. However, recently more cases have been recorded among gay men, and intravenous drug users. Hence, those infected with the disease actually constitute a very diverse population.

Of those most commonly infected, those that live abroad tend to face the least amount of stigma, as they often enjoy a level of affluence higher than that of the average citizen. Homosexual men are likely to face the highest amount of stigmatisation due to negative public perceptions of homosexuality, and the prevailing perceptions that the two are more frequently connected. This contributes to double stigmatisation and discrimination of the affected, which additionally complicates their participation in society and leads to isolation and social exclusion. Intravenous drug users face significantly more discrimination than the highly mobile patients, but not quite to the same extent as homosexual patients. They are still predominantly regarded as patients in need of social support and medical treatment.

The Croatian Association for HIV (CAHIV) was registered in 1999 as a non-governmental, non-partisan, non-profit organization engaged in HIV prevention and providing assistance to people living with HIV. The Association provides assistance to all HIV positive individuals in the areas of health care, social welfare, and legal assistance. CAHIV has recorded a whole host of human rights violations against patients living with HIV, mostly in the area of access to healthcare. Some of these include:

- In 1999, the Clinical Hospital Centre Zagreb refused to admit an HIV patient injured in a traffic accident;
- In early 2004, a female patient living with HIV and in need of medical care was prohibited from entering the local health care centre, and refused a house visit by the community-health nurse. The CAHIV submitted a petition to the Ministry of Health and Social Welfare inspection services, after which the patient started to receive service from the healthcare system;
- A doctor refused to include two patients living with HIV in the list of patients eligible for transplant, with the explanation that the HIV status provides a contraindication for a transplant.

### 3.13.2 Access to Social Services

Until recently, access to social services has been highly individualised and dependent on the opinion of the particular social workers involved in each particular case. There have been examples of varying degrees of disability benefits being granted to HIV patients; some have acquired a 30% disability or more. Since it is local authorities that adopt social welfare and healthcare measures, people living in larger urban centres are able to benefit from additional measures such as public kitchen meals, free public transportation, and one-time assistance.

The CSW have been inclined to grant numerous and varied types of assistance to HIV patients, and to regard them as any other beneficiary. On a number of occasions the employees of CSW have contacted CAHIV for assistance in supporting a beneficiary, and even to ask advice regarding HIV/AIDS itself. Since several years ago, CAHIV has been financially assisting people with HIV who have limited finances. They have provided *inter alia* one-time financial assistance, assistance with firewood, purchasing of clothes and footwear, and payment of additional medicines.

Since 2005, a Centre for HIV/AIDS - lead by CAHIV - has been present in the Clinic for Infectious Diseases. The Centre employs a social worker and a psychologist and, occasionally, a lawyer. Centre employees provide psycho-social support to patients and members of their families, and act as a link between the individual and the social welfare system. Recently they have started training foster parents to care for

children living with HIV. This type of education is extremely important in order to try to avoid a repeat of the awkward situation in 2001 when the children's homes for orphans refused to accept a girl left without parents and who spent 10 months in a hospital waiting for the state to find appropriate accommodation for her. The National Programme for Prevention of HIV 2005-2010 recognizes that those employed in jobs where they might come into contact with blood (such as those in medical institutions, educational institutions, social welfare institutions, sports, public safety, etc.) should be trained in applying standard protection measures to prevent the spread of HIV. The CAHIV staff have also been involved in the case of two asylum seekers living with HIV, in which the association provided them with legal and material support. Finding accommodation for older people living with HIV, and those with a deteriorated physical condition has become a pressing issue, given the lack of hospices in Croatia.

### 3.13.3 Access to Healthcare

The healthcare system has focused resources for the treatment of HIV cases at the Clinic for Infectious Diseases in Zagreb, which has accumulated enough knowledge and expertise to provide top quality service comparable to that available in EU countries. Also, the Clinic staff are able to enjoy close relations with the patients, which contributes significantly to the patients' adherence to treatment as well as to the success rate of the treatment. Still, when talking to people living with HIV, the majority of complaints refer to the quality of health service and to their treatment by other healthcare workers aside from those at the Clinic. The majority of people neither looks for nor expects help from other public services, such as social protection, education or employment. This lack of expectation illustrates the almost complete absence of public policies and procedures within those sectors and in relation to the provision of normal life to those with HIV.

The healthcare system provides wide access to medicines and quality treatment programmes for people living with HIV, but often it is basic healthcare services (e.g., dentists) that are lacking due to hesitancy on the part of practitioners to assist a patient living with HIV. People living with HIV receive these ser-

vices only after numerous interventions by relevant organisations and committed medical staff. Although there are well established healthcare quality control systems in Croatia, such as licensing for healthcare workers, medical inspection, and various medical associations, they are rarely used to protect the rights of patients. In fact the number of registered complaints is practically negligible. One of the reasons for this is the fear of patients to reveal their HIV status, which would further complicate their situation. In recent years, intensive additional education has been provided to medical specialists in an attempt to increase the general accessibility of certain health services to patients living with HIV.

### 3.13.4 Access to Education

The best known HIV patients in Croatia are Ela and Nina, whose names appeared multiple times in the media in September 2002. In early September 2002, the education of Ela was an everyday topic in all Croatian daily newspapers. Ela started first grade in Kaštel Novi where the parents of other children immediately rose in revolt, not wanting Ela to share the classroom with their children. Ela was sequestered in the school library, alone, isolated and stigmatised. Soon she joined a class with five students whose parents had allowed their children to share the class with Ela. The following year, her younger half-sister Nina began school. The girls' foster parents decided a change in environment might be better for them, and moved the family to Kutina, where the parents' revolt was repeated. This time, however, social services were better prepared and the epidemiological team educated the parents and teachers on HIV, followed by Ministers who visited the school. A group of young people from Bjelovar, together with their mayor, invited the family to move to their town where they said that they could guarantee them support. The family decided to stay in Kutina.

Public opinion is marked with ambivalence. More than 70% of participants in media surveys are of the opinion that HIV infected children should attend school together with other children and claim that they would allow their children to attend classes with the children with HIV. Since the experience of Nina and Ela, there have been nine HIV positive children registered in Croatia, all of whom have gone through the

regular educational system indicating that the access to education is satisfactory. What differentiates the case of these two girls does not concern so much the educational system but the general social climate relating to the lack of basic knowledge about the risks of infection.

### 3.13.5 Access to Employment

Through improvements to the medical treatment of HIV, Croatia has managed to reduce the mortality rate of patients, delay the onset of other debilitating conditions brought on by HIV, and drastically reduce the rate of hospitalisation. These improvements have significantly contributed to an increased quality of life for people living with HIV, allowing for many of them to continue their participation in the labour market. However, many are still unemployed, and unemployment is one of the main contributing factors to their social isolation. In September 2005 the Centre for Peace Studies commenced research on public policies on discrimination in employment, examining also the behaviour of employers towards HIV positive individuals.

It appears that a number of people living with HIV are consciously excluding themselves from the labour market; being self-conscious about their condition they may doubt that employers would want to hire them or that they will fire them upon discovering they have HIV. On its web-site, CAHIV reports a case of a medical technician who lost his job due to his condition, but there are also positive examples of employers who have accepted people living with HIV, and even accommodated the patients' needs for longer breaks and more frequent absences. There are some regulations that exclude people living with HIV from certain jobs based on their health condition. These include employees in sea and air traffic, police and security employees. Such regulations should be changed because they represent direct discrimination.

### 3.13.6 Access to Transportation

The most serious problem for the people living with HIV is getting to Zagreb for treatment. Since people are scattered throughout the country, their frequent travel to Zagreb can cause fatigue, aggravation of illness, high travel costs that are covered by the patients themselves, and difficulties some patients

have with securing days off work necessary to make the trip. The majority of patients are required to come to the Clinic in Zagreb once or twice a year for blood work, and to have the virus and their CD4 lymphocyte count analysed. The Croatian Institute for Health Insurance provides antiretroviral drugs to the Clinic in Zagreb only. This is why, once a month, CAHIV members send drugs from Zagreb across Croatia, helping patients who are unable to make the trip to Zagreb. In cooperation with the Clinic and through the donation of the Global Fund for the Fight against HIV, Tuberculosis and Malaria, CAHIV has established a Centre for HIV at the Clinic which is equipped with a shower and a small resting room to make the whole experience more manageable for patients travelling a great distance for blood work.

### 3.13.7 Access to Information and Communication Technology

Similarly to other citizens, access to ICT for the population living with HIV depends largely on the financial circumstances of an individual. There are a number of websites in Croatian containing quality information about HIV, including personal testimonies of people living with HIV, and information on treatment and testing. The two most reputable sites are [www.huhiv.hr](http://www.huhiv.hr) and [www.zdravlje.hr](http://www.zdravlje.hr), and [www.aids.hr](http://www.aids.hr) will also be operational soon. A web-site of the association Iskorak (Coming Out) should also be mentioned ([www.gay.hr](http://www.gay.hr)); it is intended for the male population engaging in sexual intercourse with other men, which is important given that the numbers of infected within this sub-group is on the rise.

### 3.13.8 Access to Housing and Basic Infrastructure

Access to housing for people living with HIV is more individually-based and depends on family ties and the material status of the individual. The CAHIV reports cases where individuals living with HIV have been suddenly issued eviction notices because their landlord has learned about their condition. On the other hand, some positive examples of good will, such as when FC Dinamo donated a trailer to a man living with HIV, should not automatically be considered as an adequate solution to a housing problem.



### 3.13.9 Media and HIV

In mid November 2004, a Croatian journalist published an article about the supposed intentional spread of HIV by a person in a larger Croatian city, mentioning particular details and practically revealing this person's identity. The article, in addition to defaming the person in question, has most certainly contributed to the tragedy of the person's family.

The greatest mistakes in media reporting on HIV are the use of stigmatising language, a lack of source verification and a sensationalist approach. It is paradoxical that the media reports always respect the anonymity of those who accuse others for the purposeful spread of HIV, and that of public sources. The reaction of civil society to inappropriate behaviour by the media is insufficient. While many NGOs express the readiness to establish public dialogue on the protection of vulnerable social groups, there is a lack of any public dialogue focused on the destigmatisation of people living with HIV.

#### 3.13.10 Social Ties and Civil Society

The civil society is highly polarized when it comes to HIV. While the majority of institutions, media, and non-governmental organizations have relatively liberal principles in relation to sexuality, religious institutions and the Catholic Church advocate for HIV prevention programmes based on sexual abstinence, often sending messages of condom inefficiency in the prevention of HIV spread. Dialogue and compromise between the conflicting parties are difficult to realise. As a result, there is no clear strategy for the prevention of HIV in Croatia among the young population, and all attempts to develop school-based education programmes have resulted in the postponement of their adoption, since neither the contents nor didactical aspects of their implementation have been agreed upon.

According to the results of the UNDP Quality of Life survey (2006a), 92.5% of participants have expressed their readiness to care for a family member infected with HIV, but 58% of them would prefer if a family member's condition remained a secret. Responses to questions such as would you buy fruit from a person living with HIV, and should a teacher living with HIV be allowed to continue teaching, reveal some interesting patterns. Almost one half of the participants (48.5%)

would not buy fruit from a person living with HIV, with results varying in different counties and ranging from 35.5% (Zagreb County) to 66.6% (Šibenik-Knin County). Up to 65% of participants agreed that an HIV positive teacher should be allowed to continue teaching, again showing large discrepancy among the counties that ranged from 80.8% (Town of Zagreb) to 44.3% (Šibenik-Knin County).

Although it is difficult to deduce the complex social origins of stigmatisation and isolation for HIV patients, the data provided by the UNDP survey suggests some possible explanations. The popular opinion that people living with HIV should be avoided may be the result of the fear of infection. However, this avoidance may also be derived from stereotypical views that those who are infected take part in certain activities which are viewed negatively by the community. If the primary reason was fear of infection, it would be expected that the largest number of participants would answer negatively to questions regarding close daily contact with patients living with HIV, such as taking care of an infected family member. However, the results of the survey run contrary to this assumption, which would lead one to conclude that fear of infection is not the primary motivator behind the stigmatisation of patients living with HIV. Therefore it is more probable that the stigmatisation stems from the stereotypical negative views of the risk behaviour associated with infection, and not only from the fear of becoming infected. The fact that the majority of participants would want a family member's condition to be kept secret supports this hypothesis.

#### 3.13.11 Key Challenges

The key challenge is the acceptance of people living with HIV and a wide range of life situations affected by HIV, such as the prevention of HIV transfer during pregnancy and child birth, kindergarten enrolment, realisation of a teenager that he/she is living with HIV, schooling, employment, long-term care in the family, serious drug side-effects and accepting the illness as such. Intravenous drug users should be provided with greater access to clean needles, while sexual health programmes targeting men having sex with men should differ from programmes targeting secondary-school population. The vulnerability of women with regards to HIV should be emphasized and negative examples of the discrimination pointed out.

The analysis of the current legislation (Turković, 2006), as well as the analysis of media coverage of issues related to HIV, indicate that there are uncertainties about the application of legal measures for the protection of patients who have been denied their rights. There also appears to be a low level of knowledge regarding the legal system among this social group and their support network. The Analysis of the Applicable Legislation proposes the adoption of a comprehensive anti-discriminatory law, modification of certain sub-ordinary legislation which are not in compliance with international recommendations, the implementation of education programmes for representatives of the government and judiciary on the protection of the rights of vulnerable groups (women, intravenous drug users, men having sex with men), and building the permanent provision of support to individuals requesting legal protection.

Another challenge is determining how to send a message when publishing information about HIV, while at the same time protecting the rights and freedoms of patients living with HIV who may feel the negative repercussions from the increased media attention.

### 3.13.12 Policy Implications

The social exclusion of people living with HIV is primarily characterized by the overall lack of research and clear data. The experience of people living with HIV attests to the societal ambivalence where the behaviour of community and institutions may appear protective in one instance and stigmatising in the other.

With regards to the above, the UN Theme Group on HIV in cooperation with CAHIV and the Human Rights Centre are planning to publish in 2007 a report on human rights and the social status of people living with HIV. This report would document cases of discrimination, problems HIV patients have encountered in realizing their rights in the healthcare and social system, and personal stories from people living with HIV. The report will help define the greatest and the most frequent problems encountered by patients living with HIV, help find solutions, and facilitate the monitoring of human rights and the quality of life of people living with HIV in Croatia.

## 3.14 Sexual Minorities as a Vulnerable Social Group

### Box 20: Personal Experience

N. first decided to visit a well-known psychiatrist of an older generation. She concluded that she needed expert help - somebody who could help her find a solution or at least explain to her what was happening. She was too confused, worried and tense to handle what had happened on her own. The meeting with the psychiatrist lasted for less than ten minutes. Upon her arrival, N. asked if it was possible to schedule her appointments later in the afternoon, because she could not come during the morning on account of her work. When the psychiatrist asked her how she managed to make it that day, N. said that she had asked her boss for a morning off. Trying to be funny, the psychiatrist made the following comment: "Well, your boss must be gay." N. fell silent; then she got up, thanked the psychiatrist and left the room. It was her intention to talk to him about what had happened to her a few weeks before when, for the first time in her life, she fell in love with a woman who, after spending a night with her, decided to ignore her. (From the author's counselling practice).

### 3.14.1 Human Rights

In 1977, homosexual activity was de-criminalized in Croatia and several attempts were made during the 1980s to sensitise the public to this social group. The best-known example of this public awareness campaign was a radio show, *Frigidna utičnica* (The Frigid Plug), which aired for some time on Omladinski radio 101. Despite these efforts, for most of the public the phenomenon of homosexuality remained largely invisible, although it was frequently present in insults, stereotypical jokes and prejudices (Štulhofer and Francetić, 1996). During the second half of the 1990s, efforts were made by feminist groups to enhance the understanding of lesbianism and to provide support to lesbian women, which led to the creation of the first lesbian association, *Lori* in 2000.<sup>151</sup> *Lori* became

<sup>151</sup> The first attempt at organising lesbians was connected with the so-called Lila inicijativa (The Purple Initiative), which appeared in 1989.

a registered organization in Rijeka, and in 2002, after five years of its activities,<sup>152</sup> a second organization, *Kontra*, was registered in Zagreb. Also in 2002, *Iskorak* was registered as an NGO dedicated to promoting the rights of non-heterosexual individuals; the majority of its members were and remain young gay men.<sup>153</sup> That same year, the coordination of LGBT (Lesbian, Gay, Bisexual and Transgender) associations was formed in Croatia, and the first *Gay Pride* parade was organized.

The emerging NGOs dedicated to representing the rights of sexual minorities<sup>154</sup> have had a considerable impact on the social realities of this social group. Through the activities and anti-discriminatory discourse of civil society, homosexuality has been given a public face. The *new visibility* of homosexuality has shed light on a number of issues that were previously marginalized as part of a discriminatory culture against people with a different sexual orientation. An environment of contempt, rejection, direct and indirect discrimination, harassment and violence against this social group has been exposed as a social problem primarily through the activities of youth-oriented homosexual associations.<sup>155</sup> Numerous media appearances and testimonies given by experts, politicians, and public figures interpreted the increased visibility of homosexuality in Croatian society as an epidemic provoked by homosexual lobbying. Following this disturbing trend, the LGBT activists sent a public warning regarding the reproduction of homophobia through the authoritative promotion of non-scientific attitudes, prejudices, a manipulation of traditional Croatian values, and religious moral dogmas. Demands related to the legal recognition of same-sex relationships have clearly shown the extent of inequality, voicing a whole series of rights denied to homosexual partners as opposed to married couples (Juras and Grđan, 2006).

From 2003 to 2005, discrimination based on sexual orientation was recognized in a number of new laws and amendments.<sup>156</sup> The crowning achievement of this legislative reform came in 2003 with the adoption of the Same-Sex Union Act. Although the Act is a positive step towards full equality of same-sex couples, it is only a formal recognition of the possibility of same-sex partnerships. It does not include the possibility of registration and, consequently, the realization of economic, medical and parental rights. The limitations embedded within the act may be a reflection of the divide between increasing liberal policies, and a slightly more conservative public opinion.

