



With funding from
 Austrian
Development
Cooperation



Црвени крст Србије
Red Cross of Serbia



I-CCC Advocacy Plan

Addressing and preventing care needs through
innovative community care centres (I-CCC)¹

SERBIA

30 March 2023

Prepared by Red Cross of Serbia

¹ The “I-CCC Project” is co-funded by the European Union and the Austrian Development Agency. This document reflects only the author’s view, and the Commission cannot be held responsible for any use, which may be made of the information it contains.

Table of contents

Introduction	3
1. Background	3
2. Description of the main features of the LTC system in Serbia	5
2.1 Demographic trends.....	5
2.2 Country specific challenges regarding LTC.....	5
2.3 Financial framework conditions of LTC.....	6
2.4 Funding sources of LTC.....	6
3. Political framework conditions	7
4. International context	9
5. Relevant national and international events and congresses:	10
6. Identified challenges and solutions	11
7. Target groups.....	13
8. Supporters and opponents	14
9. Key advocacy messages	14
10. Media strategy.....	16

Introduction

The aim of the advocacy plan is to describe the main features of the long-term care (LTC) system in Serbia and to provide background information on the national and international context in order to better understand the political framework condition. The challenges that the Republic of Serbia faces in the implementation of long-term care (LTC) services are highlighted, and key advocacy messages are provided, which should be used in all communication activities.

In addition, the activities of the I-CCC project will be used in advocacy to showcase the necessity of more investments to ensure accessibility and quality of long-term care services. Cognitive exercises with dementia patients, provision of light respite care services as well as other support to family and/or informal caregivers are all activities tested in practice within the framework of the I-CCC project and which can strengthen the advocacy messages and positions.

Conceptual clarification of the term lobbying and advocacy

Definition of advocacy	Advocacy is the intention of influencing decision-makers about developing, changing, and implementing policies.
Advocacy vs. lobbying	Lobbying is an attempt to influence a specific legislation at the local, state, or federal level while advocacy is focused on educating about a specific issue. There is no limit of the amount of advocacy an organization can do.
Purpose of advocacy	Advocacy empowers people to make informed choices. The aim is to influence public opinion and ultimately policy. Advocacy can amplify the voices of the affected and marginalized groups. In the context of the I-CCC project the purpose of advocacy is to influence national reforms in long-term care. ¹

1. Background

Demographic ageing is a global phenomenon, and the major population trend of the 21st century. It affects all societies, but its effects are especially visible in the northern hemisphere, especially on the European continent. The consequences are already notable in Serbia which experiences a combination of low birth rates and high migration rates. Therefore, demanding strategic action and recognition of both threats and opportunities related to demographic changes are needed.

For many older persons, the increase in life expectancy does not mean more years of life in good health. Instead, a large proportion of those additional years are spent in poor health.

It is estimated that approximately **two thirds of people reaching older age will probably need care and support from others to perform daily activities**, such as feeding, moving around and bathing – which is all part of the system of long-term care (LTC system).

Faced with the phenomenon of demographic ageing **Serbian society needs to invest efforts into reshaping its policies, systems, and services to be able to accommodate the growing needs for long-term care**. Healthcare and social welfare are essential systems of services that ensure adequate support to older persons. This is especially significant due to the fact that long-term care services are **very costly** across the world. Research shows that **even in well-developed societies more than 90% of older persons would face poverty risk after paying for out-of-pocket costs of home care for severe needs, if it were not for social protection**.²

Of course, **access to long-term care services should be viewed as a human rights matter**, rather than a purely economic issue. Long-term care should uphold and support the human rights of older persons, as well as persons providing care to them. It should enhance their dignity, enable their self-expression and, where possible, uphold their ability to make choices, while also considering the rights and needs of the long-term care workforce.

