



# Social Work and Social Policy in Croatia in Times of continuous Reforms and Crisis

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# Problem framework

- What crisis? Crisis or continuous effort of professionals to gain legitimacy
- Capacities for Europeanization of social policy and policy making processes
- Some new social risks only recently came to policy agenda (e.g. child poverty, NEET)

	2018	2019	2020	EU-27 2019
Total expenditures on social protection benefits (GDP), by function	20,9	20,9	23,8	26,9
Sickness/Health care	7,0	7,0	7,9	8,0
Disability	2,2	2,1	2,3	2,1
Old age	7,1	7,2	8,3	10,8
Survivors	1,8	1,7	1,9	1,6
Family/Children	1,9	1,9	2,2	2,3
Unemployment	0,6	0,6	1,0	1,2
Housing	0,0	0,0	0,0	0,4
Social exclusion not elsewhere classified	0,3	0,3	0,3	0,6

	2019	2020	EU-27 in 2019
Total expenditures on social protection benefits	100,0	100,0	100,0
Sickness/Health care	33,7	33,1	29,5
Disability	10,0	9,5	7,6
Old age	34,5	34,7	40,2
Survivors	8,3	8,0	6,1
Family/Children	9,2	9,2	8,4
Unemployment	2,8	4,2	4,5
Housing	0,1	0,0	1,3
Social exclusion not elsewhere classified	1,5	1,4	2,3

# Social care system legacy

- Bismarkian tradition, strong familialism and neoliberal influences
- Low social spending, constant reform attempts (pension, healthare, social care), insufficiently developed social services, and unfavourable environment for social innovations
- Failure to address new social risks
- Absence of social investment paradigm

# Social care system legacy

- Statism, paternalistic role of the state in service provision
- Discontinuity in policy making due to changes of governments
- Lack of transparency in the system; weaknesses of social contracting
- Obstacles to accessibility and affordability of services; territorial disparities
- 'Local welfare states'

## Key discursive changes in social services since 1990

- Pluralism in social policy and social service system; however Bežovan (1996) finds that welfare mix emerged as an answer to unmet social needs, and not as a strategic orientation of the government
- Continuous advocacy of decentralization and deinstitutionalization
- Marketization – greater user's choice, individualization and personalization of services, service quality standards
- Proclaimed greater role of non-state, nonprofit organizations in social services (seen in a function of lowering public spending)
- Changed conception of service users – activation, empowerment and co-production

# Trends in social service provision since 1990

- Rising demand for social services (residential and community/home-based)
- Privatization
- Deinstitutionalization and growth of community based services
- Still important role of informal care

# Trends in social service provision since 1990

- In the 1990s, especially after delivering the first Social Care Act in 1997 opened space for welfare mix in social services
- Trends of strong growth of private service providers, in some areas(elderly care) outnumbered public service providers
- However, state and public officials distrustful to private initiatives
- Partially decentralization
- Desintegration and fragmentation of the system; problem of coordination
- Difference in capacities for social planning and strengthening of good social governance at local levels

Social care system and social work

# Three pillars of social care system

Financial assistance

Repressive mechanisms

Social services

# Institutional frame of social care

- Basically the main feature of social care system remained the same from socialism til today:
  - ❑ Social welfare centres as s backbone of a system (Croatia has and app. 30% of social workers finds thei job placement there)
  - ❑ Social care homes (for children, youth, people with intelectual disabilities of mental health issues, elderly) with many of them being transformed into Centres for community services
  - ❑ New social service providers that are sub-contracted by the ministry
  - ❑ Decentralisation is happening in field of social services for the elderly with decentralised funds

# Institutional frame of social care system

1990.-  
2000.