Although the attitude of the public to homosexuality is less restrictive and more permissive today than it was 30 years ago,<sup>157</sup> Croatian citizens are still divided on the issue of homosexuality. During a survey conducted in 2003, a staggering 70.3% of people stated that they believed sexual relationships between adults of the same sex are “wrong” while 14.1% of the interviewees held an opposite opinion. Fortunately, however, a much smaller percentage, only 15.4%, agreed with the statement that homosexuals “are no better than criminals” and that they “should be severely punished” while 64.4% did not agree with the statement (Štulhofer and Brajdić Vuković, 2004). In another national survey, 50% of citizens stated that they would not accept a homosexual as a friend, and 47% stated the opposite. Only 39% of those interviewed said that they would recognize the right of a homosexual couple to a marital union, with 55% opposing it (Carana, 2002).

According to the results of the *European Values Survey* of 1999,<sup>158</sup> Croatia’s level of homophobia is above average. Of the Croatians interviewed, 53% did not want a homosexual person as a neighbour, whereas an average of only 34% respondents in other European

<sup>152</sup> Including setting up the first lesbian SOS phone line and an informal counseling service.

<sup>153</sup> In the first half of the nineties, LIGMA (Lesbians and Gay Men in Action), as the first homosexual association in Croatia, was registered. It was active in 1993 and 1994.

<sup>154</sup> Despite several attempts, no association of transsexuals currently exists in Croatia. The rights of transgender individuals are represented by *Ženska soba* (Women’s Room/), an NGO founded in 2002.

<sup>155</sup> In the report on social openness in Croatia, sexual minorities are indicated (by hundred surveyed experts from various fields) as the minority facing the greatest degree of discrimination (Goldstein, 2005: 60). The same conclusion was made a year later (Bagić and Kesić, 2006)

<sup>156</sup> Gender Equality Act; Croatian Radio Television Act; Electronic Media Act; Labour Act; Act on Scientific Activity and Higher Education; amendments to the Criminal Act of 2004 and 2006; and the Civil Servants Act. For details compare Bagić and Kesić, 2006.

<sup>157</sup> While in 1971 78% of girls and 76% of boys, secondary school students, regarded homosexuality unacceptable, in 2005 the percentages were 34% and 67%, respectively (Štulhofer et al., 2006).

<sup>158</sup> The research included 32 European countries (including Turkey), and was conducted on probabilistic national samples.



countries felt this way (Baloban, 2005: 264). Furthermore, 68% of Croatians interviewed believed that homosexuality cannot be justified under any circumstances, while the percentage was nearly half that (or 39%) in the rest of Europe (Baloban, 2005: 309). The only countries which indicated a higher level of homophobia than Croatia were Latvia, Lithuania, Hungary, Romania and Turkey (Baloban, 2005: 172).

In political discourse, objections to granting equal rights to homosexuals are closely connected to references to the traditional national identity, just as an individual's or a community's level of religiosity (irrespective of the age and education) is often a good predictor of negative attitudes towards homosexual relationships (Štulhofer and Brajdić Vuković, 2004). In view of the prominent public role and influence of the Church in the formation of moral values (Škrabalo and Jurić, 2005), the religious interpretation of homosexuality has an undoubtedly strong effect on the vulnerability of sexual minorities. Although the Church does not officially reject people who have an inclination towards those of the same sex (considered to be a matter of personal choice) and does not support discrimination against them, it still views homosexual activity to be unnatural and sinful.<sup>159</sup> Many church groups interpret the fight of homosexuals for equal rights to be a sign of a deep moral crisis, and a new threat to the family, "the most basic social institution."

Human rights violations against the members of sexual minorities tend to relate to a denial of rights related to marriage, violations of dignity and physical integrity<sup>160</sup> (harassment and abuse in public places), and discrimination in the workplace.<sup>161</sup> Currently, same-sex couples only receive rights protection after their relationship has concluded (if they can prove that they lived together for three years or more). Retroactively they can receive the right to support and the right to the division of their common estate. By comparison, heterosexual couples gain over 60 rights once their marriage has concluded, and 29 rights can be exercised by persons in extramarital union (Bagić and Kesić, 2006).

There are many personal testimonies about the humiliation and violence that homosexual individuals are exposed to because of their sexual preferences, however,

reliable data on this phenomena is lacking. In 2002, a legal team employed by the *Iskorak* and *Kontra* associations documented cases of 25 physical assaults on homosexuals, which is dramatically different from the data gathered in the first national study on violence against sexual minorities. According to the national survey conducted on a random sample of 200 sexual minority members, 14.4% of interviewees had experienced physical violence over a period of 36 months. More than 56% had been exposed to insults and/or threats (Pikić and Jugović, 2006). More than half had a friend or partner who had been the victim of (physical) violence because of his/her sexual orientation. Both the violence and harassment most frequently happened in open public places and the perpetrators were usually unknown to the victim.

Cases of police misconduct towards sexual minorities also lacks documentation. However, according to several testimonies about the provocation and humiliation of transsexuals, a recent survey suggests that the unwillingness to report violence could be the result of inappropriate police behaviour towards the victims. One-fifth (22%) of those who experienced violence because of their sexual orientation reported it to the police, but for one in four this resulted in further embarrassment (Pikić and Jugović, 2006).

#### Box 21: An Incident

Early in the morning on March 4, 2006, a group of at least four young men entered a closed party in *Santos*, a Zagreb club, which was organized by an association promoting the rights of homosexuals. The young men attacked individuals attending the party injuring eight people. The police managed to arrest two of the attackers and laid on misdemeanour charges. *Iskorak* and *Kontra*, the associations that promote the rights of homosexuals, described the attack as a hate crime and filed a complaint. However, after conducting a criminal investigation as a result of public pressure and an intervention by the Gender Equality Ombudsman, the Zagreb Police portrayed the entire incident as a "typical bar fight" (Grđjan, 2006).

<sup>159</sup> For an identical, elaborated and biblically argued standpoint of the Protestant Church, compare the Report of The Evangelical Alliance (UK) Commission on Unity and Truth among Evangelicals (ACUTE, 2005).

<sup>160</sup> As demonstrated by the threats, stone throwing and tear-gasing on the first gay pride parade in Zagreb in June 2002. All parades held until now were secured by a large number of policemen (sometimes comparable to the number of participants) in full riot gear.

<sup>161</sup> This does not exhaust the whole range of violations of human and civil rights of the members of sexual minorities. It should be pointed out that transsexual persons who do not undergo surgery can not change their sex in personal documents, as opposed to those who have made surgical transition.

### 3.14.2 Access to Healthcare

In principle, sexual minorities have the same access to health and educational institutions as all other citizens. Still, in certain cases their participation and/or use of services is more difficult due to a lack of understanding, intolerance or direct humiliation and abuse.

In the case of medical examinations, the members of sexual minorities often encounter "hetero-normative" expectations on the part of their doctors, which may have a negative impact on the quality of their diagnoses. This is especially true in urological, gynaecological and dermatovenerological practice. A similar problem appears in the field of psychiatry (see *Box 20*), where certain experts, mostly psychodynamically-oriented members of the older generation, continue to regard homosexuality as a mental disorder.

Due to current legislative regulation (Act on the Protection of Patients' Rights, 2004), a same-sex couple cannot make decisions for their partners when they are unable to give (or deny) consent to a medical procedure, the way a married couple would. Hospital practices often go as far as to deny them access to the medical documentation of their partner. Recently, there have been efforts aimed at reducing the risk of HIV among gay men in Zagreb.

### 3.14.3 Access to Education

The participation and success of young people with a different sexual orientation is difficult because of the absence of materials and sexual education programmes in the education system that could sensitise students to differences and promote tolerance. There are a number of personal experiences and testimonies of students being bullied because they are suspected of being homosexual or simply do not fit the gender norm (e.g., an "effeminate" young man and a "masculine" young woman). For example, in Zagreb a 15

year old boy was psychologically tormented (he was laughed at and isolated) and physically assaulted.<sup>162</sup> Teachers and school administration do not always respond adequately to such cases.

### 3.14.4 Access to Employment and Employment Services

It seems that the low number of complaints against direct and indirect discrimination in the work place is a consequence of many homosexual individuals feeling forced to conceal their orientation from their colleagues and superiors. 'Coming out' is extremely rare, tends to only happen in the case of people constantly in the public eye, and for whom the risk of professional discrimination is minimized by their media stardom.

Officially recorded cases of direct and indirect discrimination, especially in seeking employment or at the work place, are rare. The report prepared by the Gender Equality Ombudsman in 2005 records only seven complaints of discrimination based on sexual orientation (Bagić and Kesić, 2006). Judging from the findings of a recently conducted qualitative research (UNDP Croatia, 2006), and taking into consideration the fact that coming out is extremely rare in Croatia's professional circles, it would appear that the low number of recorded cases of discrimination does not necessarily mean a low number of incidences. In light of this, the important question becomes to what extent is the exclusion of these individuals the consequence of the perceived risks of being openly homosexual. According to a 2005 study involving 202 companies, one-third (32.7%) of those in charge of making business decisions would not hire a person who was openly homosexual. In another study, almost one-quarter (23%) of approximately one hundred psychological experts responded affirmatively to the question whether the "coming out" of a colleague would result in "harassment at work" (Ženska soba /Women's Room/ and LORI, 2006b).

<sup>162</sup> In late 2005, the management of the home took a series of measures with the purpose of protecting the adolescent, including an invited topical lecture on young people's sexuality.

### 3.14.5 Access to Housing and Basic Infrastructure

According to some individual testimonies, homosexuals encounter problems in renting apartments, especially when they start living with their partners.<sup>163</sup> Same-sex couples often attract neighbours' interest, which sometimes results in the cancellation of leases due to the prejudices of the owner. Finding a place to live is also difficult because landlords often insist on leasing only to married couples, who are perceived as reliable tenants. Considering that the present law does not permit same sex marriages, these couples cannot get family loans which might allow them to move into their own residence.

### 3.14.6 Social Ties

Regardless of the problems concerning the process of 'coming out', which can be socially costly (loss of friends and sometimes even parents' support), existing research shows that homosexual and bisexuals lead relatively rich, sometimes alternative, social lives.<sup>164</sup> At the moment there are four NGOs (Kontra, Iskorak, LORI, and Women's Room) that promote the rights of sexual minorities, as well as a number of smaller groups/associations that are active in publishing related materials and in giving psychological assistance. In addition, there is a regional network - South Eastern European Queer Network - that provides wider coordination and support. NGO activities are reflected in a number of legal and political initiatives, and artistic, cultural and expert manifestations,<sup>165</sup> smaller research projects and the annual gay pride parade. Places where the members of sexual

minorities meet and socialize are still few in number, but they are well organised. These are web portals,<sup>167</sup> clubs in Zagreb and Rijeka, gay saunas and a number of informal meeting places throughout Croatia.

For younger generations, close circles of friends generally consist of people with a variety of sexual orientations (UNDP Croatia, 2006b). Considering that in public places sexual minorities are not able to express emotional closeness for fear of reprisal, networks of friends become an extremely important source of social support. Although it seems that homosexuals do not tell their heterosexual friends everything (especially if the friends are of the same gender; UNDP Croatia, 2006b), such friends are most probably an equally important source of support as their non-heterosexual friends. The way in which parents react to the fact that their children are different has an incredible impact on the quality of life for sexual minorities.

No data on the participation of the members of sexual minorities in volunteer, ecological, cultural or recreational associations is currently available. However, it seems plausible to assume that the level of their participation is comparable to that of the general population with the exception of civil political engagement, where there is increased involvement of sexual minorities (especially the younger generation) promoting GLBT rights.

### 3.14.6 Key Challenges

There are several dimensions which generate the social vulnerability of sexual minorities. The first one is the present legal restrictions on the human and

<sup>163</sup> Only 19% of persons of non-standard sexual orientation polled in the recent research live with their female or male partner (Pikić and Jugović, 2006.). All respondents reported living in three big towns. Considering that the sample was relatively small and non-random, the information should be regarded only as an illustration of the possible situation.

<sup>164</sup> There is very little information about the position of transsexual persons. According to some statements, they might be exposed to a higher risk of social isolation, which is why they frequently consider leaving the country.

<sup>165</sup> Queer Zagreb festival, Transgressing Gender Conference (2005.), deNORMATIV ([www.denormativ.hr](http://www.denormativ.hr)), Miks ([www.udruga-miks.hr](http://www.udruga-miks.hr)), and lectures and workshops in MaMa.

<sup>166</sup> [www.gay.hr](http://www.gay.hr), [www.cro-lesbians.com](http://www.cro-lesbians.com), [www.inqueerzicija.hr](http://www.inqueerzicija.hr).

<sup>167</sup> UNDP (2006.). "Research on social exclusion in Croatia: Groups with increased risk of social exclusion - focus groups". UNDP, Zagreb, Croatia.



civil rights of sexual minorities which has a negative impact on the quality of their life. The stigma and the discrimination, which are connected with the denial of certain rights, play a significant role in the increased level of mental problems within this social group. Another dimension is the exposure of sexual minorities to mental and physical abuse; an increased risk of victimization at public places, which causes feelings of insecurity and is responsible for potentially (auto)destructive mental mechanisms (Pikić and Jugović, 2006).<sup>168</sup> The wide-spread intolerance and homophobia in the general public is closely connected with this, which is reflected in an environment where discrimination and abuse often pass with latent approval. For sexual minorities, legislative reforms and public sensitisation are key social imperatives.

### 3.14.7 Policy Implications

The position (and consequently the vulnerability) of sexual minorities in Croatia can and should be improved through a combination of legal and educational measures. Amendments to the existing Same-sex Union Act enabling the registration of same sex couples and ensuring equal rights regarding marriage and parenthood, should be adopted as a priority.<sup>169</sup> To aid this process, it would be helpful to organize a coordinated information campaign amongst MPs and the leaders of parliamentary parties.<sup>170</sup> The recent introduction of hate crimes into the Criminal Act is an important legislative improvement. However, so far, the scope of the provision is quite limited, with

hate crimes only recognized if they result in the criminal act of murder (the hatred being an aggravating circumstance). Even so, this is still an important first step in drawing attention to the violence committed against sexual minorities. This process needs to be continued by applying the qualification of a hate crime to other punishable actions (e.g., physical harm, sexual violence, etc.) in order to further deter violence against this social group.

The need for information dissemination and education is a considerably more complex and versatile task. Programmes that promote understanding and tolerance towards sexual diversity in various segments of the population need to be developed, implemented and evaluated. Information and educational efforts should include youth (especially school-aged children and minors), their parents, experts in specific areas (the judiciary, the police, social workers, health care professionals – especially in the area of mental health – and the educational system), as well as the general population. In schools, sensitisation could be achieved by the planned introduction of health education, which will include modules on human sexuality and the prevention of violence. The sensitisation of experts, with the purpose of making them more aware of the possible “hetero-normative” constraints of their practice, as well as informing them about the specific needs of sexual minorities, should be organized in cooperation with professional organizations and civil society. Finally, sensitising the general public will require the dedicated engagement of the electronic media, especially the public TV.

<sup>168</sup> More than 40% of subjects surveyed in the first study on violence against persons of non-standard sexual orientation in Croatia considered suicide at least once (Pikić and Jugović, 2006.).

<sup>169</sup> Whether the right to adopt children will find its place amongst these rights should be left to an argued expert and public discussion. The realisation of full equality of sexual minorities should be viewed as a process which must take into account the values and judgments present in the public. Needless to say, these values need to be viewed as temporary and changeable.

<sup>170</sup> Perhaps even direct suggestions of the European Union.

<sup>171</sup> Recently, an advocacy program related to counselling LGBTIQ individuals was started by an NGO. Also, American Psychological Association's guidelines for working with LGB individuals and The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders were translated (Ženska soba, 2006; [http://www.zenskasoba.hr/public\\_html/index.php?option=content&task=view&id=50&Itemid=51](http://www.zenskasoba.hr/public_html/index.php?option=content&task=view&id=50&Itemid=51)).

### 3.15 People with Dependency Problems

#### Box 22: Growing up in a family with alcoholic parents

"My father and my mother were serious alcoholics. My father would drink a bottle of hard liquor a day, but he handled it pretty well. My mother would drink to the point of collapsing. When my mother was drunk in the house, there would regularly be screaming and fighting; she acted in a sexually deviant manner and sometimes tried to abuse me sexually. I remember that once my father beat her up after she kept trying to get into my bed.

As the eldest child in a family with alcoholic parents, I had to grow up fast and assume responsibility for myself, my brothers, and our household. My task was to cheer up dad, so that he wouldn't yell at our drunken mother, or start drinking himself and smashing things around the house, beating us, as well. I was born old. I don't remember ever having a childhood or youth."

#### 3.15.1 Human Rights

##### Alcohol abusers

It is estimated that 6% of the Croatian population abuse alcohol. Fifteen percent of the adult male population and 4% of adult females drink excessively. Since a moderate consumption of alcohol is tolerated in Croatian culture, as well as individuals who drink excessively, alcoholics are socially assimilated, and their human rights are not threatened in a fundamental sense. However, people who have problems with excessive drinking tend to be responsible for the greatest number of social deviations, thus directly jeopardising the rights of others. Their dysfunctional behaviour, although having unfavourable effects on the immediate family and working environment, is rarely sanctioned. The immediate responsibility of the Ministries of Justice, the Interior, Healthcare and Social Welfare is to provide protection to the individuals who share family, working and living environments with alcoholics.