The **continuum of long-term care** is about **coordination between the sectors of healthcare and social welfare**. It encompasses **coordinated delivery of services across the range of settings** (home-based, community, facility care, acute care), as well as **coordination of different roles** (prevention, rehabilitation, palliative care, acute care). Integration of services delivered by systems of healthcare and social welfare including integrating information and its management, as well as care delivery, is meant to ensure long-term care services which are provided and received in a non-fragmented way.³

Therefore, the introduction of an **integrated long-term care system** with a broad scope of services and **support to informal care givers** should be one part of the effort to ensure a dignified life for older persons and enhance their options for social inclusion and engagement with society. This involves **having systems in place to protect older persons from all forms of discrimination**, as well as **ensuring financial security in the older age**. Care needs are steadily rising and so is the need for innovate community-based services and support of persons in need of care and their informal care givers. This is especially important for persons not entitled to public pension schemes. Alongside with the changes in policy framework it is perhaps equally important for Serbian society and public institutions to challenge the ageist stereotypes such as older persons being receivers of support rather than equal participants in the society with their own needs and preferences. These are examples for root cause of discrimination of older persons and negatively affect the quality of life in the older age.

² <https://www.oecd.org/health/health-systems/Affordability-of-long-term-care-services-among-older-people-in-the-OECD-and-the-EU.pdf>

³ <https://www.who.int/publications/i/item/9789240038844>

2. Description of the main features of the LTC system in Serbia

2.1 Demographic trends

The **life expectancy of persons over the age of 65 rises in many countries** and **the share of persons aged 80** and above in the global population is even **more rapidly increasing**. Gradual deterioration of health at the later stages of life will increase the need for long-term care services and therefore these services will increasingly be sharp in future.

According to the **official statistical data for 2022, the percentage of people over the age of 65 in Serbian population is 22%**. The percentage of people over the age of 80 is according to the same data 4.6% and is expected to rise to 5.67% in 2030 and 7.44% in 2040.⁴

Demographic changes across the globe **influence the societal landscape** in profound ways, from education and labour market to the **question on how to support the ageing population**. It further affects the provision of efficient services of long-term care that will be adequate to their needs and support their independent living for as long as possible.

2.2 Country specific challenges regarding LTC

Specific challenges include, for example, the fragmentation of healthcare and social welfare services, difficulties in accessing home-care services and community-based long-term care as well as supporting informal carers and the growing needs of persons with dementia. Furthermore, the demand for prevention and rehabilitation strategies to enable older people to live independently and be physically, mentally and socially active as long as possible will remain a challenge.

Responses received through a qualitative survey conducted by the Red Cross of Serbia show that at the level of competent institutions there is a lack as well as a **weakness of inter-sectorial cooperation**. This influences the efficiency of the system of long-term care negatively. It is evident that part of employees in these institutions see long-term care only through institutions and services provided by their own systems. One of the **main problems** is that these **health and social protection systems show very little interest in informal caregivers**. One of the examples stated by the respondents is the **respite service**. The named services are a **great benefit for informal caregivers** in other countries but were never sufficiently implemented in Serbia due to the high cost for licensing. The significance of informal caregivers is stipulated by representatives of private and public long-term care service providers, that feel it is “necessary to clearly define the roles, obligations and rights of informal caregivers, for the purpose of better functioning of the long-term care system”.

For **private service providers**, the **largest challenge** is the **unstable source of financing**. Their services are mostly financed through projects or dedicated transfers of local governments. A respondent from one organization stated that “tenders are not transparent enough, they are announced once a year and are often late which questions sustainability of the service organization provides to beneficiaries”. Provision of service of long-term care in commercial arrangement, as stated by respondents,

⁴ Age and Sex, 2022 Census of Population, Households and Dwellings: <https://publikacije.stat.gov.rs/G2023/Pdf/G20234003.pdf>

is too expensive for an average beneficiary, and the existence of black market additionally undermines registered service providers on the commercial market as they face unfair competition.

The **Serbian Law on Social Protection**⁵ defines **social protection services** that can be **formally licensed by the system of social protection**. Out of this body of services, the services relevant to long-term care are **home-based services, nursing homes, respite care, day care centres and personal assistant**. Furthermore, the **Rulebook on detailed conditions and standards for the provision of services of social protection** additionally defines the conditions for the work of associates in three services – caregivers – gerontocarers (Home Care), personal attendants and personal assistants.⁶ A completed training of an **accredited training programme** is the necessary condition for provision of these services professionally.