- Renewal of social care institutions after the Homeland War

2000 –  
2010

- First attempts of a comprehensive social care reform
- Political and scientific consensus on three principles: decentralisation, deinstitutionalisation and welfare mix
- Lack of “radical” reform – sometimes the courage would be found at the end of political

2010 –  
2020

- Experimenting with different partial solutions
- Social welfare centres followed the UK model of making more specialisations that resulted in their alienation from the community
- Pressure on deinstitutionalisation resulted in partial transformation without sufficient development of community based services

# Financial assistance schemes

- Social assistance schemes that should eradicate poverty haven't changed significantly over the years
- It is means-tested and it covers solely 34% of poverty line
- Tremendous gap between percentage of people receiving social assistance (app 1%) and people at risk of poverty (19,3%) or severe material deprivation (7%)
- Over the years there has been some growth of financial assistance rights for people with disabilities as a result of advocacy efforts
- In 2013 and again in 2022. revitalisation of an idea of deserving and underserving poor (obligation to do a volunteer work in community for 20 hours per week)
- New social risk after the economic crisis 2008 – 2013; app 6% of national population has blocked accounts and is under the threat of financial enforcement
- After the accession to the EU, there was significant decrease of number of users (from 102 000 in 2015 to 57 000 in 2020).

# Repressive actions in social care system

- Ever since from its beginnings in former Yugoslavia, social care system was known for its repressive authorities in family work and work with youngsters
- The biggest improvement was made in field of disability where a person can only partially lose legal capacity (not completely) and this actions have to be taken very carefully
- The act from 2007. made changes in a way that highest level of repression can be delivered by the court's decision
- In past 10 years we are witnessing the introduction of risk-management paradigm and developing new instruments for profound risk assessment
- Repressive work is becoming more and more professionalised and imitating supportive work (without adequate substitution of repressive actions by social services that would serve as a prevention)

# Social services

- Growing pillar of social care system (as an evidence we could notice a growing body of legislation devoted to regulation of access to social services and their sub-contracting)
- Institutions are still confused with social services, even those where users are placed as a result of repressive actions
- Significant regional and sectoral inequalities
- Social services are not conceptualised as social rights and are very little represented in entire budget (financial assistance carries great majority of national budget)

# Current challenges for social care system

- When it comes to institutional frame, the last Social welfare Act lead towards unprecedented centralisation with establishment of Croatia Bureau of Social Work that would have hierarchical structure including all social welfare centres and Croatian Family Centre. Also, it is announced to have Academy of social welfare as central body for professional development. In justification of a new system following principles were highlighted: standardisation, quality provision, efficiency, transparency
- High level of uncertainties with predictable increase in bureaucratisation, surveillance and administrative control

# Current challenges for social care system

- In field of financial assistance, nothing substantially changed. We can expect that having a status of financial assistance user would lead toward entitlement to other rights, for example for tackling energy poverty
- In field of social services, inequalities are not resolved, but there is a growing awareness of importance of social services and new mostly project-based possibilities. There is also a growing tendency towards hypernorming the system and increasing the authority of regional government for quality control
- Currently, there is a plan to work on integrative approach between social and health services
- Field of repressive actions is quite controversial and public debate was raised in the past two years calling for more institutionalisation and questioning of some concept, such as parental alienation.
- It seems that the system doesn't have adequate response because the pressure to manage the risk is more than it can really handle. Now institutional responsibility is transferred into professional liability and eventually becoming individual guilt

# What is happening with social work in social care system- profession under the pressure

- High exposure to professional stress where nearly half of professionals have a sense of exhaustion and lack of accomplishment, but not yet a sense of detachment and depersonalisation
- Personal fear of ever growing surveillance
- Carrying the burden of a regulated profession (at the same time it is empowering and threatening)
- Turnover of professional motivation (the most challenging tasks are least wanted) and young professionals are placed in most difficult cases
- Exposure to public pressure, fear of personal liability for systemic 'sins'
- Being in first line to deal with all kinds of crisis, e.g. COVID, earthquake, financial crisis, migration
- Social work is replaced with public sector and it becomes personification of a system, but it could also become a profession of everyone's interest

# Concluding remarks

- We are in the turning point for social work and social care system
- Social care system is burdened with complex and mutually interdependent crisis. At the same time, many opportunities are available
- It became complex and fragmented, but not efficient and is detached from the reality of people's needs
- It seems almost impossible to have holistic and integrative social work, unless we create subsystems that would be responsible solely for integration (yet there is a risk that there would remain self-standing bodies detached from those they should integrate)