##### Users of psychoactive drugs

In the past 15 years, drugs have become more accessible, cheaper and prevailing. Thus, occasional drug users, who might have remained so in the unorganised drug market, have developed an addiction in a short period of time. Similarly, those who have consumed soft drugs such as marijuana, as well as youth who recreationally use ecstasy-speed now switch to heroin in a shorter period of time and in greater numbers. It is now common for individuals to have their first experience with drugs between the ages of 14-16, and for an increasing number of them heroin is the first drug of choice. Youth seem to no longer feel drugs are something dangerous, prohibited or harmful, so drugs are assuming the role that alcohol use to play. In 2004, the ratio of men to women treated for drug-related problems was 5.2:1 in favour of the male sex. In Croatia, the public is extremely sensitised to the problem of drug abuse. Numerous institutions have programmes for helping drug users, which is frequently above the level that exists in many developed western countries. The problem of drug abuse is elevated to the level of a political and social problem.

#### 3.15.2 Access to Healthcare and Social Services

##### Alcohol abusers

In Croatia, the treatment for alcoholics is at an unsatisfactory low level. The health system suffers from a deficiency of psychiatrists, physicians, social workers, and pedagogues that are especially trained to provide help to people with drinking problems. The general level of knowledge about secondary problems caused by alcohol abuse is also inefficiently low. Psychiatrists tend to feel that dealing with people with drinking problems is not within their scope of practice. As a result they tend to deal with the issue from a moral and not a medical standpoint.

The Ministry of Health and Social Welfare is responsible for the implementation and control of preventative programmes for alcohol-induced disorders. Within the Ministry, the social welfare department plays a larger role than the health department, because in their

professional opinion, alcohol-induced disorders are resolved at the national level according to a public health model, and not according to a clinical-medical model. Unfortunately, the welfare system's interventions are few and ineffective and do not have a significant impact on improving the care for alcoholics in a given community. In many cases, Croatia has opted for expensive forms of assistance for alcoholics, with a low efficiency rate, and a low rate of coverage. This assistance mostly involves hospital detoxification and accommodation of alcoholics in general psychiatric wards without specific programmes targeting their psycho-social recovery.

In Croatia, there are limited numbers (or none at all) of specific programmes designed to assist in the recovery of alcoholics, day hospitals, weekend hospitals for alcoholics who undergo treatment while they are maintaining their employment, hospital departments, and therapeutic communities or social homes. The system that supports alcoholics' families, their spouses and children does not exist. Thus, it is strategically important to support the establishment of new and existing Clubs of Treated Alcoholics that facilitate recovery based on the self-help principle. Currently there are about 170 Clubs of Treated Alcoholics in Croatia. It would be ideal to have one Club of Treated Alcoholics per 10,000 inhabitants, which would require about 500 of them.

Within the socio-cultural framework of Croatia, alcoholism is viewed at varying levels of dependency, based on the general tolerance of Croatians for moderate and even high (but not excessive) levels of consumption. Towards the more tolerated level of dependency, an individual may become dependent on alcohol, but only to the extent that the addiction impacts their private life. While all forms of alcoholism are dysfunctional, this might be considered a form of "functional" alcoholism, again, because of Croatia's socio-cultural framework.

Most alcoholics – up to three quarters – are considered 'functional' alcoholics whose drinking is independent of their multiple social roles (i.e. family, work) and who mostly function normally. Those who consume excessive amounts of alcohol, to the point where their addiction impacts their public life, might be considered to be "dysfunctional" alcoholics. Dysfunctional alcoholics account for only about 15% of those with drinking problems in Croatia, yet they receive the majority of targeted programmes. However, the programmes designed to assist dysfunctional alcoholics are generally not suitable for others with varying levels of dependency. These people are left with nowhere to turn to for adequate support,

advice, or even information. Up to 80% of alcoholics, and those at risk of becoming alcoholics, are not covered by any sort of organised assistance.

The majority of people with alcohol dependency problems are relatively easy to treat and even brief therapeutic interventions by a general practitioner make a significant impact on recovery, preventing progression towards dysfunctional alcoholism. Through motivational interviews and brief focal interventions, functional alcoholics are assisted by engaging in self-help techniques. Unfortunately, Croatia has no such services or interventions.

Continuing, supportive, and frequent but low intensity therapy is the doctors' method of choice for treating individuals dependant on alcohol. Consequently, the majority of alcoholics are treated outside the hospital and in self-help groups. Currently, there are only four groups of Alcoholics Anonymous and one professionally-run self-help group for women with drinking problems. A coherent state strategy for treating alcohol-related disorders would need to incorporate the therapeutic action provided by self-help groups, derived from (or directly related to) world-renowned self-help movements for people with drinking problems. These groups could include inter alia, AA-groups (Alcoholics Anonymous), RR-groups (Rational Recovery), MM-groups (Moderation Management), and WFS-groups (Women for Sobriety).

Most formal support systems for alcoholics are organised to meet the needs, patterns, and characteristics of male clients. If women are not successful in maintaining their sobriety, it is believed that that they did not try hard enough, as opposed to the more likely reason, that they did not receive the proper support. Self-help groups for women with drinking problems can better address the specific nature of women's drinking in a way that is not possible for self-help groups that target both genders.

### Users of psychoactive drugs

Compared with the past decade, the growing trend of treatment for drug users (that began in the early 1990s) has been halted, making the number of treated drug users stable since 2000. The total number of treated drug users in the few past years ranges from 5,400 and 5,700. The number of treated heroin users ranges from 4,000-4,200 cases, while the annual number of reported new heroin users



ranges from 800-1,000 persons. According to the total number of treated drug users compared to the total number of inhabitants, the County of Istria takes first place, followed by the County of Zadar, and the County of Šibenik-Knin. Major towns that are at the forefront of illegal drug abuse are primarily Pula, Zadar, Trogir and Split, followed by Zagreb, Rijeka, Vinkovci and Osijek. However, only Pula and Zadar have an unacceptably high number of drug users. The most frequent mental disorders found in people treated for drug abuse are primarily personality disorders, alcoholism, and depression-related disorders. The amount of deaths related to drug abuse, mostly due to overdose, indicates a rising trend, ranging from only 29 in 1996 to 108 in 2004.

The Life Quality Improvement Organisation LET conducted research to obtain a subjective evaluation of the quality of life of drug users (family situation, physical health, progress of dependence, and satisfaction with one's life). The participants were involved at the time of research in the needle exchange programmes (aka 'harm reduction') which LET conducts in the City of Zagreb. The results of the study indicated a tendency towards dissatisfaction of participants with their general situation. Apart from hepatitis, depression was one of the most frequent illnesses reported. Numerous other studies show that drug abuse tends to result in depressive moods, and indicate a connection between drug abuse and other mental disorders. The majority of participants stated that they had a negative attitude towards their present situation and a pessimistic outlook towards the future. Most interviewees do not sleep well, which may be connected with the side-effects of drug consumption, and depressive moods. The data obtained from the research indicates that 64% of interviewees underwent medical treatment in the previous year, 71% of whom were treated in a medical clinic (substitution therapy), and 28.8% in hospital.

Drug users have had negative experience with general practitioners, dentists and pharmacists. General practitioners or family doctors prescribe methadone for daily use as part of a drug recovery plan. Drug users frequently encounter a lack of understanding on the part of their doctors, which is displayed as a negative opinion regarding methadone therapy and a belief that recovering addicts will bring about unpleasant feelings among other patients in the waiting room, a fear of break-ins and methadone theft, and through a lack of support for daily methadone therapy. Dentists do not like to treat drug users either, because they are fearful of contamina-

tion from hepatitis C as well as of losing other patients who look at recovering addicts with disgust or fear. Most pharmacists refuse to sell sterile needles to intravenous drug users, which is counter productive to attempts to stop the spread of HIV, hepatitis B and C.

One deficient mechanism in public health and in the treatment of addicts is the monitoring and control of the spread of HIV among intravenous drug users, especially those who return from unsuccessful treatments abroad. These drug users increase the risk of HIV epidemics among Croatian drug users. Fortunately, the past several years have seen a decrease in the amount of shared needles in recreational drug use. In 2002, shared needles were used by 38.6% of drug users, which fell to 33.1% in 2003 and further to 29.3% in 2004. There is still a very low presence of HIV among treated heroin users (only 0.5%) while the infection rate with serum viral hepatitis is significantly higher (19.2% for hepatitis B and 47.4% for hepatitis C). The low presence of HIV among Croatian drug users is not the result of good preventative work, but simple luck that the virus is not prevalent in this region. However, if an outbreak were to occur, Croatia would find it very hard to contain the rate of infection.

The prevention and treatment programmes for drug users that are insufficiently developed in Croatia include:

- "Harm reduction" drop-in centres, needle exchange programmes and outreach activities for drug users. Pioneers in the national "harm reduction" scene are the Red Cross Croatia and the Organisation Let in Zagreb, and Help in Split as the organisers of needle exchange programmes. Novi Život in Split is for the time being the only unit of "outreach" for drug users in Croatia, and Terra in Rijeka has initiated the first "drop-in" centre for drug users in addition to a needle exchange programme.
- Methadone treatment programmes in Croatia are not structured effectively, which results in a high rate of methadone abuse outside the therapeutic context. Because of the disorganised system of distribution, the positive therapeutic potential of using methadone has not been realised. In Croatia, methadone is recorded as the second most dangerous illicit drug. Drug users who are on methadone therapy do not re-socialise, but lead a chaotic and destructive lifestyle identical to that of heroin.

- A lack of structured programmes for drug recovery in penitentiaries and prisons in Croatia as well as mandatory programmes for drug users once they leave the prison.
- Hospital detoxification programmes in psychiatric departments of town or county hospitals are too low in number, forcing many people to be hospitalised unnecessarily. However, as the detoxification of drug users can be organised within the departments for intensive psychiatric care of any county hospital, further expansion of hospital capacity is unnecessary.

Inexpensive, wide-scope therapy systems outside hospitals are needed, such as day hospitals for drug users, groups for psychological rehabilitation and re-socialisation, and methadone treatment programmes. A network of Clubs of Treated Drug users are also needed, similar to the active network of Clubs of Treated Alcoholics that has been in existence for decades. The prevention and treatment programmes for drug users which operate at quite a satisfactory level in Croatia include:

- Therapeutic communities for drug users which, although lacking in number and capacity, are successfully targeting parents of drug users and institutions, but at the same time are less attractive for drug users. In Croatia, there are 12 therapy communities with 33 therapy homes. At the moment, there are slightly more than 1,000 Croatian drug users in various communes in Croatia, Italy and Spain. Most of the communities do not have the capacity to provide long-term care for girls and women. Special therapy homes for female drug users exist in only three communities, with a total capacity for only 48 female drug users.
- County centres for the prevention and treatment of dependency outside hospitals. Twenty-two centres for the prevention of dependency have been formed within county public health institutes in all major towns. Considering that a number of counties do not have pronounced problems with the abuse of illegal drugs, the number of such centres is unnecessarily high.

### 3.15.3 Access to Education

#### Abusers of alcohol and psychoactive drugs

At the national level, School Prevention Programmes (SPP) make efforts to reduce the interest of school-aged children in experimenting with both illegal and legal drugs (such as alcohol and nicotine). The programmes also try to reduce the exclusion of young people who have problems with drug and alcohol consumption through discreet protection programmes. However, the SPP does not manage to help young people with high-risk behaviour (behavioural disorders, abuse of drugs and alcohol, inclination to delinquency), so they frequently leave schools. Social protection institutions have not been successful in providing efficient assistance in preventing their further social marginalization.

Most treated drug users have secondary school education (62.9%), but there is a significant number of those who have never finished their secondary school education or who have finished only primary school (32%). Only 3.2% of the total number of treated drug users have university qualifications.

### 3.15.4 Access to Employment and Employment Services

#### Alcohol abusers

In evaluating the impact of alcohol-induced problems amongst employees, the situation must be considered in regard to Croatia's socio-cultural context, in which alcohol has been a component of work for decades. Employees have historically always been able to drink at work, and on many occasions employers would give alcoholic drinks to their employees as part of their wage. It took decades of preventive efforts and public health sensitisation of the public for drinking to be viewed as predominantly connected with leisure. Employers still tolerate drinking amongst their employees; they deny the problem of drinking in their company, thus actually providing tacit acceptance. Although employers are obliged by law to intervene if they find that one of their employees has a drinking problem, they tend not to address or report such problems in order to avoid causing them additional

problems such as embarrassment, stigmatisation, and disciplinary action. Immediate supervision of employees by their employer is the most reliable way of preventing drinking in the work place. This should be coupled with constructive confrontation with the employee regarding their drinking problem, and consequential strict disciplinary action if they fail to seek professional help.

#### **Users of psychoactive drugs**

Of the total number of people treated for drug abuse, 42.8% are unemployed, 10.8% work occasionally, while 17.9%, generally consumers of non-opiate drugs, are students. The highest rate of unemployment is amongst heroin users, one in four of whom is long-term unemployed. To a lesser extent, this is conditioned by the generally high rate of unemployment amongst young people, and to a greater extent by the almost impossible task of conciliating the chaotic, dependent lifestyle of drug users with the responsibilities of employment.

### **3.15.5 Access to Housing and Basic Infrastructure**

#### **Alcohol abusers**

Homelessness affects only about 5% of alcoholics, who comprise the most vulnerable subgroup of alcoholics and frequently neither seek help nor allow others to help them. As a first step, social welfare should accept these individuals as unable to stop drinking while employing harm reduction strategies. This would include referring homeless alcoholics to shelters, homeless hostels, drop-in centres (where they may stay during the day, but may not drink), "wet"-centres (where they can stay and also drink, under protective conditions), and where social work services can help them. The second step is to discourage drinking, which can be difficult to realize until these individuals have found a long-term solution to the housing problem by reintegration with their families, foster-care families, social welfare homes or communes for alcoholics. While Croatia presently possesses 12 therapeutic communities for opiate users (communes for drug users) with 33 therapy houses, there are no specialised therapeutic communities for dysfunctional and homeless alcoholics.

#### **Users of psychoactive drugs**

A large majority of Croatian drug users live with their families; 70.3% live with their parents, 10.7% live with the families they have started, while 8.3% of treated drug users live on their own.

### **3.15.6 Social Ties**

#### **Alcohol abusers**

Excessive drinking of functioning alcoholics has a devastating effect on their psychological and physical health, but it is a relatively negligent factor when it comes to their family and working and their immediate social environment. For dysfunctional alcoholics, the situation is different. Their drinking jeopardises the functioning of their families and their working environment. In the worst-case scenario, alcoholics destroy both themselves as well their families. In a better case scenario, alcoholics destroy only themselves, while the family marginalises them and excludes them from family relations in order to protect the family. In such cases, there is a high rate of marital conflict, family violence and divorce.

#### **Users of psychoactive drugs**

Group re-socialisation programmes for drug users in Croatia are highly deficient. Currently, Croatia is not able to offer adequate social rehabilitation programmes for drug users, similar to those found in western countries. Advocates of the employment and re-socialisation approach to former drug users believe that these programmes can help avoid further marginalization and criminalization of addicts, which is also a proactive way for society to protect itself against the harmful effects of drug abuse. Social rehabilitation of drug users falls under the jurisdiction of social welfare, which has so far not become sufficiently involved in this aspect of social development. As a result, various NGOs have emerged as the organisers of social rehabilitation programmes for drug users. In Croatia, there is a whole series of NGOs (about thirty of them) who provide various forms of assistance to drug users and their families.



**Box 23: Marko's experience**

"On November 19, the police arrived at the point in Špansko and started to harass a user of the [needle exchange] programme they found there, forcing him to strip to his waist, amongst other things. The news about this event spread rapidly, so the users of the programme did not come to the point for a couple of days. When we finally managed to calm them, trying to convince them that the incident had been a misunderstanding, that we were supported by the MZSS, which supports this kind of programme, that it would not happen again, and that they had no reason to be afraid, on November 30 the police came to the same point again, but this time it was the intervention police. The police have begun to frequent other points, as well."

The programme can only achieve full success if we can guarantee full anonymity, trust, and protection, while maintaining a non-judgmental attitude towards the users of intravenous drugs. Only then do drug users visit the association, take advantage of the needle and syringe exchange programmes, and only then do we prevent the spread of HIV and other diseases. The experiences of states in Eastern Europe and Central Asia, where intravenous drug users are persecuted, show that closing the programmes for harm reduction, and a lack of community support leads to a worrisome spread of HIV and hepatitis B and C. (Organisation LET)

**3.15.7 Crime****Alcohol abusers**

Alcohol addiction indicates the strongest correlation between aggressive and crime-related behaviour, such as: theft and violent crimes. Alcoholics are also prone to self-injurious and suicidal behaviour. One-fourth of all medical emergencies, one-third of suicides, and more than half of violent crimes in Croatia are related to alcohol in one way or another. At the time of arrest, one-third of the individuals are under the influence of alcohol. Either the victim or the perpetrator was under the influence of alcohol in 65% of murders, 70% of assaults, and in 50% of

fight or cases of domestic violence. As the general consumption of alcohol rises, so does the number of battered, raped and murdered women. Alcoholics abuse children (mentally, physically or sexually) to a significantly greater extent. Alcohol as a risk factor is present in about 30% of cases involving child abuse. Seventy percent of violent crimes committed under the influence of alcohol take place during the evening, in the privacy of one's home, and they are predominantly aimed against members of one's own household.

**Users of psychoactive drugs**

According to the Ministry of Justice, the possession of illegal psychoactive substances accounts for 75% in the total crime rate related to drug abuse. Other criminal acts connected with narcotic substances include: 18.3% convicted of selling drugs, 0.9% convicted of conspiring to sell drugs, and 4.9% convicted of giving drugs to a minor. In 2004, 703 drug users were incarcerated for various criminal acts, 915 drug users were detained, and 136 drug users were charged with misdemeanours. The share of detained and incarcerated male drug users is nearly thirty times higher than the number of detained and incarcerated female drug users.

The number of inmates who are using drugs and are serving prison sentences has shown a trend of continuing growth over the past fifteen years. Since 1991, only 14 drug users were serving sentences, while in 2004, 566 were incarcerated. The number of people convicted for producing a narcotic substance in 2004 (17 convicted) is still low, which indicates that there is little evidence that units illegally producing narcotics exist in Croatia.