2.3 Financial framework conditions of LTC

Public expenditure on long-term care for older persons in Serbia does not exceed 0.5% of the GDP, and almost three quarters of this expenditure is on cash benefits.⁷ In comparison, the average public expenditure on LTC in EU countries is 1.8% of the GDP, ranging from 0.14% in Greece to 3.38% in Norway⁸. Breaking it further down, **only 0.05% of healthcare expenditure is on long-term care**. The most common social protection service - home care, makes for only 0.02% of GDP according to 2018 data.⁹ In 2018, **total expenditures for social protection services under the jurisdiction of municipal governments amounted to 0.07% of GDP**. In comparison, expenditures for centres for social welfare in 2017 amounted to 0.06% of GDP, and total expenditures for the most widespread social protection services - residential and family accommodation – amounted to 0.14% of GDP.¹⁰ There is no noticeable correlation between the size or level of development of the municipality and the expenditure per capita on long-term care services.

2.4 Funding sources of LTC

There are **two different funding sources** for services to be mentioned - the **national budget** and the **budgets of local self-governments**. The national budget covers institutional accommodation/residential care and foster care services (both for children and adults and older persons) while the rest of the services are funded from the budgets of local self-governments.

⁵ https://www.paragraf.rs/propisi/zakon_o_socijalnoj_zastiti.html

⁶ <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/ministarstva/pravilnik/2013/42/3/reg>

⁷ https://socijalnoukljucivanje.gov.rs/wp-content/uploads/2014/06/sipru_DTNSC_web_jan.pdf

⁸ <https://ec.europa.eu/eurostat/databrowser/view/TPS00214/bookmark/table?lang=en&bookmarkId=b7e42601-5edd-4620-b05b-082f366d9b46>

⁹ https://socijalnoukljucivanje.gov.rs/wp-content/uploads/2020/09/Mapiranje_usluga_socijalne_zastite_i_materijalne_podrske_u_nadleznosti_JLS_u_RS.pdf

¹⁰ https://socijalnoukljucivanje.gov.rs/wp-content/uploads/2020/09/Mapiranje_usluga_socijalne_zastite_i_materijalne_podrske_u_nadleznosti_JLS_u_RS.pdf

The **local self-governments decide on which services they will fund and the funding scale**, depending on their capacity as well as the assessment of needs in the territory of their jurisdiction. The standardised services are procured using public tenders open to all accredited and licensed providers. In addition, there are other non-standard services that the self-government can decide to fund based on the needs and the capacity for such service to respond to the needs. Self-governments decide on such services on case-by-case basis.

3. Political framework conditions

There is **no single, integrated system of long-term care** in the Republic of **Serbia**. The available long-term care services are provided in fragments through the system of social protection, including pension and disability insurance, and the healthcare system. Any future long-term care system, in any form, will face the following **challenges: prolonging life expectancy and aging population, migration from rural to urban areas, migration of professional staff** involved in providing long-term care, as well as a proportional reduction in the share of work-age that most formal and informal carers come from. Therefore, the regulatory framework will have to find solutions to more specific issues: **fragmentation of services, adequacy of services, availability of services, sustainability of service financing**.

Numerous strategies adopted so far only **partially deal with persons with long-term care needs: Strategy of Social Protection from 2005¹¹** should have developed models for the improvement of quality of life of marginalized and vulnerable individuals and groups, but, upon its expiration, a new one was not adopted.

By adopting the **Law on Social Protection in 2011** the direction of reforms foreseen by said strategy was confirmed and the Ministry of Labour, Employment, Veteran and Social Affairs, in 2018, started a process of preparation of a **new strategy of Social Protection for a period 2019-2025**. It has **not been adopted** yet.

Strategy of Deinstitutionalization and Development of Social Protection Services in the Community for the period 2022-2026 foresees introduction of compulsory insurance for long-term care, securing sustainability of long-term care services through continuous financing. **National Strategy on Ageing for the period 2006-2015¹²** foresees measures to improve health services for persons over 65, and secure support to their families. The **Strategy of Improving Position of Persons with Disabilities for the period 2020-2024¹³** focuses on the improvement of the general position of persons with disabilities, and partially with the social and health protection. The **Strategy of Public Health in the Republic of Serbia for the period 2018-2026¹⁴** deals in part with the increase of availability and accessibility of

¹¹ "Official Gazette of the Republic of Serbia" no. 108/2005

¹² https://www.minrzs.gov.rs/sites/default/files/2018-11/Nacionalna%20strategija%20o%20starenju_1.pdf

¹³ <https://noois.rs/vesti/390-vl-dj-usv-il-s-r-gi-u-un-pr-dj-nj-p-l-z-s-b-s-inv-lidji-u-r-publici-srbi-i-dj-2020-dj-2024-g-djin>

¹⁴ "Official Gazette of the Republic of Serbia" no. 61/2018

healthcare services. The **Strategy for Palliative Care (2009)**¹⁵ has expired and there is no new document regulating strategic direction in this area.

