**Response of the Croatian Authorities on the rights of persons with disabilities**

1. **Please provide information on the legislative and policy framework in place in your country to ensure the realization of the rights of older persons with disabilities, including both persons with disabilities who are ageing and older persons who acquire a disability.**

Social Welfare Act (Official Gazette (hereinafter: OG) 157/13, 152/14, 99/15, 52/16, 16/17, 130/17), Health Care Act (OG 100/18), Compulsory Health Insurance Act (OG 80/13, 137/13), Act on Protection of Persons with Mental Disabilities (OG 76/14), Act on the Croatian Register of Persons with Disabilities (OG 64/11), Professional Rehabilitation and Employment of Persons with Disabilities Act (OG 157/13, 152/14, 39/18), Ombudsperson for Persons with Disabilities Act (OG 107/07), Ombudsperson Act (OG 76/12), National Strategy for Equalization of Opportunities for Persons with Disabilities 2017 – 2020 (OG 42/17), Social Welfare Strategy for the Elderly in the Republic of Croatia for the period 2017 – 2020

1. **Please provide information on discrimination against older persons with disabilities in law and practice.**

There is no discrimination in the Croatian legislation against the elderly, the Anti-Discrimination Act was adopted (OG 85/08, 112/12). There are no different regulations or practices related to the age of persons with disabilities in the Republic of Croatia (hereinafter: Croatia). Persons with disabilities are not divided according to age groups but according to the degree of functional impairment; hence, there is no difference in treatment of the elderly with disabilities compared to other age groups.

1. **Please provide information and statistical dana (including surveys, censuses, administrative data, literature, reports, and studies) related to the realization of the rights of older people persons with disabilities in general,** **as well as with particular focus in the following areas:**

The Register of Persons with Disabilities (hereinafter: Register) of the Croatian Institute for Public Health (hereinafter: CIPH) on March 4, 2019, contained the following records: 247,772 adults (65+) of which 131,993 (53%) of male and 115,789 (47%) of female sex.

191,509 older persons with disability (65+) were certificated in the Croatian Pension Insurance Institute (hereinafter: CPII) and are entitled to some of disability rights from that field.

4,586 older persons with disabilities (65+) have the status of military and civilian disabled persons of World War II and the period after the War, and thus realize their disability rights.

10,543 older persons with disabilities (65+) have the status of Croatian Homeland War Disabled Person, and thus realize their disability rights.

Data for the elderly are analysed at the Reference Centre of the Croatian Ministry of Health for the Protection of the Health of the Elderly (in the Department of Public Health Gerontology of the “Andrija Štampar, Ph.D.” Educational Institute for Public Health). According to the processed data of the Register and the Reference Centre of the Croatian Ministry of Health for the Protection of the Health of the Elderly, in the year 2016 there were 511,064 persons with disabilities, 42.6% of them of age 65 and over. Of the 217,841 older persons with disabilities, 49.7%, were in the early old age (65-74 years) 35.7%, in middle old age (75-84 years) and 14.6% in the deep old age (85 and over). Cumulative prevalence of disability and physical impairment in old age is 28.7%. By gender distribution, 52% were men and 48% were women. On the other hand, when looking at the incidence of disability in a particular five year age group of people over the age of 65, in the 65-69 age group, 43.7% of men have disability compared to 22.7% of women, and in the 85 years and over group 75.5 % of men and 44.7% of women have disability or physical impairment. The most common causes of disability and comorbidity diagnosis that contribute to the functional impairment of a person are the diseases of the locomotor system from the group dorzopathy (M40-M54 according to ICD10) and the illnesses of cardiovascular system (I00-I99).

* **Exercise of legal capacity;**

The Family Act (OG 103/15), which regulates the area of ​​guardianship and the content of guardianship protection, and by which modifications were introduced to improve the rights of persons with disabilities, became effective on November 1, 2015. Namely, it is stipulated that the protection of persons with disabilities, if possible, should be provided by other means and measures before a decision on guardianship is made. In addition, the obligation of partial deprivation of legal capacity only in the areas in which it is necessary to protect the rights of the protégé, that is, with as little restriction on the rights of the protégé as possible, and the institute of complete deprivation of the legal capacity is completely abandoned. In view of the above, it is stipulated that decisions on the deprivation of legal capacity adopted pursuant to the previous regulations must be reviewed for the purpose of restoring the right to exercise the legal capacity. It also stipulates the need to encourage independent decision-making by the protégé and provide support for decision-making as well as participation in community life. At the same time, the institute of the "parental care after the age of majority" is abandoned, and institute of the legal obligation to respect the expressed views and wishes of the protégé has been introduced. In addition, every person can appoint a person who they would like to have as a guardian at the time of his/her legal incapacity, thus introducing into the Croatian legal system the institute of anticipated instructions. The deadline for implementing this measure is year 2020, and activities are being carried out regularly.