**3.15.8 Key Challenges****Alcohol abusers**

The experiences of western countries, which have recorded a downward trend in the consumption of alcohol over the past 20 years, suggest the adoption of a new, progressive, theoretical platform for understanding the phenomenon of alcoholism. In brief, this can be summarised as follows:

1. The concept of drinking as deviant behaviour in terms of one's health and social norms is not applicable only to alcoholics, but also to all people who drink. The community pays the highest price for the consequences of drinking by those who usually do not drink in excess.
2. Considering that only minimal quantities of alcohol are not harmful, social drinking should be viewed as excessive and risky.
3. Environmental conditions play the most important part in encouraging alcohol-related problems (e.g., public advertising of drinking and alcoholic drinks, positive views of drinking), as well as the availability of alcohol, and only then the internal predispositions of the drinkers.

Thus, a state strategy for reducing alcohol-related disorders which exclusively target alcoholics is not sufficient, and should target the entire drinking population as well. Although people who drink sporadically to moderately have a lower risk of becoming affected by an alcohol-related problem, the percentage of people who drink moderately in the adult population is up to 80%, so the problems arising from their drinking socially are more numerous and significant than the problems of alcoholics themselves.

#### **Users of psychoactive drugs**

Although Croatia has a well defined National Strategy and Action Plan for Eliminating Drug Abuse, there is no systematic approach to dealing with the problem of drug abuse. Different treatment programmes suit different drug abusers and the same drug addict needs to receive different treatment programmes depending on his or her recovery phase. Currently, there are wide ranging and competing programmes to assist drug addicts, which cater to a specific profile

of drug user, leaving some with no services at all. Although various programmes of assistance to drug users are mutually complementary, their organisers tend to compete for funding and public support.

### **3.15.9 Policy Implications**

#### **Alcohol abusers**

Croatia does not have a comprehensive national programme, or an action plan within the national strategy, for the prevention and elimination of alcohol-induced disorders, but only isolated measures that regulate individual alcohol-provoked problems. There seems to be no policy-related imperative to develop such a plan; no awareness that such a plan should exist; and Croatian experts do not have the competence to develop such a strategy. The requirements imposed by the World Health Organisation's Regional Office for Europe that Croatia should contribute to the implementation of the European Alcohol Action Plan are not binding in any way. As a result, Croatia did not respond in a serious manner. However, in order to meet the requirements of the European Union, Croatia will have to create and implement a national action plan.

#### **Users of psychoactive drugs**

It is a political and not just a social question as to whether Croatia will adopt a progressive platform of *drug differentiation*, according to which the collective term 'drugs' does not exist. What exist instead are various forms of dependence, each of which has its own personal magnetism, its own degree of harmfulness, its own pattern of consumption and its own specific group of users. Thus, it would be best to classify the reasons for dependence according to the harmfulness of the different types of dependence.

### 3.16 Child Poverty and Child Well-Being

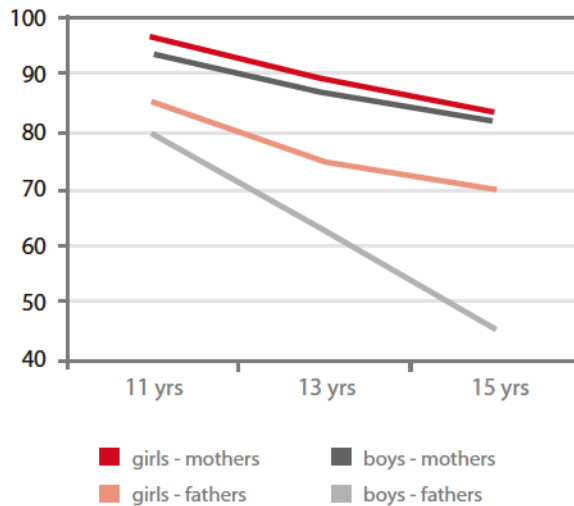
The concept of child well-being is very subjective, and as of yet does not have a universal definition. From a child rights perspective, child well-being can be understood as the realisation of children's rights and the opportunity that every child be given to reach their full potential. This concept is not static, but is the result of the interplay between resources and risk factors regarding the personal situation of the child, their family, friends, situation at school and the wider society. Children are generally doing well when their families are doing well, when they have friends and safe neighbourhoods, when they have access to quality education, healthcare and social services, and when society provides them space for development and participation. In this sense, child well-being becomes a good indicator of societal well-being.

In times of economic recession, or social and demographic change, children become particularly vulnerable to the effects of poverty and cuts in public spending. Croatian policy has yet to focus on the situation of children. The new National Plan of Action for Children's Rights and Interests 2006-2012 states that a new programme for fighting poverty and social exclusion should be drafted. Such a programme would recognise the living conditions of children in Croatia and provide for a comprehensive strategy to ensure their well-being.

Over the past five years the reduction of child poverty has become an explicit priority in the EU Social Inclusion Process. Experiences in EU Member States indicate that increasing the well-being of children will require a more diverse approach than one focused exclusively on income poverty reduction. Countries that have been successful in either reducing high levels of child poverty (such as the UK) or in keeping child poverty at a low level (such as the Scandinavian countries) have adopted a multi-dimensional strategy to support children and their families.

In order to support children and their families in developing this sense of well-being, policies and services need to take into account the child's resources and deprivations in all areas of their life. These areas

Figure 15: Children who find it easy to talk with their mothers and fathers



Source: HBSC 2001 (Currie et al. 2004)

include the different dimensions of their family situation, their material situation, education, subjective health and well-being, their risk behaviour and safety. Some groups of children, for example children in institutions, live in particularly disadvantaged circumstances and are at a high risk of social exclusion. However, like the concept of well-being, vulnerability is not a clearly defined category either; for every child that is excluded from mainstream society, many other children may be at risk but may remain invisible.

#### 3.16.1 Family Situation<sup>172</sup>

The quality of family relations is one of the most important factors of child well-being. Trust and emotional warmth between parents and children is the basis on which children develop self-confidence and competences to deal with social difficulties (Orthner et al. 2004, Hoelscher 2003). In Croatia, family cohesion is still strong; 89.3% children grow up with their parents, 7.4% with a single parent, and only 2.8% live in foster care (Currie et al. 2004). The Health Behaviour in School Aged Children Survey (HBSC)<sup>173</sup> indicates that

<sup>172</sup> This chapter discusses what is known about the well-being of children in Croatia in these different dimensions. It draws mainly on data from the index of child well-being in CEE/CIS countries (Richardson et al. 2006) and from the Health Behaviour in School Aged Children Survey (HBSC) that covers 35 countries, mainly from across Europe (Currie et al. 2004).

<sup>173</sup> The HBSC Survey covers 35 countries in Europe and North America. All European countries are included except for BiH, Serbia and Albania.



the younger respondents find it easy to talk to their parents, and that difficulties in communication tend to only occur between teenage girls and their fathers.

The traditional role of the family in providing for the well-being of children in Croatian society seems to have relieved the state from developing efficient support systems for children and their families. This lack of state involvement increases the vulnerability of children when family relations come under pressure, such as in cases of domestic violence. According to the data from the Ombudsman's Office for Children,<sup>174</sup> 48% of children in 2004 and 53% of children in 2005 were victims of domestic violence, particularly in the form of psychological abuse.

Research with children and young people suggests that corporal punishment and verbal abuse are still widespread. In the UNICEF Young Voices survey 71% of the children reported that they experience violent behaviour at home (including verbal violence), and 15% stated that this occurred frequently, or very frequently. Similarly, research at the University of Zagreb shows that 75% of students had experienced some kind of physical violence in their family, and another study indicated that 1/3 of children aged 13-15 say that they are physically punished at home (Bošnjak et al. 2002).

### 3.16.2 Economic situation

Poverty and deprivation can have a strong impact on children's well-being. In Croatia 16.6% of children live in relative poverty, with single parent families and families with more than three children being particularly at risk.

Relatively high disparities in income distribution are reflected through the quintile share ratio; 20% of the population with the highest household incomes have incomes 5.4 times higher than individuals in the lowest income quintile.<sup>175</sup> However, since the well-being of children depends on more than a suitable economic situation, data on relative income poverty alone gives very little insight into children's actual living conditions. Poverty rates vary depending on which threshold, equivalence scale and unit of analysis is used, and income data does not give information about what resources actually reach the children.

Therefore income data needs to be complemented with data on material deprivation and subjective poverty (Bradshaw 2005). While child income poverty in Croatia compares favourably with poverty rates both in the EU and CEE/CIS countries, data on material deprivation and a family's difficulties in making ends meet provides a very different picture.

**Table 7:** At-risk-of-poverty rate at 60% equalized median income, selected groups of population

	with income in kind	without income in kind
Total	16.9%	18.9%
0-15	15.2%	16.6%
65 +	27.9%	32.2%
Single parent	29.1%	31.8%
2 adults, 1 dependent child	14.9%	14.7%
2 adults, 2 dependent children	13.7%	15.2%
2 adults, 3 or more dependent children	19.1%	21.6%

Source: Croatian Statistical Yearbook 2004, Data: 2003

The HBSC survey uses a 'Family Affluence Scale' (FAS) to measure a child's material situation. Children are asked how many cars and computers their family has, how often they were away on holidays the previous year and whether or not they have their own bedroom. Up to 43.5% children have a low FAS and only 13.6% have a high one. Almost half of the children say that their families do not have a computer at home. This ranks Croatia 26th among the 35 participating countries in this research (Currie et al. 2004). The high level of deprivation was confirmed by a survey of secondary students (17-18 yrs) in war affected areas in 1999. Thirty percent of young people worried whether their family had enough income to cover their basic costs of living while 37% stated that their family was not able to pay their bills (Raboteg-Šarić 2004). A study with dual and single parent households in urban areas also revealed considerable financial difficulties

<sup>174</sup> Source: The Report of the Ombudsman for Children for 2004 and 2005/Izveštaje o radu pravobranitelja za djecu za 2004. godinu i Informacija o radu Ureda pravobranitelja za djecu za 2005. godinu (Available only in Croatian).

<sup>175</sup> Source: Central Bureau of Statistics, 2004c, according to Raboteg-Šarić, page 539

for Croatian families. More than half of single parents and 25% of dual parent families struggle to make ends meet. More than half of the single parents said that they postpone shopping for themselves to buy something for their child, that they are late in paying bills and do not go for vacations, and about a half of them agreed that they do not have enough money for their children's extracurricular activities (Raboteg-Šaric 2004).

Poverty and deprivation affects child well-being both directly through the lack of economic resources, and indirectly, through their parents' stress, conflicts and corresponding adjustments in their family's lifestyle. Poverty is linked to poor health and problems in children's cognitive development, particularly when poverty occurs early in life and persists over several years.<sup>176</sup> While the impacts of poverty in early childhood are mainly mediated by good family relations, the direct consequences of poverty becomes more evident later in life as some girls and boys have to deal with the reality of having less than others (McLanahan 1997). Disadvantaged children usually cannot participate in peer activities and may stand out because they cannot afford the 'right' clothing. Many Croatian young people say that 'poverty is boredom'. Youth in rural areas feel isolated as they cannot afford transportation to meet with peers and do not have the money for leisure activities (Raboteg-Šaric 2004).

### 3.16.3 Education

#### Childcare

Quality childcare is one of the most important elements of a comprehensive strategy to reduce child poverty. It enables parents to reconcile work and family life, and it also supports children's development. Participation in high quality childcare is linked to improvements in children's social, emotional and verbal abilities (Duncan and Brooks-Gunn 2000). Children's enrolment in kindergarten and childcare is low in Croatia. In 2005 the pre-primary enrolment rate was 43% and only 15% of young children (1-3 years old) are in childcare.<sup>177</sup> This partially reflects the widespread perception that family is the best place

for young children. Often grandparents live with the family or nearby and tend to the children during the day. But family support may no longer be sufficient in a modern society that places new demands on the labour market, and forces families to become highly mobile, dual income households (Raboteg-Šaric 2004).

Another contributing factor is the lack of development in the Croatian childcare system. Current capacities are insufficient and parents may be unable to afford it, particularly in rural and war-affected areas where the quality may be low. To be beneficial for children and their families, Croatian childcare needs to be more accessible, of higher quality and flexible to the needs of modern parents.

#### School

Ninety-seven percent of children are enrolled in basic education, ranking Croatia 7th among the 20 CEE/CIS countries.<sup>178</sup> However, a considerable minority of 6.9% of primary school age children are not in school.<sup>179</sup> The enrolment rate for secondary schools in 2004/05 was 79.2%, but only 69.5% of the young people enrolled actually finish secondary school (Government of the Republic of Croatia, 2006). Disadvantaged children are more likely to drop out of school early and it is very difficult for them to access higher education. Urban-rural disparities in primary and secondary education and the costs for textbooks, transportation and accommodation are becoming major barriers for students wishing to continue their education (Raboteg-Šaric, 2004).

According to the HBSC survey, Croatian children think that they are doing well and do not feel particularly pressured by school work compared to their classmates in other HBSC countries (Croatia ranks in the top third). However, they tend to spend more time doing their homework than their peers in other countries (Croatia ranks 30th). Also, Croatian children do not particularly enjoy school, which places Croatia at the very bottom of the scale in the same research (Currie et al. 2004).

<sup>176</sup> Duncan and Brooks-Gunn 2000, Beresford et al. 2005, Peters and Mullis 1997

<sup>177</sup> Government of the Republic of Croatia 2006, Raboteg-Šaric 2004

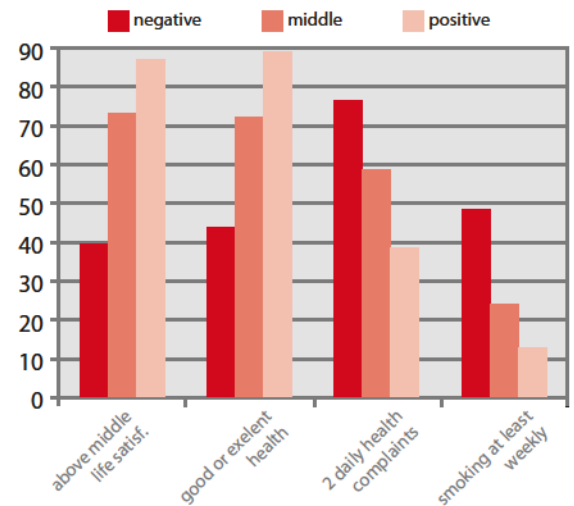
<sup>178</sup> Source: UNICEF TransMONEE 2005

<sup>179</sup> Source: UNESCO Institute for Statistics

Children's well-being at school is influenced by a range of factors such as friendships, inclusion into the classroom activities, student-teacher relationships, the perceived relevance of the curriculum, structural conditions, the organisation of lessons, and school life. The HBSC survey also reviewed children's peer relationships at school. About 75% of boys and girls find their peers kind and helpful, ranking Croatia above average in an international comparison. However, according to the 2004 and 2005 data from the Ombudsman's Office for Children, there were a number of filed complaints in relation to violence in primary and secondary schools, including peer violence as well as violence of the teachers and school authorities working with children. The UNICEF questionnaire on school bullying from 2003<sup>180</sup> shows that one in 3 children had experienced peer violence recently, and 10.4% experienced repeated violence (2-3 times per month or more often). Verbal bullying is the most common form of violence among children. Public opinion polls, conducted by UNICEF in 2003 and 2005, also show that the general public is concerned about the incidence of violence among children.

Reasons why children do not enjoy school are likely to be found in the school structure and organisation. While there are discussions about a more flexible and child-centred education system, in practice these ideas face substantial barriers. Most schools in Croatia lack space and facilities; they are overused and operate in two or three shifts. Children have to adjust to changing school times which make it difficult for parents to reconcile work and family life. Only in some urban areas can young students access after-school programmes, and even then the capacities are insufficient. At the same time schools struggle with a lack of funding. A high portion of the funding for education goes into building maintenance, reconstruction and equipment rather than teaching. In war-affected areas the situation is even more difficult as reconstruction and the revitalisation of social life are slow processes. Schools in urban areas usually have less space but are better equipped and have better qualified faculty than schools in disadvantaged rural areas. Teacher-student relationships tend to be formal and authoritarian in all cases, and children and their parents have little say in the organisation of school life. Schools

Figure 16: School experience and subjective well-being



Source: Currie et al. 2004

tend to operate in isolation, without partnerships with communities and local actors (Raboteg-Šarić 2004).

By analysing children's overall experience in school, and taking into consideration the children's subjective achievements, pressure from school work, well-being at school, peer-relations and experiences of violence, the HBSC survey found that there is a close link between how children experience school and their subjective well-being. If school becomes a predominantly negative experience, students are not only more likely to drop out, but they also face increased health risks.

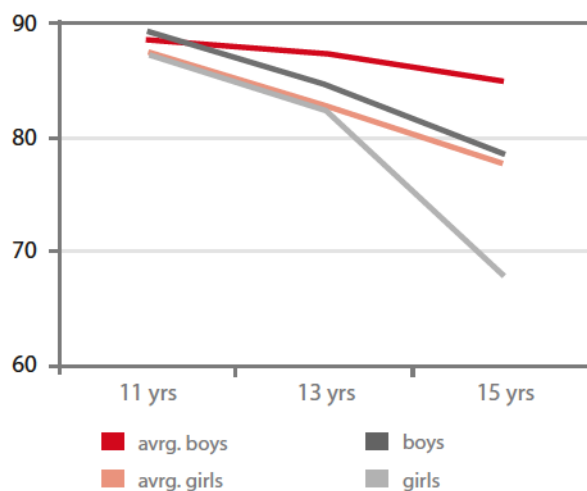
The survey also points to the dynamics through which positive school factors benefit children's life satisfaction and health. A positive school environment is characterised by a socially inclusive school climate, supportive peers and good academic achievements with a low level of stress, and an increase in the sense of success and competence in the young people. Self-confidence in turn benefits children's health and well-being, which again strengthens the likelihood that they will continue to perform well at school (Currie et al., 2004).