The **system of social protection in Serbia does not include the term “long-term care”**, and the persons with such needs are not recognized in such a manner in regulations, but they are included with certain services such as daily accommodation, home care, personal assistance, foster or residential accommodation, advisory and therapeutic services, assessment of needs of beneficiaries and members of families¹⁶. The **Law on Social Protection** prescribes those beneficiaries, who, due to their specific social and health status have a need for social protection and constant health care, receive certain services in social and healthcare institutions or special social and healthcare organization units of social protection institutions¹⁷. However, this type of institutions and organization units were not established so far and this concept has not been further regulated by laws. **Competences to perform activities in the area of social protection are shared between central, provincial and local government**. This is done through institutions or via delegating such activities to other legal and natural persons¹⁸. Expenditures of services of social protection that are focused on long-term care are settled from the funds of beneficiaries, their relatives, persons taking over such obligation and the budget of the Republic of Serbia, autonomous provinces, or local governments, depending on the social and economic status of the beneficiary¹⁹. The system of social protection regulates direct material support for persons that have a need for long-term care in the form of monetary benefits for assistance and care of other persons. **The Healthcare system** in Serbia has a complementary role in providing long-term care, and even though it does not officially recognise the term “long-term care”, the term “health care”²⁰ exists, which is, as a rule, an integral part of long-term care. **The Law on Health Protection**²¹ regulates healthcare activity directed towards long-term care both on primary, secondary and tertiary level. The services include home-based and institutional (hospital) treatment, including palliative care. Residential care institutions may perform healthcare activities for beneficiaries of own services if it is previously determined that they meet legal provisions for a certain type of health institution²² such as private practices²³. The Law on Social Protection does not set specific activities or type of healthcare activity to be performed by the service provider of residential care, making the application of healthcare norms difficult.

¹⁵ “Official Gazette of the Republic of Serbia” no. 17/2009

¹⁶ Article 40 of the Law on Social Protection, “Official Gazette of the Republic of Serbia” no. 24/2011

¹⁷ Article 60 of the Law on Social Protection, “Official Gazette of the Republic of Serbia” no. 24/2011

¹⁸ Article 49 of the Law on Social Protection, “Official Gazette of the Republic of Serbia” no. 24/2011

¹⁹ Article 212 of the Law on Social Protection, “Official Gazette of the Republic of Serbia” no. 24/2011

²⁰ Article 2 of the Law on Health Protection, “Official Gazette of the Republic of Serbia” no. 25/2019

²¹ “Official Gazette of the Republic of Serbia” no. 25/2019

²² Article 42 of the Rulebook on detailed conditions for performing health related activities in health institutions and other forms of health service (“Official Gazette of the Republic of Serbia”, no. 43/2006, 112/2009, 50/2010, 79/2011, 10/2012 – other rulebook, 119/2012 – other rulebook, 22/2013 and 16/2018)

²³ Article 36 of the Law on Health Protection, “Official Gazette of the Republic of Serbia” no. 25/2019

4. International context

Global research shows that the need for long-term care is highest with persons older than 65, as well as with persons with disabilities (PWD)²⁴. At international level, it is important to highlight the **Madrid International Plan of Action and Ageing (MIPPA) and accompanying Ministerial declarations, with the latest one developed in 2022 in Rome**. With this declaration, the Ministers of UNECE member States aspire to realize a sustainable world for all ages. At European level, almost one third of the 65+ population has difficulties in performing activities of daily life, with more women than men in this part of the population²⁵. It is estimated that the number of persons potentially requiring long-term care will grow from 30.8 million in 2019 to 38.1 million in 2050²⁶.

Principle 18 of the European Pillar of Social Rights states that everyone has the right to affordable long-term care services of good quality. The EU supports member states in implementing long-term care policies through **EU legislation** such as the **work-life balance directive**, EU funding, monitoring and analysis, as well as mutual learning activities. The **2021 Long – term care report** prepared by the European Commission and the Social Protection Committee provides a state of play of long – term care provision and key challenges across the EU. It also covers first analysis of the impact of the COVID – 19 Pandemic.