* **Admission procedures to social or healthcare services, including involuntary admission;**

The social welfare system is guided by the principles of social care, including the principle of freedom of choice and the principle of participation in decision-making. The beneficiary can choose freely the right or service from the social welfare system in accordance with his/her needs, and the right or service may be provided only with his/her consent.

Based on the Act on Protection of Persons with Mental Disabilities, a person with mental disabilities may be placed in a psychiatric institution with his/her written consent only if his/her treatment cannot be carried out outside the institution. The consent to voluntary accommodation may be revoked at any time upon clarification of the consequences. In the event when a person with mental disabilities is accommodated without his/her consent, the psychiatric institution is obliged to notify the Ombudsperson for People with Disabilities within 48 hours at the latest. Persons with severe mental disabilities who, directly or indirectly, endanger their own life or lives of others, their health or safety, are placed in a psychiatric facility under the procedure for involuntary admission and involuntary accommodation prescribed by this Act. A psychiatric institution in which a person is involuntary detained shall be obliged to inform the competent County Court within 12 hours from the date of the decision on involuntary admission, and to submit the medical documentation. An individual judge of the competent court shall decide on the procedure for involuntary admission in a psychiatric institution.

* **Older persons with disabilities living in institutions;**

Pursuant to data from the Annual Statistical Report of the Social Welfare Homes in 2017 and the Annual Statistical Report of Other Legal Persons Providing Services in Social Welfare System in 2017, it is visible that a total of 1,490 persons over the age of 65 are accommodated in social welfare system institutions for children with developmental disabilities and adults with physical, intellectual and sensory impairments and institutions for adults with mental disabilities.

“Andrija Štampar, Ph.D.” Teaching Institute of Public Health monitors systematically the functional capacity of elderly persons in social welfare institutions, but it does not monitor separately the data on persons with disabilities who are accommodated in social welfare institutions.

* **Access to support to live independently in the community;**

In order to increase the social inclusion of persons with disabilities in community life, MDFYSP provides various support services, among which we distinguish: providing community-based housing (more than 1,000 service users included), assistance at home, personal assistant (over 1,700 users of service, including people over the age of 65), a sign language interpreter (employing 80 interpreters of the sign language who provide service to the elderly with hearing impairment), assistant with healthy vision (35.5 assistants employed who provide service to the elderly over 65 years, as well).

* **Access to free and affordable healthcare;**

The Croatian Health Insurance Institute (hereinafter: CHII), compliant to Compulsory Health Insurance Act (hereinafter: Act), conducts compulsory health care insurance. Mentioned Act regulates compulsory health insurance in Croatia, the scope of the right to health care and other rights and obligations of persons covered with compulsory health insurance under the Act, the conditions and the manner of their realization and financing as well as the rights and obligations of the compulsory health insurance holder, including the rights and obligations of the contractual providers of the health protection covered by compulsory health insurance. Pursuant to the Act, the scope of the right to compulsory health insurance (right to health care and the right to monetary compensations) is set out by the provisions of the Act and the regulations passed under the Act and **is provided under equal conditions for all insured persons**. Within the framework of the right to health care, all insured persons under the same conditions, in accordance with medical indications and health needs, exercise the relevant right within the established health standard that provides the CHII as implementer of compulsory health insurance. All insured persons acquire health care at the CHII's charge in health institutions and private healthcare providers with whom CHII has concluded a contract for providing health care in the manner and under the conditions established by the Act and the general regulations of the CHII. In this regard, older persons with disabilities as insured persons under equal conditions realize health care the costs of which are covered by CHII in full, in compliance with the Act, as for all other persons. And for the use of health care which, according to the Act, is subject to the obligation of participation in the cost of health care by the insured person, they are obliged to cover the amount of the compulsory participation personally or may get supplementary health care for that risk in accordance with the Voluntary Health Insurance Act (OG 85/06, 150/08 and 71/10), in which case the costs of participation will be covered by their voluntary insurance provider.