### 3.16.4 Subjective Health and Well-Being

During childhood and adolescence, children's subjective well-being tends to decrease with increasing age and while there are hardly any gender differences among 11 year-olds, over time boys tend to feel better about themselves than girls (Currie et al. 2004, Quilgars et al. 2005). Compared to other HBSC countries, the well-being of 11 year-olds is average (Croatia ranks 16th) but falls below average for 13 year-olds (Croatia ranks 24th) and falls even lower for 15 year-olds (Croatia ranks 29th).

**Figure 17:** Children who rate their life satisfaction above the middle of a scale from 0-10



Source: Currie et al. 2004

A similar trend can be seen in the opinions children have of their own health, with 36.8% of girls and 18.6% of boys at age 15 rating it as fair or poor, down from 15.8% (girls) and 11.2% (boys) at age 11. One reason for children's health problems is poverty; 31% girls and 21% boys with a low FAS report poor health, about 10% more than children with a higher FAS. From an international perspective Croatia again ranks 29th among HBSC countries. There is a clear east-west divide, with many of the transition countries occupying the lower ranks (Currie et al. 2004). This may indicate structural, socio-economic inequalities but could also indicate that children and young people are bearing the brunt of transition and have difficulties coping with a rapidly changing environment.

### 3.16.5 Risk Behaviour

Adolescence is a developmental time when risk behaviour, seen as a way to gain acceptance by peers, becomes very common. Young people tend to underestimate the risks they take. While the impacts of tobacco, alcohol and drugs on young people's health are evident, their consumption has to be seen in the context of their development, peer pressure and coping strategies. Alcohol and tobacco are also used to create a sense of togetherness within the peer group, for example by sharing cigarettes and engaging in social drinking (Stewart-Knox et al. 2005). Boys and girls who engage in risk behaviour often do so in more than one way, e.g. they consume alcohol and also have unprotected sex. Research indicates that risk behaviour is influenced by stressful experiences that young people cannot manage successfully with positive coping strategies (Klein-Hessling et al. 2005).

Among 15 year-olds in Croatia, 21.1% girls and 38.0% boys have been drunk at least two times in their lives. Every fourth young person smokes at least once a week, girls slightly more often than boys. Cannabis use is less widespread with 14.1% girls and 18.9% boys having consumed it at least once in their life. Compared with other HBSC countries these values are average (Currie et al. 2004).

Sexual intercourse at a young age is likely to be unplanned and therefore unprotected. Compared with other European countries 9.7% of the 15 year-old girls and 23.2% of the 15 year-old boys in Croatia already had sexual intercourse. Three quarters of them use condoms while other forms of contraception are rarely used (Currie et al. 2004). The teenage fertility rate is relatively low with 14.6 births per 1,000 women aged 15-19.<sup>181</sup>

### 3.16.6 Vulnerable Groups of Children

Some groups of children are particularly vulnerable, like institutionalised children, children with disabilities, and Roma children. The situations of these children are very heterogenic and demand different responses. Current services are designed in a way that isolates these children from their peer groups and deprives them of family care, which is especially

<sup>181</sup> Source: World Bank Health, Nutrition and Population Statistics

the case with institutionalised children. To prevent social exclusion and support a sound development, a balance is needed between targeted support and mainstreaming that fosters the inclusion of these children in their peer group. The Ombudsman's Office for Children also advocated for periodic assessments of the reasons and justifications for a child's stay in an institution, as well as for priority support for families with children in institutions, with the purpose of strengthening ties and re-establishing a quality relationship with these children.

Preventive community-based social services that support children and their families according to their specific needs are still rare in Croatia. The state only intervenes when family problems escalate, for example when children become victims of neglect or abuse, and/or develop behavioural problems. Many children are then separated from their families and placed in institutions. On average children stay for four years in institutions but many of them stay until they leave secondary school or reach adulthood. Spatial and material conditions in children's institutions are often inadequate and in more than half of all homes five or more children share a room. In recent years attempts were made to place older children in protective apartments so they could further develop their life skills. However, this has not led to a reduction in institutionalisation as these children were immediately replaced by others entering institutional care (Bošnjak et al. 2002).

Institutionalisation is unlikely to give children the support they need in terms of counselling, education and the development of life skills. The Committee on the Rights of the Child, for example, expressed specific concerns about violence in care institutions in Croatia (Cantwell et al. 2005). This may lead to the paradoxical situation that children who are victims of abuse are placed in institutions that may be abusive themselves and use corporal punishment and emotional cruelty (Bošnjak et al. 2002). Hence, in developing new services, priority needs to be given to supporting the child within the family for as long as possible. In this, social workers from different services, such as child-care facilities, schools, health services and the police should form strong local partnerships and coordinate their work to be better able to help families. It is also crucial that children and their families are heard in the process and that they are seen as partners in creating their own solutions.

### 3.17 Common Issues and Concerns for Socially Excluded Groups

Three things stand out from the examination of groups at risk of poverty and social exclusion. The first is the lack of sufficient in-depth data and research which for most of the identified groups significantly inhibits the development of appropriate policies. UNDP research on the Quality of Life and the qualitative research on focus groups have made a step forward in this respect. Secondly, the analysis shows that the increase of the social inclusion of each disadvantaged group requires a multi-dimensional and holistic approach that cuts across a broad range of policy areas. The third point is the extent to which the different groups share common issues and common areas for improvement. Thus, what is required is to increase the access to essential services while at the same time tailoring those services to specific needs and adapting them to the specific situations of the vulnerable. Some of the common issues and common strands are highlighted below.

**Human rights and anti-discrimination:** A key issue that emerges for several groups is the need to strengthen the enforcement of anti-discrimination legislation. This is particularly evident in relation to the Roma, returnees and people with physical and intellectual disabilities. However, it is also relevant to people with HIV, sexual minorities, people living in institutions, the homeless, prisoners, single parents, victims of domestic violence, and children. The issue goes beyond simply enforcing legislation. It also involves ensuring the right to fully participate in society, combating marginalisation, and to having a voice in the decision-making processes. This involves raising awareness about human rights and promoting the empowerment of groups.

**Access to social security:** The issue of improving the social security system in order to ensure an adequate basic income emerges for several groups. It is particularly stressed in relation to people with physical disabilities, single parents, the long-term unemployed and some pensioners, especially those living alone. Another common issue is the need to link social security payments more closely to personal plans and social supports, which will motivate people and increase their ability either to access employment or

to participate in society. This seems to be especially the case for the long-term unemployed, people with disabilities, the Roma and single parents.

**Access to social services:** There is an evident need to develop the network of support and care services for many of the different groups. In particular there is a strong emphasis on the need to develop support in the community and reduce the dependence on institutional care, whether for people with disabilities or children. The need to provide more integrated and holistic services which address the range of people's needs is a frequent theme, notably in relation to people with physical and intellectual disabilities, families and children, victims of domestic violence, the elderly, and the homeless.

**Access and affordability of health services:** Inadequate access to health services, whether due to a lack of health insurance or the costs involved, emerges as an issue for several groups, notably the Roma, returnees/IDPs, people with intellectual disabilities, single parents, the long-term unemployed, and the elderly. In addition more specific programmes are needed for groups such as alcoholics and drug users.

**Access to education and training:** Increasing participation and integration in normal schools is another issue that cuts across several groups at risk. In particular it is an issue for the Roma, children with intellectual disabilities (especially those living in institutions), and children with physical disabilities. The importance of pre-school education for children from disadvantaged backgrounds is another recurring theme. The need to increase access for and participation by adults in life-long learning is another recurring educational theme, notably for the long-term unemployed, single parents, and older workers. Closely linked to this is the emphasis on making access to and training in ICT more available and affordable to several groups such as the Roma, returnees in remote areas, people with disabilities, single parents, and the long-term unemployed.

**Access to employment:** A common issue that occurs for many of the at-risk groups is increasing their access

to employment. Developing a more comprehensive approach including improving personalised training, ensuring social support services, creating more access to public employment and to subsidised and sheltered employment is stressed. Groups included here are returnees, Roma, people with intellectual and physical disabilities, single parents, the long-term unemployed and unemployed youth. Ensuring equal access to jobs in the public sector is especially important for the Roma, Serb returnees, and people with disabilities.

**Transportation:** Improving access to transportation is a frequent issue as it is seen as a key factor in affecting people's ability to access other basic services, particularly health and employment. This mainly includes returnees living in remote areas, people with physical disabilities, and single parents.

**Access to housing and basic infrastructure:** The importance of housing and basic infrastructure stands out for several groups. It ranges from the need to ensure decent quality housing and adequate basic infrastructure, notably for the Roma and for many returnees, through the development of alternatives to institutional care for children and people with an intellectual disability, to developing social housing for groups such as single parents, people with a disability and the homeless, including emergency shelters for victims of domestic violence.

**Social supports:** The importance of family and social support networks is highlighted for most groups, where the role of NGOs, self-help groups, youth organisations etc. are especially important.

**Area based strategies:** Poverty and social exclusion are often concentrated in particular geographic areas, whether these are remote rural areas or urban slums. Thus, the need to develop comprehensive local development programmes for disadvantaged areas that integrate and coordinate efforts across a range of policy domains, emerges as an issue affecting most groups. It is particularly important for Roma communities and for returnees living in remote areas.





# 4

## CHAPTER 4

## KEY CHALLENGES



# Chapter 4: Key Challenges

## 4.1 Introduction

Reducing social exclusion in Croatia will require innovative thinking, based on the theoretical, conceptual, and practical understandings which underpin the current revitalisation of the European social model in the context of the evidence provided in the first three chapters of this NHDR. The nature of social exclusion, its complexities, and the heterogeneity of lived experiences of those who are excluded in Croatia today, suggest the need for a wider range of smart, active, flexible, and dynamic policies than those currently in use. Evidence-based social policies are necessary to fight social exclusion, based on an appropriate mix of the four broad tools, including: universal provision, categorical benefits, insurance-based, and means-tested benefits and services.

Universal provision defines eligibility not according to means but according to membership of a broad community or group. Categorical benefits and services are similar to universal ones but tend to focus on very specific vulnerable groups and/or on specific social problems. Insurance-based approaches provide services based on past contributions to the system and/or work history. Means-tested approaches tie benefits or services to an assessment of assets and means, with only those below a certain threshold being entitled. The appropriate mix of these approaches should minimise the errors of inclusion (i.e., providing services meant for those at risk to those not at risk), and errors of exclusion, which result in a significant number of those excluded not receiving benefits, often as a result of stigma. However, the externality effect of short-term cuts to universal benefits in response to economic shocks, can undermine longer-term solidarities necessary for sustained pro-poor growth.

Attempts to encourage economic growth through radical structural adjustments risk undermining elements of the social fabric, notably extended family support and social networks, which are themselves guarantors of social inclusion. In this formulation, conceptualising 'targeted' benefits and services as one of the tools has been explicitly avoided. Targeting should be seen as an outcome, intended or not, of a particular benefit or service, in terms of the extent of its coverage of the most vulnerable.

This chapter will address three key challenges: the importance of designing policies which respond to key risk groups, while recognising the multi-dimensional character of exclusion; the importance of spatial dimensions to social policy; and, the need to react to new forms of social risk and uncertainty.

## 4.2 Groups at Risk of Social Exclusion

It is still somewhat difficult to estimate the number and types of people who are structurally excluded in Croatia, not least because of the lack of time series and panel studies which would show paths into and out of exclusion over time. However, studies indicate that as many as one in five Croatians is excluded or at risk of exclusion. A recent World Bank study<sup>182</sup> calculated a poverty rate of 11% in Croatia, with an additional 10% of the population at risk of poverty, consuming less than 25% above the poverty line. The UNDP<sup>183</sup> found 11.5% of the labour force population to be deprived in areas of income, employment and socio-cultural participation. Among the groups which appear to face a systematic risk of social exclusion, and pose special challenges to future policy formation, are the following:

<sup>182</sup> based on the 2004 Household Budget Survey data (World Bank, 2006)

<sup>183</sup> UNDP (2006a) Research on social exclusion in Croatia: Quality of Life and the risk of Social exclusion. UNDP, Zagreb, Croatia



- **People with disabilities:** Physical barriers to institutions and social stigma, combined with a lack of employment opportunities, and a problematic relationship with an ineffective health system, work to exclude people with disabilities. Focus group interviews (UNDP, 2006b) show a fundamental disconnect between costly, medical assessment procedures and the inadequate benefits which these allow access to. This indicates a need to shift policies and practice in four directions. First, towards a more realistic package of cash and care benefits based on a thorough social and medical assessment. Second, to provide real incentives on both the supply and demand side, to promote participation in the labour market, which is seen as a good investment in terms of productivity in the longer-run (cf. ILO, 2006). Third, given the lack of skills and trust as evidenced in the focus groups, there needs to be a shift in responsibility for advice, guidance, and legal counsel away from CSW and towards new agencies, perhaps run by coalitions of disability associations. Fourth, and perhaps most difficult to achieve politically, there is a need to move towards a system where benefits relate more to the nature of the disability than to the cause (whether war-related, work-related, or other). Whilst pointing out that veteran benefits are not designed in terms of poverty alleviation but, rather, represent “a public policy choice to recognise past military service”, the World Bank estimates that public expenditures on such benefits amounted to 1.63% of GDP in 2004, representing approximately 41% of social benefits (World Bank, 2005; 1).
- **The Long-Term Unemployed:** Despite some encouraging trends in the reduction of unemployment rates in Croatia, Chapter 3.7 illustrates that the long-term unemployed still comprise more than half of the total unemployed, with the number of very long-term unemployed increasing. Over 3% of the Croatian population is long-term unemployed, representing a significant portion of households at risk of poverty and social exclusion. This group suffers from low income, poor access to health and other services, and has little trust in institutions. The challenge for policy-makers is to provide adequate income maintenance as well as support job-search efforts and skills enhancement. Regionally based strategies may be needed given the varying causes of long-term unemployment. Clear targets may need to be set to ensure that the portion of the long-term unemployed who receive training and support raises the low figure of 2.5% envisaged under the National Employment Action Plan.
- **Varied Family Forms** - Single-parents and large families: The Croatian family structure is still very traditional, although the number of single-parents is now around the EU average. As Chapter 3.6 illustrates, single-parent families face numerous difficulties; they are at a higher risk of poverty, and about half of them struggle financially. While having to cope with underdeveloped services, it is understandable that single-parent families depend on help received from the extended family. Those who cannot rely on that help experience the highest levels of social exclusion. Single-parent families also face considerable problems in balancing work and family obligations, placing them in a disadvantaged position when trying to obtain paid work. Large families are in a similar position, with an even higher risk of poverty than single-parent families. The threat of poverty for larger families results from a combination of factors, including lower levels of education and poor employment records. Both types of families require special social attention and a variety of measures to address their specific needs.
- **Families with Young Children:** A recent World Bank study found that, while poverty in Croatia is generally stable throughout the life cycle, the one exception can be found among children aged 0-4 years. These small children have the second highest value in the poverty gap index, necessitating special consideration for households with infants (World Bank, 2006; 18). The importance of an integrated set of policies for early childhood education and child care is recognised increasingly in both developed and developing countries (cf. Haddad, 2002), based on the principles of universality and inclusiveness, as well as horizontal and vertical co-ordination. Such policies are clearly necessary in Croatia.
- **Minority Ethnic groups - Roma and Serbian returnees:** As in most of South Eastern and Central Europe, the Roma face structural exclusion in Croatia. This is also the situation with members of the Serbian minority population, particularly returnees. In both cases, the strengthening of anti-discriminatory legislation is needed, coupled with an area-based

approach to development (UNDP, 2006b). In the case of the Roma, putting an end to discrimination in the labour market is an essential first step towards challenging the Roma's 'asymmetrical' relationship with social welfare. Above all, a focus on investments in education and housing is crucial. For Serbian returnees, there is a need to emphasise a human rights approach and to consider legal pre-conditions for inclusion as a priority.

- **Institutionalised populations:** In part because of the less dramatic situation found in Croatia compared to, for example, Bulgaria and Romania, there is a danger of failing to respond to the structural exclusion of various institutionalised populations in Croatia (such as, children without parental care, children with disabilities, adults with disabilities, and juvenile and adult offenders). Institutionalisation, in some cases, appears to produce exclusion as it involves segregation from family and other support, often in remote settings. Moreover, those who leave institutions are not prepared for re-integration or inclusion in society. A wholesale commitment to new forms of community care is needed. Again, this needs to be tied to area-based assessments of need and the provision of more 'intermediate' resources to avoid over-reliance, either on costly institutional care or on unsupported and over stretched family care (Bošnjak and Stubbs, 2006).
- **Older people without a pension:** The latest World Bank poverty study (World Bank, 2006) indicates that the risk of poverty increases with age. Elderly headed households face a poverty risk twice that of the general population. A higher risk is faced by households headed by females aged 65+ and by female single-resident households. Within households headed by elderly people, those who do not receive pensions are particularly vulnerable, facing a poverty risk more than five times the national average. The World Bank study shows that no less than 62% of those aged 65+ who do not receive a pension are in poverty, compared to 19% of those in the same age group who do receive a pension.

Chapter 3.1 suggests that one-fifth the population over 65 (131 414 people) do not receive a pension. The case for introducing some kind of 'social pension' appears to be very strong in Croatia. It is obvious that older people are not a homogenous group – while a minority is in a relatively good position, the majority is made up of a number of different, highly excluded, sub-groups. The focus groups survey also shows that assistance to older people with low incomes could, to a considerable extent, be realized through measures which would lower costs for medical and related services.