The **European Care Strategy** for caregivers and care receivers defines high – quality, affordable and accessible care services with better working conditions and work – life balance for carers.²⁷ The **Green paper on ageing** highlights the importance of healthy and active ageing and lifelong learning as the two concepts that can enable a thriving ageing society.²⁸ The **Directive (EU) 2019/1158** of the European Parliament and of the Council on work – life balance for parents and carers and repealing Council Directive 2010/18/EU allows workers leave to care for relatives who need support and overall means that parents and carers are able to reconcile professional and private lives.

The **Council Recommendation on access to affordable high-quality long-term care**²⁹ seeks to support Member States of the European Union (EU) in their efforts to improve access to affordable high – quality long – term care. It provides guidelines in the direction of reforms to address the shared challenges of affordability, availability, quality, and the care workforce, and on sound policy governance in long-term care.

²⁴ European Commission (2014) *Adequate social protection for long-term care needs in an ageing society*, Report jointly prepared by the Social Protection Committee and the European Commission

²⁵ The 2021 Long-term care report, jointly prepared by the Social Protection Committee and the European Commission, p.28 <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>

²⁶ 2021 Long-term care in EU, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>

²⁷ European Care Strategy, available at: [A European Care Strategy \(europa.eu\)](https://ec.europa.eu/european-care-strategy/)

²⁸ Green paper of ageing, available at: [EUR-Lex - 52021DC0050 - EN - EUR-Lex \(europa.eu\)](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2022.476.01.0001.01.ENG)

²⁹ Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care 2022/C 476/01, available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2022.476.01.0001.01.ENG

The **Synopsis Report for the Commission Communication on a Comprehensive Approach to Mental Health** is a European Commission document that explicitly discusses the importance and challenges related to mental health of older persons including the issues of loneliness of older persons.³⁰

Other organizations and networks identified as possible partners are primarily the academic and professional community, such as the Chamber of Social Protection, the Association of Social Workers, the National Organization of Persons with Disabilities of Serbia, the Institute for Geriatrics and Palliative Care.

5.Relevant national and international events and congresses:

- 20th February – World Day of Social Justice
- 1st March – United Nations Zero Discrimination Day
- 7th April – World Health Day
- 12th May – International Day of Nurses
- 15th May – International Day of Families
- 15th June – World Elder Abuse Awareness Day
- 11th July – World Population Day
- 21st September – World Alzheimer’s Day
- 1st October – International Day of Older Persons
- 2nd October – International Day of Non – Violence
- 10th October – World Mental Health Day
- 3rd December – International Day of Persons with Disabilities
- 10th December – Human Rights Day

³⁰ https://health.ec.europa.eu/system/files/2023-06/ncd_comprehensive-approach_mental-health_synopsis_en.pdf

6. Identified challenges and solutions

Challenge 1

Long-term care services for older persons in Serbia are fragmented and are scattered between the systems of social welfare, healthcare and pension insurance. It can be argued that the long-term care system does not exist but that there are elements of it in three different systems. This poses the problem of coordination and lack thereof.

Solutions

- ☺ Integration of all the services from three different systems into one comprehensive system that would be based on a clear and sustainable funding model. Therefore, it is necessary to regulate this model through newly adopted long-term care legislation. In order to improve the accessibility for beneficiaries it is necessary to establish a single-entry point to such unified services.
- ☺ The new legislation should ensure the availability to those who are in need of it, specially older persons living in rural areas need to be able to access them as well; increased diversity of services on offer, especially services provided in the community; affordability of services for those who need it; improved access to information about the services (for instance, the survey performed by SIPRU showed that only 46% of people over 65 know about the disability-related financial support and that among those aged 80 and more only 37% are aware of it. A 2007 survey showed that 30% of all older persons are unaware of any allowance or service related to long-term care).