* **Access to free and affordable rehabilitation goods and services;**

See previous answer.

Persons with disabilities have access to equipment and services free of charge. However, the problem may be a long waiting list and the quantity of the material at disposal may sometimes be inadequate (e.g. diapers, bandwidths for blood glucose measuring devices ...)

* **Access to social protection schemes; and**

In the social welfare system, 55,604 older persons with disabilities (65+) were subject to expertise and are entitled to some rights.

The Social Welfare Act (hereinafter: Act) provides material rights and services in the social welfare system, namely: material rights that depend on the type and severity of health impairment – allowance for assistance and care, personal disability allowance, status of parent-caregiver or a caregiver status, jobseeker's allowances, assistance for vulnerable energy consumers as well as social services: psychosocial support, home assistance, stay, accommodation (temporary and long-term) and supported living. Under the conditions prescribed by the Act, persons with disabilities and the elderly can also acquire other rights from the social welfare system that are not necessarily related to the health condition of the person.

* **End of life and palliative care.**

The National Program on Palliative Care Development in Croatia 2017-2020 (hereinafter: National Program), adopted by the Government of the Republic of Croatia (hereinafter: GoC) on 18 October 2017, includes activities for the further development of palliative care systems according to established palliative care needs, in accordance with the White paper on standards and norms for palliative care in Europe, with the further establishment of organizational forms and mutual linking of palliative care stakeholders, continuing palliative care education, adopting national guidelines and recommendations for palliative care provision and development, and suggestions for improving palliative care for patients and their families.

In the National Program, the special emphasis is given to palliative care for vulnerable groups, including persons with disabilities, and the following activity is planned: identifying needs and providing accommodation capacities in palliative care of persons with disabilities, under provision by the counties, in association with MDFYSP, CIPH and the Ministry of Health.

The aim of establishing a palliative care system is the coordinated action of stakeholders in providing palliative care, mutual connection in the provision of care, with the ultimate goal of improving the quality of life of patients and their families facing problems arising from incurable, advanced illnesses.

“Andrija Štampar, Ph.D.” Teaching Institute of Public Health regularly collects information on the reasons for hospitalization and mortality of the elderly over the age of 65 and the data are available in their publications (<http://www.stampar.hr/sites/default/files/Aktualno/Dogadjanja/geron_ljetopis_2016_web.pdf>). However, no separate data on persons with disabilities or on involuntary admission are monitored.

In the Republic of Croatia, there are so-called palliative beds, but the capacities are inadequate as in most countries. At the county level, mobile palliative teams were established. On the other hand, homes for the elderly receive more and more ill and severely ill people and, to a certain point, replace the palliative care facilities. It is interesting to note that the percentage of deaths in institutions has increased (in the past few years it has grown from 12 to 16%). The impression is that we are facing inadequate human resources (nurses and caregivers) in the homes for the elderly, and this is becoming one of the leading challenges.

1. **Please provide information the existence of long term-care services in your country and describe to what extent they promote the autonomy and independence o folder persons with disabilities.**

Social welfare benefits and services promote the autonomy and independence of the elderly with disabilities. For example, allowance for assistance and care is aimed at the economic assistance for the elderly who are unable to meet their needs, and there is a person providing to them the assistance and care who must be financially compensated for his/her work. Personal disability allowance is a benefit that is provided for inclusion in the daily life of the community. Status of parent-caregiver is a fee paid to the parent as a wage because he/she cares 24 hours a day for a seriously ill child or a partner. Home assistance is a service that allows the elderly to stay longer in his/her own home. Any form of accommodation is the ultimate emergency that occurs when other possibilities for caring for an elderly person or a person with disabilities are exhausted.