### 4.3 Geography of Exclusion and Regional Inequalities

Until recently, there was very little accurate information on the extent of regional inequality in Croatia. However, a number of recent studies have begun to produce a rather consistent, and somewhat worrying, picture of spatially concentrated disadvantage, although much of this is still pitched at the level of larger regions and counties, with municipal level and neighbourhood data almost completely lacking. County level data shows the need for a set of development indicators rather than only using GDP per capita. Supplementing the World Bank tables with UNDP Quality of Life survey data (UNDP, 2006a) indicates that there are links between per capita GDP and levels of social exclusion (see Table 9). While the World Bank report emphasises that the bottom five counties in terms of per capita GDP is not correlated especially with income or consumption poverty, it displays a stronger correlation with social exclusion. According to the UNDP survey, three of the counties with the highest levels of social exclusion are also among those with the lowest per capita GDP. Another way of reading Table 9 is to consider that 12 of 21 counties appear in the bottom five in at least one of the six indicators, with two counties, Osijek-Baranja

and Virovitica-Podravina, appearing four times and four others appearing three times. Adding five more indicators, as in Table 13, means that eight counties appear in the bottom five four or more times, while two new counties also appear in the list.

In addition, while per capita GDP figures indicate a ratio from highest to lowest of 3.12:1 in 2003 (World Bank Background paper 4), the ratio of social exclusion is 16.29:1 (UNDP, 2006a), with six counties having rates of above 20%. When aggregated into five composite regions, the World Bank study still finds a considerable difference between urban Zagreb's poverty rate of less than 3% and a figure of over 20% in the rural central region. The UNDP survey disaggregated by counties shows high disparities in levels of trust, in estimates of quality of, and satisfaction with, education services, in Internet usage and in job security.

Clearly, more research is needed to determine the underlying causes of exclusion, not least of which is because the World Bank study can only account for some of the regional discrepancies with what are normally the key indicators of poverty, such as employment status, age of household head, and household size. The observation, that "given the relatively large unexplained regional differences in living standards, a regionally differentiated strategy probably makes good sense for Croatia" (World Bank, 2006; 33), is particularly welcome. Some elements of this type of strategy have already been proposed under the draft National Strategy for Regional Development in collaboration with the Ministry of the Sea, Tourism, Transport and Development.<sup>184</sup> The report points to large and widening socio-economic disparities between the counties, noting five, not necessarily mutually exclusive, areas with significant development needs: the war-affected areas; traditional industrial areas; hilly and mountainous areas; the islands; and border areas. The report suggests a number of remedial actions based on the premise that existing support to disadvantaged areas has been too small and poorly co-ordinated.

The Vision Statement of the Strategy includes pledges to significantly reduce "the gap in internal income and living standards between all counties, wider regions and social groups across the country" by 2013. While

most of the focus is on broad-based capacity building, institutional strengthening, and multi-stakeholder partnerships, the proposal to establish a Programme for the Development of Disadvantaged Areas (PDDA) is of particular interest. It envisions an integrated Government plan for these areas (under the leadership of the MSTTD), a unified definition of disadvantaged areas, to retain that status for seven years, and an integrated focus on economic and human capital, and infrastructure components. The designation of specific Action Zones, to promote social inclusion, access to health, education and employment will be needed in the future to tackle the spatial dimensions of exclusion in Croatia. In addition, a new agenda to tackle rural disadvantage on a much larger scale will be needed. It is crucial for local social planning to be allied with redistributed transfer payments in order to avoid the more developed local provision of welfare being located in areas which need it least.

Above all, a careful reconsideration of the causes and consequences of spatial inequalities is needed. These are multi-faceted and historical developmental inequalities, including the specific effects of war and its aftermath, transition-induced restructuring, and the current 'gateway' effect of EU candidate status.

The importance of promoting labour mobility is a facet that has remained largely unquestioned but that could lead to more young people leaving their communities to seek work in urban areas. This could have negative consequences in both smaller communities, with older, less skilled, or less mobile people becoming more reliant on passive social assistance; and in the receiving areas, leading to discrimination in the housing market and new pressures of urbanisation. Simply promoting 'mobility' under-estimates the role of the extended family as an effective and efficient form of social support. There is a need to study, much more closely, the disincentive effects inhibiting labour mobility in Croatia and not to jump to general conclusions. To take just one example, there is currently a shortage of qualified social workers in Osijek-Baranja county, and a surplus of unemployed qualified social workers in Zagreb. Reluctance to move is, in large part, a result of the inability to secure adequate and affordable housing on the salary of a social worker.

<sup>184</sup> See web page: [http://www.mmtpr.hr/UserDocsImages/CARDS\\_2002%20\(D\)/intro\\_en.html](http://www.mmtpr.hr/UserDocsImages/CARDS_2002%20(D)/intro_en.html)



**Table 8:** Alternative lists of five poorest counties in Croatia

Rank (1=poorest)	GDP per capita (2003)	Social Exclusion	Per capita income	Per capita consumption	Ave. monthly earnings	Headcount Poverty Rate (%)
1	Vukovar-Sirmium	Pozega-Slavonia	Virovitica- Podravina	Karlovac	Virovitica- Podravina	Karlovac
2	Sl. Brod-Posavina	Virovitica- Podravina	Osijek-Baranja	Virovitica- Podravina	Varaždin	Sisak-Moslavina
3	Sibenik-Knin	Sl. Brod-Posavina	Karlovac	Sisak-Moslavina	Bjelovar-Bilogora	Bjelovar-Bilogora
4	Pozega-Slavonia	Vukovar-Sirmium	Sisak-Moslavina	Krapina-Zagorje	Koprivnica- Križevci	Koprivnica- Križevci
5	Krapina-Zagorje	Osijek-Baranja	Pozega-Slavonia	Osijek-Baranja	Sl. Brod-Posavina	Osijek-Baranja

Source: World Bank estimates based on 2002-04 HBS and LFS. GDP per capita from background paper No. 4. Social Exclusion from UNDP Quality of Life Survey

**Table 9:** Additional Indicators

Rank (1=poorest)	High Unemployment	High Pop Over 65	Low Pop Growth	Large No of People with disabilities	Large No of Social assistance recipients
1	Vukovar-Sirmium	Lika-Senj	Karlovac	Krapina-Zagorje	Sibenik-Knin
2	Sisak-Moslavina	Karlovac	Lika-Senj	Pozega-Slavonia	Virovitica- Podravina
3	Sl. Brod-Posavina	Sibenik-Knin	Sisak-Moslavina	Sisak-Moslavina	Sisak-Moslavina
4	Virovitica- Podravina	Virovitica- Podravina	Bjelovar-Bilogora	Varaždin	Sl. Brod-Posavina
5	Sibenik-Knin	Krapina-Zagorje	Krapina-Zagorje	Sibenik-Knin	Međimurje

Source: HZZ, taken from Analytical Bulletin No. 4 from 2004 from the Croatian Employment Services, Croatian Bureau of Statistics

#### 4.4 'New' Risks, Uncertainties and Restructuring

This report shows how a number of 'new risks', common to post-industrial societies, and related to complex socio-economic and socio-cultural transformations, are emerging in Croatia. Central to this is the changing relationship between social policy and the labour market. It is extremely important to recognise the effects of restructuring and the segmentation of the labour market on social security and insecurity. The labour market should be approached in terms of the supply of labour including, but not limited to,

'flexibility', 'employability' and 'mobility' along with considerations regarding the demand for labour, the family-work balance, and, crucially, the possibility of securing 'decent work for all'. Long-term comparative research has questioned the idea that unemployment is linked to a lack of work motivation and has also questioned any straightforward link between different welfare systems and any incentive or disincentive effects regarding employment (cf. Gallie, 2000a). Indeed, it is too often forgotten that "the extent to which employment offers opportunities for social participation depends crucially on the quality of jobs" (Gallie, 2000b).

In welfare state restructuring, so-called activation policies<sup>185</sup> or 'active labour market policies' have sometimes been emphasised above other policy measures. Sometimes, the balance between evidence-based and ideological motivation for such schemes appears distorted, and their effects appear to vary depending on the nature of the schemes, their assumptions regarding the labour market, and the balance between incentives and sanctions which they contain. An overview of 'workfare' in an international perspective (Lødemel and Trickey (eds.), 2001) shows the existence of common problems in a variety of schemes, precisely deriving from the fact that they are compulsory, work based and targeted to a population facing formidable barriers to work. A 'social division of workfare' which mirrors that of the labour market as a whole, with a 'creaming off' of the most employable increases the further exclusion, through 'sink options', of the more disadvantaged and vulnerable groups. Hence, great care needs to be taken when devising programmes for 'hard-to-place' groups with participants' rights guaranteed and, above all, appropriate evaluation undertaken.

There is a need to be far more circumspect in the connections between policies to increase employment and policies to reduce social exclusion. Too close a link, in which policies to reduce social exclusion focus exclusively on activation policies is unlikely to yield positive results and could, indeed, worsen exclusion. It is beyond question that more resources need to be devoted to active rather than passive measures, combining national best practices with locally tailored schemes. Care must be taken, however, to avoid further stigmatising vulnerable groups.

In terms of older people and members of the labour force who currently do not receive, or who appear unlikely to receive, a subsistence pension, there may be a need to revisit the idea of a 'social pension' perhaps in conjunction with some kind of special fund. Issues around the work-life balance require more concerted focus on child care policies and, in particular, the provision of day care, through a mixture of providers, funding arrangements, tax and other subsidies, and even voucher schemes. Longer-term care arrangements for vulnerable older people, adults and children with disabilities and those living with recurrent chronic illnesses require more flexible provision and,

above all, a shift so that resources follow clients rather than being 'tied up' in existing structures. New forms of community-based micro-insurance schemes will be needed, in addition to a new 'zonal' social policy which seeks to challenge multiple disadvantages. In addition, as developed below, there is a need to integrate fiscal and social policies in a more coherent and sophisticated way in Croatia.

While overall, Croatia performs well in terms of the diffusion of Information and Communication Technology (ICT), with a ranking of 45th in the ICT diffusion index, and scores particularly highly in terms of access (UNCTAD, 2006; 49), this masks a considerable regional variation. The UNDP Quality of Life Survey shows that only 22.7% of respondents used the internet frequently in the month before the study; some 12.7% used it occasionally and 63.7% not at all (UNDP, 2006a; 30). Variations in frequent use were similar to the difference in rates of understanding written English, with usages most common amongst men, younger respondents, those with more education, and those living in urban areas. The County of Istria and the City of Zagreb had rates of frequent usage almost four times that of the county with the lowest rate. More work is clearly needed on the relationship between e-exclusion and other forms of social exclusion, and it is important that initiatives such as the e-Croatia initiative, address the needs of marginalized and disadvantages groups and regions more systematically.

#### 4.5 Conclusion -- 'smart' social policy?

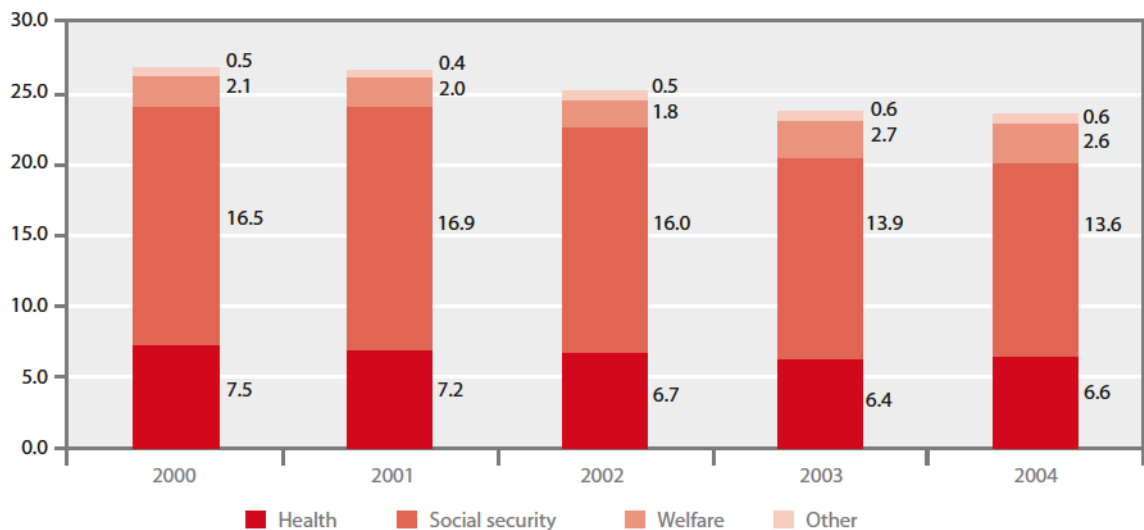
Over and above the specific policy recommendations outlined above, there is a need for 'smart' social policies free of ideology and that are evidence-based. The discussion of social policy framed in terms of 'free riding' and 'double dipping' needs to be supported by evidence, rather than asserted. One of the most important aspects of this is to calculate precisely the extent and trend of state social expenditures. It often seems that figures in this regard, based on questionable calculations, continue to circulate, giving the impression that Croatia is a high social spending country which, in many ways, is far from the truth and conceals a more complex picture. Data from the

<sup>185</sup> Defined as, "a set of policies/measures/instruments aimed at integrating unemployed social assistance recipients into the labour market and improving their economic and social inclusion." (Hanesch and Balzter, 2001; 3).

Ministry of Finance indicates that the central government social expenditures rose from 40.5 billion HRK in 2000 to almost 50 billion HRK in 2004. In the context of economic growth, however, social expenditures as a proportion of GDP fell from 26.6% in 2000 to 23.4% in 2004 (Figure 19). These figures are not strictly comparable to EU figures. In addition, they do not include veterans' benefits (around 1.6% of GDP) or local and regional government expenditures (around 0.5% of GDP). Nevertheless, the figures, largely a product of reductions in health and pensions expenditures as a share of GDP, provide important counter-evidence to the notion of high and increasing social expenditures.

Overall, a hard and fast division between 'the economic' and 'the social' and, indeed, the 'environmental' is counter-productive. Instead, an integrated approach to social policy as investment in human and social capital needs to be developed. In addition, a cautionary principle needs to be adopted in which safeguards ensure that policies do no harm and are likely to improve the position of excluded groups and individuals. Finally, 'smart' social policy needs to be based on an inclusive dialogue and not remain the preserve of politicians, professionals, policy makers or existing institutions. Changing perceptions of 'the social' is at the heart of any serious, long-term, perspective on challenging social exclusion.

Figure 18: Social Expenditure (as % of GDP)



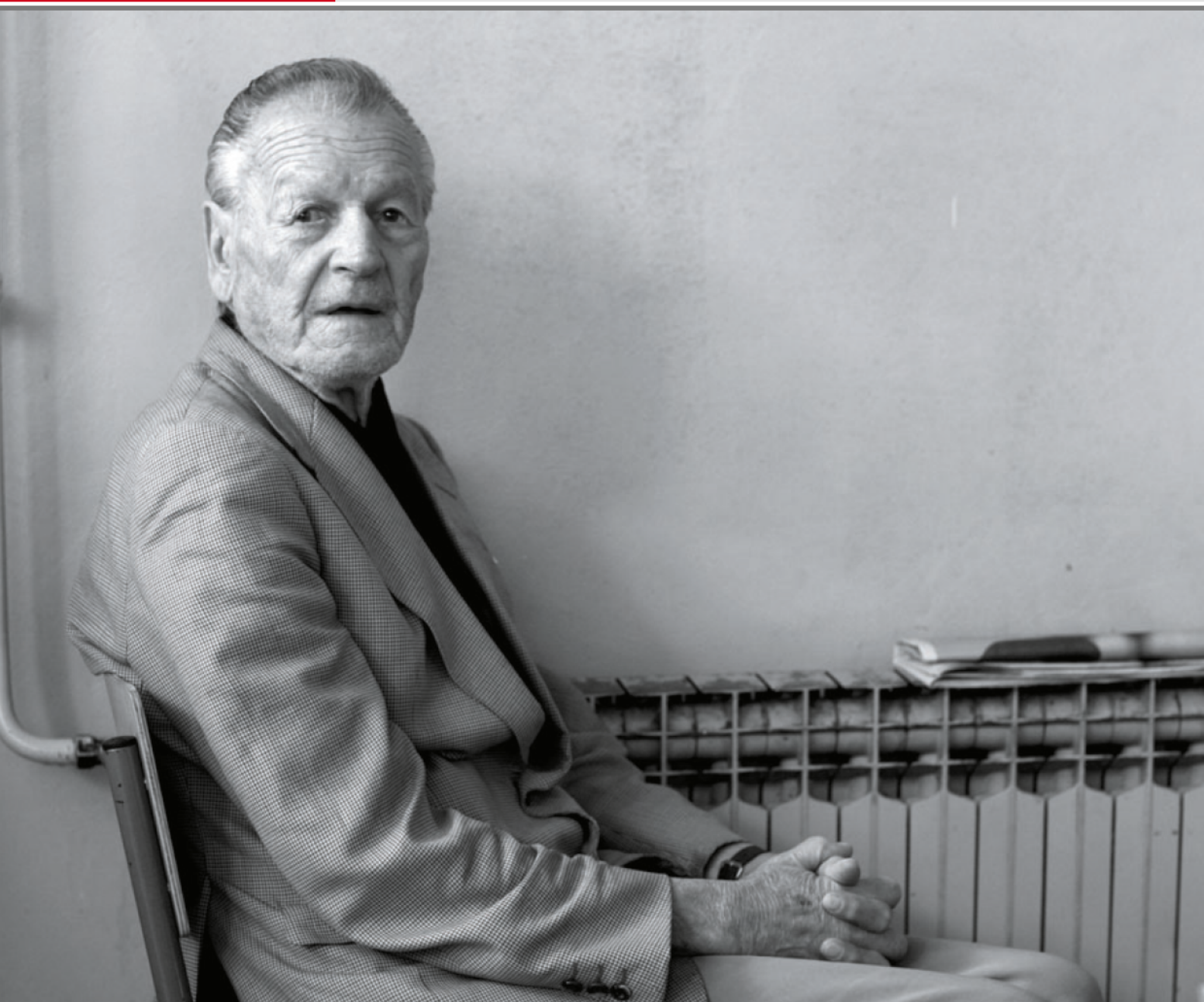
Source: Croatian Ministry of Finance; Notes: According to GFS 1986 classification



# 5

## CHAPTER 5

## POLICY RECOMMENDATIONS



# Chapter 5: Policy Recommendations

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## 5.1 Introduction

From the evidence outlined in the previous chapters, it is clear that Croatia faces an important policy challenge in strengthening its efforts to significantly reduce social exclusion and poverty and in building a more inclusive society. Many aspects of this challenge will require new policy responses. In particular, key issues where policy efforts will be needed include tackling long-term unemployment, modernising the social protection system, improving access to services (especially health, housing, education and social services) and eliminating discrimination, especially for minority groups and people with disabilities. In addition, it will be essential to take into account the significant regional differences in social exclusion and differences between urban and rural settings.