Challenge 2

There is a **limited number of available services, especially in terms of community-based care.** This means that many care needs are not addressed and as a result, the desired aims of quality of life and independence of function of clients are not achieved. **Increasing the availability of services** to meet a wider scope of needs is crucial to achieve the continuum of care that will adequately follow the continuing development of needs across the life course. It is estimated that **only 4.5% to 6.9%** (depending on the source) **of older population is covered by some of the existing services.**

Solutions

- ☺ Bigger emphasis on healthy ageing and preventive health services. It is important to approach this systematically, aware that the life course approach and early investments in healthy ageing yield the best results in the older age. Similarly, preventive health should include screenings for different mental health issues and chronic conditions starting as early as age 45 or 50 with regular annual check-ups being introduced for older persons.
- ☺ Technological developments and breakthroughs should provide both improved assistive technology that enable older people to function more independently as well as better monitoring of one's health indicators.
- ☺ Collaboration between public systems, private systems, civil society organizations and families of older people can lead to a better efficiency of the system.
- ☺ Application of the model that is implemented in local self-governments of Pirot and Sombor.

- ☺ Implementation of examples of good practice from other countries.
- ☺ Financial investment is necessary for the availability of services.
- ☺ Potential inter-municipal cooperation.
- ☺ Education of more specialized professionals, both geriatric nurses and geriatricians, as well as caregivers of various profiles.

Challenge 3

Many private service providers across the region are working outside of the scope of applicable regulation, providing services without license and undercutting the licensed providers with low prices. This not only destabilises the labour market and encourages migration but also increases the risks on the side of clients of receiving inadequate or even harmful services.

Solutions

- ☺ Better regulation and monitoring mechanisms are needed both at national and local level.
- ☺ It is important to provide support for the licensing process of service providers who have not been licensed and thus ensure quality control of the provision of services in social protection.

Challenge 4

The problem of **insufficient access to formal services produces significant financial burden to older persons and their families** as they seek services on the informal labour market where providers of these services are completely unregulated, lack formal training and charge market prices. This affects financial security of older persons who have needs for such services. The 2019 Serbian National Health Survey showed that one in four older residents had great difficulties walking, one in eleven had vision difficulties, and one in seven had hearing problems. Slightly less than a third of older persons in Serbia had great difficulties in performing activities of daily life, and 37% of them failed to exercise the right to assistance. 44.8% of the persons with great difficulties in maintaining basic hygiene, which make almost 10% of the respondents, failed to exercise the right to assistance. Home care and assistance services provided by health workers or social workers were used by 5.2% of older population, which is significantly less than the percentage of older persons who reported they needed help.

Solutions

- ☺ It is necessary to make information about the different types of services and service providers widely available
- ☺ Greater coordination is needed between institutions, the civil sector and the family which would enable more effective support for older persons
- ☺ Telemedicine and robotics are new possibility that should be adopted as a vital resource in the future

Challenge 5

Despite being the backbone of every system of long-term care, **informal caregivers are not recognised sufficiently.**

Solutions

- ☺ Providing them with training, counselling, support in formal services and more flexible labour market conditions would increase the quality of care as well as their quality of life, leading to lower risk of burnout and lower risk of elder abuse.
- ☺ Promoting support for informal caregivers through the model implemented in Pirot and Sombor is an example of good practice at local level that can be applied at national level as well.

7.Target groups

Decision-makers	<p>Primary audience</p> <ul style="list-style-type: none"> • President and Prime Minister • National Assembly • Provincial Assembly • Ministry of Labour, Employment, Veterans and Social Affairs; Ministry of Health; Ministry of Family Care and Demography • Provincial Secretariat for Social Policy, Demography and Gender Equality • Local governments • Permanent Conference of Cities and Municipalities
Influencers	<p>Secondary audience</p> <ul style="list-style-type: none"> • Delegation of the European Union in Serbia • Red Cross of Serbia • Universities in Serbia • Republic Institute for Social Welfare • Provincial Institute for Social Welfare • Ombudsman • Commissioner for the Protection of Equality • Chamber of Social Protection • Chamber of Health Workers • Fund for pension and disability insurance • Gerontological Society of Serbia • Gerontological Centre of Belgrade • National organization of persons with disabilities • NGOs (Help Net, Amity, Caritas etc.) • Pensioner associations and clubs • Media (national and local media that are focused on the issues of the elderly and the protection of their rights) • Portals (PENZIN)

8.Supporters and opponents

Supporters

The Republic Institute for Social Protection is the main partner of this project and the link between the decision makers and the audience we want to reach. In the addition to the Republic Institute for Social Protection, the project can be supported in advocacy by all interested parties who represent the rights of older persons and recognize long-term care as a necessary service for a growing and aging population in the society. The top five recognized supporters in advocacy are the Republic Institute for Social Protection, the Ombudsman, the Commissioner for Protection of Equality, the Institute for Geriatrics and Palliative Care and the Department of General Medicine and Geriatrics at the Faculty of Medicine.