1. **Please describe to how is access to justice guaranteed for older persons with disabilities. Please provide information on jurisprudence, complaints and investigations in relation to violence, abuse and neglect against older persons with disabilities.**

The results of the Research Centre for Social Work, of the Faculty of Law of the University of Zagreb (M. Ajduković, S. Rusac, J. Ogresta) indicate that 61% of the respondents experienced at least one form of violence in the previous year, namely, 24% psychological violence, 6.4 % material violence, 4.4% corporal violence and 2.1% sexual violence. The research was related to the elderly, but it is assumed that persons with disabilities would have similar or even more frequent incidence.

1. **Please describe to what extent and how are older persons with disabilities involved in the design, planning, implementation and evaluation of policies related to ageing and/or disability.**

Irrespective of what political option is in power, the National Council for the Retirees and the Elderly has been an advisory body for a number of years in Croatia. Through the National Council for the Retirees and the Elderly, senior persons are able to be included in creating and evaluating age-related policies.

The National Strategy for Equalization of Opportunities for Persons with Disabilities 2017 – 2020 in the area of activities no 15, measure 1: Developing a State and Public Administration Partnership with Associations for Persons with Disabilities at All Levels, includes all state administration bodies as the responsible holders in implementing ongoing activities of involving representatives of persons with disabilities in working bodies and commissions when drafting regulations, strategies and other national documents. In relation to aforementioned MDFYSP includes representatives of the associations of persons with disabilities, the associations of parents of children with developmental difficulties, and the associations that advocate for persons with disabilities, into working groups for drafting of legal regulations under its jurisdiction regulating the rights and obligations of persons with disabilities

The Advisory Body of the GoC is the Commission of GoC for Persons with Disabilities, and majority of members are representatives of the alliances and the associations of persons with disabilities.

Also, there are a number of non-governmental organizations (associations), from councils and commissions of local government to political parties, through which the elderly are involved in policy making and implementation of policies.

1. **Please provide information on any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the rights of older persons with disabilities and identify lessons learned from these.**

As already stated, pursuant to the Compulsory Health Insurance Act (right to health care and monetary benefits) all insured persons are entitled to these rights on the principles of reciprocity, solidarity and equality, under the same conditions and in the same way. CHII as a provider of rights from the compulsory health insurance in accordance with the Act does not implement special programs for persons with disabilities in relation to other insured persons.

Furthermore, according to the Social Welfare Act local and regional self-government units are obliged to participate in the social welfare of the population in their area in accordance with their financial and other possibilities. Each local and regional self-government unit issues its own general regulations on social welfare in a way that autonomously defines priorities in its jurisdiction.

We would like to single out the following examples of good practice:

* there is currently underway the implementation of a project funded by the European Social Fund (hereinafter: ESF) “*Zaželi – Program za zapošljavanje žena*” (“*Make a Wish - Women's Employment Program”*). The Call for Applications is open from June 30, 2017 till December 31, 2020, and the end-users are older persons and /or disadvantaged persons who need assistance in the household if the services are not already financed from the State Budget or other public source funds. The Social Welfare Centre (hereinafter: SWC) participates in their identification and the Applicant and other partners, if relevant. The SWC as obligatory partner on the project ensures that the beneficiaries (the elderly and/or disadvantaged person), to whom whose support and services are provided from the State Budget or other public sources, can not be a beneficiary of support within this project. Means testing is not used as a reason for rejection, but there cannot be duplication of funding for activities. Persons are identified in co-operation between the Applicant and the obligatory partner SWC and other partners, if any.
* Elderly Persons’ Commissioner has been established in the City of Zagreb and the Strategy for the Elderly in the City of Zagreb is in the process of adoption
* many local government units use funding from the ESF for education and employment of geriatrician attendants - persons assisting in the households with the elderly
* local government units establish gerontology centres (usually in the homes for the elderly), in which non-institutional or daily care for the elderly, including those with disabilities, is organized
* Reference Centre of the Croatian Ministry of Health for the Protection of the Health of the Elderly has started educating the formal and informal caregivers for persons suffering from Alzheimer's desease and other kinds of dementia (the dementia is becoming more and more common form of disability and is a major burden for the affected families)
* in the homes for the elderly, a program of 4 levels of geriatric health care is implemented, which enables the categorization of individual gerontology of insured person with the implementation of measures and procedures and activities
* a mobile gerontology-dental team was established in the City of Zagreb to improve the availability of oral health care for elderly
* development of electronic monitoring system for health and social needs of the elderly GEROS / CEZIH.