The broad range of policy areas that need to be included to improve the position of the main groups at risk of poverty and social exclusion are highlighted in Chapters 3 and 4. The key policy conclusion to be drawn is that promoting social inclusion should be mainstreamed as a priority objective across all areas of policy making and policy implementation. This would ensure a multi-dimensional and holistic approach to preventing and reducing poverty and social exclusion. Equally important are better linkages between policy areas reflecting an overall government approach. Addressing social exclusion in this way is

also required in the context of EU accession, in line with the objectives of the Union's Social Protection and Social Inclusion process.

Developing a comprehensive approach will require the government to strengthen the institutional arrangements for developing, delivering and monitoring policies to promote greater social inclusion. This will involve: allocating clear political responsibility for ensuring that social exclusion is at the heart of policy making; establishing clear objectives and quantifiable targets for reducing social exclusion; ensuring that effective arrangements are in place to guarantee horizontal coordination between ministries and agencies at the national level and also between national and local levels; involving and mobilising relevant actors such as social partners and NGOs in the process; and, developing better data and analysis of social inclusion trends and ensuring regular monitoring of progress.

This chapter concentrates on four key areas for policy action that have emerged in the earlier chapters as being of fundamental importance in preventing and alleviating social exclusion for the disadvantaged groups identified in this report. Relevant policies include: developing an inclusive labour market and reducing long-term unemployment; reducing institutionalisation and increasing support in the community; supporting families and children; and, tackling geographic areas that experience high levels of social exclusion.

## 5.2 Inclusive Labour Market

As highlighted in Chapters 3 and 4, increasing access to employment and improving activity rates is clearly vital to both preventing and reducing unemployment and social exclusion for many people. However, the employment has to be of a sufficient quality to generate adequate income and care has to be taken not to encourage people into low paid jobs that perpetuate their situation. Clearly part of the solution lies in the sphere of economic growth and development and increasing the overall supply and quality of jobs. Overcoming mismatches between labour demand and supply is critical. However, there is also a need to strengthen measures that will increase the employability of disadvantaged groups. There is already a significant commitment to active labour market measures in Croatia, however, these need to be targeted better to those more distant from the labour market. They need to be more flexible, more localised as well as regularly monitored for effectiveness. Relevant services and ministries require improved co-ordination.

Given the very high level of long-term unemployment, developing personalised progression routes back to employment would be particularly useful. Reducing the number of people who are becoming long-term unemployed will require special initiatives to retain people in work, to update the skills of the older employed and to create more opportunities for young people, in order to ease their transition from school to work. All this involves developing high quality counselling and retraining services.

A key factor in addressing child and family poverty will be to give a high priority to supporting single parents, parents from jobless households, and parents with

large families in accessing employment. Not only will this require increasing their involvement in active labour market programmes but also introducing more family friendly policies, such as more flexible forms of employment and increased provision of pre-school and day care provision.

Wherever possible, the focus should be on increasing access to the open labour market with other options, such as sheltered employment, being the last resort. To this end, increasing the participation of 'at risk' groups, such as those with disabilities, ethnic minorities including the Roma, ex-prisoners and people with addiction problems in active labour market programmes is important. To further this, it will also be important to address discrimination by employers in employing such groups, both through enforcing anti-discrimination legislation on grounds of race, gender, disability, religion, sexual orientation and through a programme of education and awareness raising. Particular barriers also need to be identified and addressed such as physical barriers to buildings or public transportation faced by people with disabilities. In some cases, access to normal employment will not be possible, when other options such as sheltered employment and community work will be necessary.

Interactions between tax and welfare provisions play a key role in determining whether work pays or whether there are disincentives to taking up employment. The development of local employment partnerships involving government employment and social agencies, social partners and NGOs working together to develop local strategies, could be useful in developing employment opportunities in the areas of the highest risk of social exclusion.



**Recommendations for Developing an Inclusive Labour Market and Tackling Long-Term Unemployment**

- Refocus Active Labour Market Programmes for the long-term unemployed or those at risk of long-term unemployment and, in particular, people with disabilities, the older unemployed, the young unemployed, single parents, the Roma and returnees;
- Develop personalised counselling and guidance services for people from disadvantaged groups and establish progression routes back towards employment involving education, training, community work, and public sector employment;
- Improve coordination between Croatian employment services and other relevant social services and local initiatives so as to develop integrated programmes of support for disadvantaged groups facing multiple problems;
- Enforce anti-discrimination legislation in relation to race, gender, disability, age, religion, sexual orientation and develop education and awareness raising programmes to engender respect for employment rights of minorities.
- Make changes to the tax and welfare system to remove unemployment traps and increase incentives to take up employment, with particular emphasis on families with children, while maintaining adequate income support for those unable to gain employment;
- Develop a system of tax and financial incentives to encourage employers to employ people with disabilities and people from other high risk groups;
- Consider a quota scheme to encourage employers to employ a certain proportion of people with disabilities;
- Increase financial support to employers to make workplaces accessible to people with disabilities;
- Develop sheltered employment opportunities for vulnerable groups such as those with certain intellectual or severe physical disabilities;
- Promote community work and public employment options for the long-long term unemployed who are very far from the labour market, such as the homeless, people with alcohol and drug problems or for those living in areas with few employment possibilities;
- Consider increasing the age of eligibility for pensions and provide incentives for older workers to continue working;
- Develop life-long learning and training opportunities especially for older workers;
- Increase access to, and training in ICT for disadvantage groups;
- Increase access to affordable child care and day care for dependents and develop more flexible and family-friendly forms of employment;
- Increase access to public service jobs for ethnic minorities;
- Establish local employment partnerships between employment services, social services agencies, education and training providers, local authorities, employers, trade unions and NGOs;
- Develop programmes to support entrepreneurship among vulnerable groups and provide practical and financial support to promote self-employment;
- Increase access to affordable transportation for disadvantaged groups to facilitate access to jobs.

### 5.3 Deinstitutionalisation and the Development of Social Services

As has been highlighted in Chapters 3 and 4, at present Croatia still depends heavily on the use of institutional settings for groups such as children with disabilities, children separated from their parents, adults with intellectual and physical disabilities, and juvenile and adult offenders. The effect of institutionalisation increases isolation from family and social support networks and increases dependence and exclusion. Reducing independence on institutional care in favour of developing community-based services and family care should be a high priority. This further promotes inclusion since it enables vulnerable individuals to participate to the fullest extent possible in social and economic life. Thus, the existing network of social support and care services also needs to develop, which particularly refers to improving the quality, coverage and accessibility of social services at the local level. Local social services need to become a first point of contact, providing information and advice on the ground, while ensuring that a range of services are provided in a more integrated manner.

Integrated social services mean effective coordination across areas such as social housing, health services, education and training services and employment services. Consequently, this also requires the mobilisation of a range of different actors in providing support that include partnerships between state agencies, local authorities, NGOs and the private sector, which can all more efficiently deliver services at the local level.

For those leaving institutions it is very important to develop tailored packages of support to assist their integration into society and employment. For those who remain in institutions it is important that those institutions develop strong links with local communities and local services as much as possible. For

instance children in institutions should, wherever possible, be educated in local schools and take part in local social, recreational and sporting activities.

#### Recommendations for reducing institutionalisation

- Develop community care services at the local level to support the deinstitutionalisation of people with disabilities and ensure links with health, education and training services;
- Develop support in the community that fosters the independent living of people with disabilities such as: 1) introducing a system of personal assistants, and 2) developing the supporting role of NGOs;
- Develop provision of specially adapted social housing for people with disabilities;
- Improve physical accessibility to buildings and transport;
- Develop support and training to increase employment access for people with disabilities;
- Improve the financial independence of people with disabilities by revising the system of benefits so that disability benefits are paid on the basis of a degree of disability and not on the basis of the cause of disability;
- Ensure access to and opportunities to participate in recreational and cultural activities in the community;
- Develop education and training programmes to counter discrimination and to promote recognition of rights, abilities and needs of people with disabilities;
- Develop fostering and adoption services for children at risk.

## 5.4 Children and Families at Risk

While the position of children in Croatia is relatively positive thanks to strong family support structures, the condition of children is still a critical issue for promoting greater social inclusion. Indeed any comprehensive strategies to tackle social exclusion must break the intergenerational inheritance of poverty and thus stop the inflow into social exclusion of children. As can be seen from Chapters 3 and 4, children in larger families and children in single parent families have a very high risk of poverty and social exclusion. Certain groups of children are at an even greater risk of social exclusion, such as children in institutional care, children with disabilities, Roma children and children in families experiencing domestic violence. Croatia also faces an aging population problem and should support and encourage families with children to ensure that the potential of each child is fully realized so they can contribute to the future social and economic development of the country.

There is an overall need to develop a more comprehensive and integrated approach to preventing and alleviating the social exclusion of children based on the rights of the child. A comprehensive approach must involve increasing the access of single parents

and parents of large families to employment, improving the system of income support for families at high risk, enhancing access to social services, developing care and protection systems for children at risk, and the development of early intervention initiatives to support vulnerable families and children. Such an approach is especially important given that promoting the inclusion of children is now one of the key priorities in the EU's social inclusion process. At the March 2006 European Council meeting, the Heads of State and Government asked that: "the Member States take necessary measures to rapidly and significantly reduce child poverty, giving all children equal opportunities, regardless of their social background". In view of Croatia's candidate country status this has become a priority for the Croatian government as well.

Support services to families with children in Croatia remain underdeveloped. In particular, many children that could remain in family care are instead placed in institutions where the quality of care can sometimes be poor. Improving support to vulnerable families and developing the foster-care system are needed as alternatives. Additionally, increased cooperation between services, such as childcare facilities, schools, health services and the police is required in order to further support children in families.

### Recommendations for supporting children and their families

- Develop a comprehensive and integrated strategy for promoting the social inclusion of all children;
- Reform the system of income support to families with children so it better targets the most disadvantaged families and also encourages parents to take up employment;
- Support the efforts of parents from disadvantaged families to access employment;
- Reduce the number of children in institutions by developing support systems for families and by giving greater support to the foster care system;
- Promote early intervention with children in families at risk and develop day care and pre-school opportunities for children with disabilities, Roma children and other children from disadvantaged backgrounds;
- Promote the development of local partnerships involving different services such as childcare facilities, schools, health services and the police together with NGOs and parents;
- Ensure that all schools are equipped and that staff are trained to work with children with special needs;
- Counter the segregation of Roma children and ensure their full integration in the education system;
- Expand and develop child protection and child care services;
- Ensure that children from disadvantaged backgrounds have access to regular sporting, recreational and cultural activities.



There is a particular need to more fully integrate children with disabilities and children from ethnic minorities, especially Roma children, in the education system, thus avoiding segregation. This will mean developing support services such as counselling and mentoring, and ensuring that schools are sufficiently equipped and that staff are trained to work with children with special needs. It will also be important to ensure that the costs of education (e.g. books, transport) do not act as a barrier to participation or to progression to higher levels. A particular priority here must be to focus more on early intervention and develop pre-school and day care provision. This is particularly important for children who come from poor and socially excluded backgrounds for which early intervention is crucial. Thus they should be given a high priority.

## 5.5 Areas Experiencing High Levels of Social Exclusion

Economic, labour market and social policies need to be developed and tailored to take account of the particular problems and difficulties of disadvantaged regions. The exact measures will vary depending on whether these are war-affected areas, traditional industrial areas, hilly and mountainous areas, islands, or border areas. In terms of tackling social exclusion it is important not only that the Croatian Government develops its National Strategy for Regional Development but that within designated regions it also develops a very specific focus on issues of poverty and social exclusion. It is essential that there is an effective redistribution of resources to ensure that these areas do not lag behind in the development of social services and welfare provision, particularly as there is often a greater need for such services in these areas. Given the very high level of unemployment in these areas, there should be a concerted effort to focus Ac-

tive Labour Market Programmes and other measures to create employment.

In terms of local social planning, it could be helpful to identify particular priority areas experiencing multiple forms of deprivation and to develop integrated local strategies or action plans to promote social inclusion. It will be important to ensure that these strategies focus on the needs of the disadvantaged groups identified in this report, such as returnees, the Roma, people with disabilities, the isolated elderly and 'at risk' families. An integrated package of actions should encompass local economic development, the improvement of social services, the development of human capital and the improvement of local infrastructure, including housing and physical infrastructure. The promotion of partnerships is, as with other policy areas, applicable here as well.

### Recommendations to develop regional and area based strategies

- Redistribute resources to disadvantaged regions to ensure they do not lag behind in the development of health, education, social services, welfare provision and public transport;
- Prioritise disadvantaged regions when developing Active Labour Market Programmes and other measures to promote employment and local economic development;
- Improve access to transportation;
- Identify and designate specific local areas experiencing high levels of multiple deprivation and develop locally integrated strategies for social inclusion, particularly targeting the most disadvantaged groups;
- Promote the development of area-based partnerships involving national and local authorities, the social partners and NGOs.





## STATISTICAL ANNEX

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## 1. Poverty indicators

	2005	
	With income in kind	Without income in kind
At-risk-of-poverty rate, %	17.5	19.9
At-risk-of-poverty threshold for one-person households, kuna	21 237.57	19 644.41
At-risk-of-poverty threshold for households consisting of two adults and two children, kuna	44 598.89	41 253.27
<b>At-risk-of-poverty rate by age and sex, %</b>		
Men	15.9	18.1
Women	18.9	21.5
0 – 15 years	19.7	20.9
Men	18.2	19
Women	21.3	23
16 – 24 years	15.3	16.1
Men	15.9	16.8
Women	14.7	15.3
25 – 49 years	13.1	14.3
Men	12.9	14.4
Women	13.2	14.2
50 – 64 years	15.6	18.5
Men	15	18
Women	16.1	18.9
65 years and over	25.6	31
Men	20.9	25.7
Women	28.5	34.4
<b>At-risk-of-poverty rate, by most frequent activity status, %</b>		
Employed	3.9	4.3
Men	5	5.4
Women	(2.7)	(2.8)
Self-employed	13.7	17
Men	(13.7)	(15.2)
Women	(13.8)	(19.6)
Unemployed	33.4	37.3
Men	36.9	41.5
Women	30	33.2
Retired	19.3	22.5
Men	19.1	21.6
Women	19.5	23.2
Other economically inactive	23.7	25.9
Men	19.2	20.9
Women	26.8	29.5

	2005	
	s dohodkom u naturi	bez dohodka u naturi
<b>At-risk-of-poverty rate, by household type and age, %</b>		
One-person household	31.1	38.6
Men	(22.1)	27.5
Women	34.2	42.5
One-person household, 30 – 64 years	25.7	28.3
One-person household, 65 years and over	35.2	45.5
Two adults, no dependent children, both adults under 65 years	12.3	15.3
Two adults, no dependent children, at least one adult 65 years or over	25.6	30.1
Other households with no dependent children	7.7	10.2
Single parent household, one or more dependent children	34.8	41
Two adults, one dependent child	12.8	13.3
Two adults, two dependent children	13.1	14.1
Two adults, three or more dependent children	31	31.6
Other households with dependent children	13.4	14.4
<b>At-risk-of-poverty rate by tenure status, %</b>		
Tenant (contracted, fixed and full rent)	21.6	20.7
Owner or rent free	17.3	19.8
Inequality of income distribution – quintile share ratio (S80/S20)	4.5	5.1
Gini coefficient	0.29	0.31
Relative at-risk-of-poverty gap, %	22.9	24.8
<b>Dispersion around the at-risk-of-poverty threshold</b>		
40% cut off	5.4	7.5
50% cut off	10.7	12.9
70% cut off	25.5	27.4
<b>At-risk-of-poverty threshold before social transfers, %</b>		
Pensions included in income	34.9	36.8
Pensions excluded from income	43.2	44.3

Source: CBS

## 2. Quality of life indicators

Indicators	Mean value on a scale of 1-10 or percentage	2006	2003			
		HR	EU-25	BG	RO	TR
1. <b>Health</b> - Quality of national health service (1 very poor quality – 10 very high quality)	mean value	5.2	6,2	3,7	5,6	3,9
2. <b>Employment</b> –Work is boring (percentage of employed people who strongly agree or agree)	%	12	11,4	11,6	11,1	41,7
2b. -Likelihood of loosing the job (very likely or likely)	%	7	9,1	52,3	17,7	27,3
3. <b>Income deprivation</b> - Unable to pay scheduled bills for accommodation or utilities	%	23	13,3	6,2	34,1	30,4
3b. - Satisfaction with own standard of living (1 very dissatisfied – 10 very satisfied)	mean value	5.6	6,9	4	6,1	4,6
4. <b>Education</b> - Quality of education system (1 very poor quality – 10 very high quality)	mean value	5.8	6,3	4,4	6,5	4,4
4b. - Satisfaction with own education (1 very dissatisfied – 10 very satisfied)	mean value	6.0	6,9	6,4	7,8	4,7
5. <b>Family</b> - Satisfaction with family life (1 very dissatisfied – 10 very satisfied)	mean value	7,5	7,9	7,1	8,1	7,8
5b. - More than fair share of family responsibilities (measured on three item scale)	%	13	25	18	21	43
5c. - Support from family members (received help at least three out of four situations)	%	61	64	57	69	58
6. <b>Social participation</b> - Religious service attendance (at least once a week)	%	24	17	4	23	41
6b. - Use of the Internet	%	33	46*	17	21	27
6c. - Trust in people (1 'you can't be too careful in dealing with people' - 10 'most people can be trusted')	mean value	4,6	5,6	4,4	5,4	4,5
6d. - Voted in last election	%	78	80	79	89	84
7. <b>Housing</b> - Persons per room	mean value	1,3	0,8	1,1	1,1	1,3
7b. - No indoor flushing toilet	%	4	3	28	40	12
7c. - Renting the dwelling	%	5	30	4	5	27
7d. - Owning the dwelling outright	%	70	27	85	81	57
7e. - Owning the dwelling with a mortgage	%	9	22	1	1	2
8. <b>Transport</b> - Commuting time (less than 20 minutes to travel to work or study)	%	27	26	32	34	34
8b. - Quality of public transport (1 very poor quality – 10 very high quality)	mean value	5	6,1	4,9	6,2	4,9