Opponents

Opponents who would significantly influence the advocacy of the development of long – term care in Serbia, are not recognized. Potentially, it could be the Ministry of Finance which represents the state’s interests in terms of how and in which direction the budget funds will be spent. From an institutional point of view, investments in long-term care represent an expense and not an investment. However, no specific political party is recognized that would be opposed to advocacy.

9.Key advocacy messages

Key message 1

Fragmentation of services: the services are typically provided through separate systems of healthcare and social protection, coordinated by different ministries with separate strategies, development plans, budgets etc. For the clients of these services, this means having to deal with several different types of administration at multiple levels as they navigate institutional care, community-based care, different kinds of support etc. Integrating these systems – including sharing of information and coordinated care delivery, as well as ensuring single point of entry and smooth interaction wherein the client receives the services in a non-fragmented way would be consistent with upholding the clients’ human rights and dignity.

Key message 2

Limited scope and variety of services: there is a limited number of services available across the region, especially in terms of community-based care. This means that many care needs are not addressed adequately and as a result, the desired quality of life and independence of function of clients are not achieved. Increasing the scale of services to meet a wider scope of needs is crucial to achieve the continuum of care that will adequately follow the continuing development of needs across the life course.

Key message 3

Insufficient capacity of services: there are long waiting lists across the region for many of the long-term care services. This is a result of the lack of professional caregivers as well as of the general fragmentation of the LTC systems. This is especially visible in the rural areas where migration of younger population has created pockets of depopulation and the capacity to provide even basic services is frequently close to zero. There is the need to increase the capacities both by ensuring the availability of more trained caregivers with different profiles in the workforce, but also by looking into intrinsic capacities inside depopulated areas and providing training and other kinds of support to ensure they are used effectively.

Key message 4

Caregiver workforce has skills-gaps and is migrating outside of the region: There is a clear need for better investments in both training and supporting the professional caregivers across the region. Current trend of their migration to Western Europe testifies of low salaries and therefore low motivation to stay in the national workforce. Additionally, there is a wide gap between highly skilled caregivers such as nurses who are medical school graduates and low-skilled ones who have received several weeks of training. This gap should be narrowed also by developing new caregiver profiles that would have both medical and social protection competencies and these would be especially effective in rural and remote areas that are harder to reach.

Key message 5

Informal caregivers are under-recognised: despite being the backbone of every system of long-term care, informal caregivers are not recognised sufficiently. Providing them with training, counselling, support in formal services and more flexible labour market conditions would increase the quality of care as well as their own life, leading to lower risk of burnout and abuse of older persons. .

Key message 6

Under-regulated private market of services: many private service providers across the region are working outside of the scope of applicable regulation, providing services without license and undercutting the licensed providers with low prices. This not only destabilises the labour market and encourages migration but also increases the risks on the side of clients of receiving inadequate or even harmful services. Better regulation and monitoring mechanisms are therefore needed.

Key message 7

Data collection and analysis need to be improved: as the older population is the most diverse demographic group and their needs for long-term care change over time, there is a need for much more thorough and systematic collection of data related to their needs and preferences as well as disaggregation by gender and by age, separating the data into five-year cohorts for best results. Additionally, the system should pay special attention to security and decrease the risk of elder abuse, especially in institutional settings. Currently there are procedures in place to report elder abuse in both public and private residential care institutions, but the reported cases show very low frequency of abuse in residential care and for the most part they are cases of abuse perpetrated by other beneficiaries rather than staff.

10. Media strategy

Media coverage is an effective way to draw attention amongst decision-makers and influencers. Establishing national and local media promotion is one of the key strategies in advocating the development of the long-term care.

Media strategy activities are:

- Promotion of the **training videos**, developed within the I-CCC, for informal caregivers and their families at national and local level. They can be accessed via the [Red Cross Webpage](#) and are also shared on [Youtube](#).
- Promotion of the **toolbox for training of informal caregivers** through media launch, social networks, websites of the Red Cross of Serbia, HumanaS network, interviews on mainstream media (television, radio, written media).
- Public launch of the publication **Report on Long-term Care in the Republic of Serbia**
- Guest appearances in television programs related to issues of ageing and older persons