Indicators	Mean value on a scale of 1-10 or percentage	2006	2003			
		HR	EU-25	BG	RO	TR
9. <b>Safety</b> - Unsafe or rather unsafe to walk around at night in the area where live	%	13	77	61	65	61
10. <b>Leisure</b> - Too little time for hobbies and interests (three item scale)	%	41	43	58	66	53
11. <b>Life satisfaction</b> - Quality of social services (1 very poor quality – 10 very high quality)	mean value	4,7	6	3,6	5,6	4,2
11b. - Tensions between rich and poor people (% of people who think there is lot of tensions in their country)	%	62	35	54	53	60
11c.– Tensions between young and old people	%	24	16	17	29	33
11d. - Tensions between workers and management	%	60	36	37	49	48
11e. - Tensions between different ethnic groups	%	35	45	13	33	46
11f. – Optimism (agree completely or somewhat with the statement ' I am optimistic about the future')	%	73	64	47	67	63
12. – Happiness (1 very unhappy to 10 very happy)	mean value	6,5	7,5	5,8	7,1	6,4

Source: indicators for EU-25 and Bulgaria, Romania and Turkey in EuroLife database by European Foundation for the Improvement of Living and Working Conditions based on EQLS 2003; data for Croatia based on UNDP Research on Quality of Life and Risks of Social Exclusions 2006 using EQLS questionnaire (N=8534)

### 3. Human Development Indicators<sup>186</sup>

Human Development Index	
HDI rank	44 of 177
Human Development Index (HDI) value, 2004	0.846
Life expectancy at birth (years) (HDI), 2004	75.2
Adult literacy rate (% ages 15 and older) (HDI), 2004	98.1
GDP per capita (PPP USD) (HDI), 2004	12.191
Life expectancy index	0.84
Education index	0.90
GDP index	0.80
Demographic trends	
Total population (millions), 1975	4.3
Total population (millions), 2004	4.5
Total population (millions), 2015	4.5
Annual population growth rate (%), 1975-2004	0.2
Annual population growth rate (%), 2004-2015	-0.2
Urban population (% of total), 1975	45.1
Urban population (% of total), 2004	56.3
Urban population (% of total), 2015	59.5
Population under age 15 (% of total), 2004	15.8
Population under age 15 (% of total), 2015	13.9
Population over 65 (% of total), 2004	17.0
Population over 65 (% of total), 2015	18.7
Total fertility rate (births per woman), 1970-1975	2.0
Total fertility rate (births per woman), 2000-2005	1.3
Commitment to health: resources, access, services	
Public health expenditure (% of GDP), 2003	6.5
Private health expenditure (% of GDP), 2003	1.3
Health expenditure per capita (PPP USD), 2003	838
One year-olds fully immunised against tuberculosis, 2004	98
One year-olds fully immunised against measles, 2004	96
Births attended by skilled health personnel (%), 1996-2004	100
Physicians (per 100,000 people), 1990-2004	244
HIV prevalence (% ages 15-24), 2005	<0.1 [<0.2]
Condom use at last high-risk sex (% ages 15-24), young women, 2005	11.6 <sup>187</sup>
Condom use at last high-risk sex (% ages 15-24), young men, 2005	26.1
Tuberculosis cases – prevalence (per 100,000 people), 2004	65

<sup>186</sup> The HD Indicators are calculated by using the international UN methodology. For more information see: <http://hdr.undp.org/statistics/>

<sup>187</sup> Source of data for condom use, for young women and young men: Ministry of Health and Social Welfare.

Water, sanitation and nutritional status	
Population with sustainable access to improved sanitation (%), 1990	100
Population with sustainable access to improved sanitation (%), 2004	100
Population with sustainable access to an improved water source (%), 1990	100
Population with sustainable access to an improved water source (%), 2004	100
Population undernourished (% total), 2001-2003	7
Children underweight for age (% under age 5), 1996-2004	1
Children under height for age (% under age 5), 1996-2004	1
Infants with low birth weight (%), 1996-2004	6
Survival: progress and setbacks	
Life expectancy at birth (years), 1970-1975	69.6
Life expectancy at birth (years), 2000-2005	74.9
Infant mortality rate (per 1,000 live births), 1970	34
Infant mortality rate (per 1,000 live births), 2004	6
Under-five mortality rate (per 1,000 live births), 1970	42
Under-five mortality rate (per 1,000 live births), 2004	7
Probability at birth of surviving to age 65, female (% of cohort), 2000-2005	88.1
Probability at birth of surviving to age 65, male (% of cohort), 2000-2005	73.2
Maternal mortality ration reported (per 1,000 live births), 1990-2004	2
Maternal mortality ration adjusted (per 1,000 live births), 2000	8
Commitment to education: public spending	
Public expenditure on education (as % of GDP), 1991	5.5
Public expenditure on education (as % of GDP), 2002-2004	4.5
Public expenditure on education (as % of government expenditure), 2002-2004	10.0
Current public expenditure on education, pre-primary and primary (as % of all levels), 2002-2004	32.4
Current public expenditure on education, secondary (as % of all levels), 2002-2004	46.2
Current public expenditure on education, tertiary (as % of all levels), 2002-2004	19.3
Literacy and enrolment	
Adult literacy rate (% ages 15 and older), 1990	96.9
Adult literacy rate (% ages 15 and older), 2004	98.1
Youth literacy rate (% ages 15-24), 1990	99.6
Youth literacy rate (% ages 15-24), 2004	99.6
Net primary enrolment ration (%), 1991	79
Net primary enrolment ration (%), 2003/2004	87
Net secondary enrolment ratio (%), 1991	63 <sup>188</sup>
Net secondary enrolment ratio (%), 2003/2004	85
Tertiary students in science, engineering, manufacturing and construction (% of tertiary students), 1999-2004	24

<sup>188</sup> Primary UNESCO Institute of Statistics estimate, subject to further revision.



Technology: diffusion and creation	
Telephone mainlines (per 1,000 people), 1990	172
Telephone mainlines (per 1,000 people), 2004	425
Cellular subscribers (per 1,000 people), 2003	640
Internet users (per 1,000 people), 1990	0
Internet users (per 1,000 people), 2003	293
Patents granted to residents (per million people), 2004	6
Recipients of royalties and licence fees (USD per person), 2004	8.9
Research and development (R&D) expenditures (% of GDP), 2000-2003	1.1
Researchers in R&D (per million people), 1990-2003	1,296
Economic performance	
GDP (USD billions), 2004	34.3
GDP (PPP USD billions), 2004	54.2
GDP per capita (USD), 2004	7,724
GDP per capita (PPP USD), 2004	12,191
Average annual change in consumer price index (%), 1990-2004	19.7
Average annual change in consumer price index (%), 2003-2004	2.1
Inequality in income or expenditure	
Survey year	2001
Share of income or consumption (%) – poorest 10%	3.4
Share of income or consumption (%) – poorest 20%	8.3
Share of income or consumption (%) – richest 20%	39.6
Share of income or consumption (%) – richest 10%	24.5
Inequality measures – ratio of richest 10% to poorest 10%	7.3
Inequality measures – ratio of richest 20% to poorest 20%	4.8
Inequality measures – Gini index	29.0
The structure of trade	
Imports of goods and services (% of GDP), 2004	56
Exports of goods and services (% of GDP), 2004	47
Primary exports (% of merchandise exports), 2004	27
Manufactured exports (% of merchandise exports), 2004	72
High-technology exports (% of merchandise exports), 2004	13
Aid, private capital and debt	
Official Development Assistance (ODA) per capita of donor country (2004 USD), 2004	40
ODA to least developed countries (% of total), 1990	1
ODA received (net disbursements), total (USD millions), 2004	120.8
ODA received (net disbursements), per capita (USD), 2004	26.6

ODA received (net disbursements) (as % of GDP), 2004	0.4
Net foreign direct investment inflows (% of GDP), 2004	3.6
Other private flows (% of GDP), 2004	11.4
Total debt service (as % of GDP), 2004	15.4
Total debt service (as % of goods, services and net income from abroad), 2004	8.7
<b>Unemployment<sup>189</sup> in OECD countries</b>	
Unemployed people (thousands), 2005	229
Unemployment rate total (% of labour force), 2005	12.7
Unemployment rate female (as % of male rate), 2005	13.9
Youth unemployment rate total (% of labour force, ages 15-24), 2005	32.6
Youth unemployment rate female (as % of male rate), 2005	35.6
Long-term unemployment, total, 2005	7.4
Long-term unemployment (% of total unemployment), women, 2005	8.4
Long-term unemployment (% of total unemployment), men, 2005	6.5
<b>Energy and environment</b>	
Traditional fuel consumption (% of total energy requirements), 2003	6.2
Electricity consumption per capita (kilowatt-hours), 2003	3.733
GDP per unit of energy use (2000 PPP USD per kg of oil equivalent), 2003	5.6
Carbon dioxide emissions – per capita (metric tons), 2003	5.3
Carbon dioxide emissions – share of world total (%), 2003	0.1
Ratification of environmental treaties – Cartagena Protocol on Biosafety	da
Ratification of environmental treaties – Framework Convention on Climate Change	da
Ratification of environmental treaties – Kyoto Protocol to the Framework Convention on Climate Change	ne
Ratification of environmental treaties – Convention on Biological Diversity	da
<b>Refugees</b>	
Internally displaced people (thousands), 2005	5
Refugees by county of asylum (thousands), 2005	3
Refugees by country of origin (thousands), 2005	119
<b>Armaments</b>	
Military expenditure (% of GDP), 2004	1.7
Conventional arms transfers (1990 prices) – Imports (USD millions), 1995	22
Conventional arms transfers (1990 prices) – Imports (USD millions), 2005	0
Conventional arms transfers (1990 prices) – Exports (USD millions), 2005	0
Conventional arms transfers (1990 prices) – Exports (share %), 2001-2005	0
Total armed forces (thousands), 2006	21
<b>Gender related development index</b>	
Gender related development index (GDI) rank, 2004	40 of 177
Gender related development index (GDI) value, 2004	0.844
Life expectancy at birth, female (years), 2004	78.6
Life expectancy at birth, male (years), 2004	71.6
Adult literacy rate, female (% , ages 15 and older), 2004	97.1

<sup>189</sup> Source for unemployment data: Central Bureau of Statistics

Adult literacy rate, male (% ages 15 and older), 2004	99.3
Combined gross enrolment ratio for primary, secondary and tertiary schools, female (%), 2004	75
Combined gross enrolment ratio for primary, secondary and tertiary schools, male (%), 2004	72
Estimated earned income, female (PPP USD), 2004	9.872
Estimated earned income, male (PPP USD), 2004	14.690
<b>Gender empowerment measure</b>	
Gender empowerment measure (GEM) rank	33 od 177
Gender empowerment measure (GEM) value	0.602
Seats in parliament held by women (% of total)	21.7
Female legislators, senior officials and managers (% of total)	23
Female professional and technical workers (% of total)	52
Ratio of estimated female to male earned income	0.67
<b>Gender inequality in education</b>	
Adult literacy rate (female rate % ages 15 and older), 2004	97.1
Adult literacy rate (female rate as % of male rate), 2004	1
Youth literacy rate (female rate % ages 15-24), 2004	99.7
Youth literacy rate (female rate as % of male rate), 2004	1
Net primary enrolment – female ratio (%), 2003/2004	87
Net primary enrolment – ratio of female to male, 2003/2004	0.99
Net secondary enrolment – female ratio (%), 2003/2004	86
Net secondary enrolment - ratio of female to male, 2003/2004	1.02
Gross tertiary enrolment – female ratio (%), 2003/2004	42
Gross tertiary enrolment - ratio of female to male, 2003/2004	1.19
<b>Gender inequality in economic activity</b>	
Female economic activity rate (% ages 15 and older), 2004	44.7
Female economic activity rate (index, 1990=100, ages 15 and older), 2004	96
Female economic activity (as % of male rate, ages 15 and older), 2004	74
Female employment in agriculture (%), 1995-2003	15
Male employment in agriculture (%), 1995-2003	16
Female employment in industry (%), 1995-2003	21
Male employment in industry (%), 1995-2003	37
Female employment in services (%), 1995-2003	63
Male employment in services (%), 1995-2003	47
Woman contributing family workers (%), 1995-2004	73
Man contributing family workers (%), 1995-2004	27
<b>Women's political participation</b>	
Year women received right to vote	1945
Year women received right to stand for election	1945
Year first woman elected to parliament	1992
Women in government at ministerial level (as % of total), 2005	0.3
Seats in lower house or single house held by women (as % of total), 2006	21.7



Status of major UN human rights conventions	Date of ratification or succession <sup>190</sup>
International Convention on the Prevention and Punishment of the Crime of Genocide, 1948	08.10.1991.
International Convention on the Elimination of All Forms of Racial Discrimination, 1965	08.10.1991.
International Covenant on Civil and Political Rights, 1966	08.10.1991.
International Covenant on Economic, Social and Cultural Rights, 1966	08.10.1991.
Convention on the Elimination of All Forms of Discrimination Against Women, 1979	09.10.1992.
Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984	08.10.1991.
Convention on the Rights of the Child, 1989	08.10.1991.
Convention relating to the Status of Refugees, 1951	08.10.1991.
Convention relating to the Status of Stateless Persons	08.10.1991.
<b>Status of fundamental labour rights conventions<sup>191</sup></b>	
Freedom of association and collective bargaining - Convention 87	08.10.1991.
Freedom of association and collective bargaining - Convention 98	08.10.1991.
Elimination of forced and compulsory labour - Convention 29	08.10.1991.
Elimination of forced and compulsory labour - Convention 105	05.03.1997.
Elimination of discrimination in respect of employment and occupation - Convention 100	08.10.1991.
Elimination of discrimination in respect of employment and occupation - Convention 111	08.10.1991.
Abolition of child labour - Convention 138	08.10.1991.
Abolition of child labour - Convention 182	17.07.2001.
<b>Status of Council of Europe major human rights conventions<sup>192</sup></b>	
Convention for the Protection of Human Rights and Fundamental Freedoms	05.11.1997.
European Social Charter	26.02.2003.
European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment	11.10.1997.
European Charter for Regional or Minority Languages	05.11.1997.
Framework Convention for the Protection of National Minorities	11.10.1997.
European Convention on the Exercise of Children's Rights	nije ratificirana
European Convention on Nationality	nije ratificirana

4. **Millennium Development Goals (MDG) indicators** can be found in the DevInfo database on the UNDP website: [www.undp.hr](http://www.undp.hr)

<sup>190</sup> Source: Official website of the Ministry of Foreign Affairs and European Integration; [www.mfa.hr](http://www.mfa.hr).

<sup>191</sup> Source: ILOLEX, <http://www.ilo.org/ilolex/english/docs/declworld.htm>

<sup>192</sup> Official web site of the Ministry of Foreign A

# Technical note

## HUMAN DEVELOPMENT INDEX – HDI

A composite index measuring average achievement in three basic dimensions of human development - a long and healthy life, knowledge, and a decent standard of living. The HDI is a summary measure of human development. It measures the average achievements in a country in three basic dimensions of human development:

- A long and healthy life, as measured by life expectancy at birth.
- Knowledge, as measured by the adult literacy rate (with two-thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (with one-third weight).
- A decent standard of living, as measured by GDP per capita (PPP USD).

## GENDER EMPOWERMENT MEASURE – GEM

A composite index measuring gender inequality in three basic dimensions of empowerment - economic participation and decision-making, political participation and decision-making, and power over economic resources.

Focusing on women's opportunities rather than their capabilities, the GEM captures gender inequality in three key areas:

- Political participation and decision-making power, as measured by women's and men's percentage shares of parliamentary seats.
- Economic participation and decision-making power, as measured by two indicators - women's and men's percentage shares of positions as legislators, senior officials and managers, and women's and men's percentage shares of professional and technical positions.
- Power over economic resources, as measured by women's and men's estimated earned income (PPP USD).

## GENDER-RELATED DEVELOPMENT INDEX - GDI

A composite index measuring average achievement in the three basic dimensions captured in the human development index - a long and healthy life, knowledge, and a decent standard of living - adjusted to account for inequalities between men and women.

While the HDI measures average achievement, the GDI adjusts the average achievement to reflect the inequalities between men and women in the following dimensions:

- A long and healthy life, as measured by life expectancy at birth.
- Knowledge, as measured by the adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratio.
- A decent standard of living, as measured by estimated earned income (PPP USD).

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# Questionnaire for the readers

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## Dear reader,

The 2006 National Human Development Report (NHDR) is devoted to vulnerable groups in Croatian society. Given that the United Nations Development Programme (UNDP) in Croatia concentrates its efforts on promoting the inclusion of social groups that are under increased risk of social exclusion, your opinion on this Report is very valuable to us. We are especially interested in the following:

1. To what extent has this NHDR increased your knowledge about the concept of social exclusion?
2. To what extent has this NHDR deepen your knowledge of vulnerable groups in Croatian society?
3. Which part of this NHDR have you found particularly interesting?
4. Which part of this NHDR failed to satisfy your expectations?
5. Has this NHDR impacted your work? In what way?
6. In your opinion, to what extent does this NHDR address the national priorities of Croatia?
7. Please provide below any other comments and recommendations to UNDP.

Please send your responses to:

UNDP / Jasmina Papa

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