ESPN Thematic Report on Challenges in long-term care

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European Social Policy Network (ESPN)

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Summary

Serbia does not have a comprehensive long-term care (LTC hereafter) policy which addresses the needs of the elderly population. The present solutions and instruments in this area were designed several decades ago and have not been reformed in the face of the rapid ageing of the population.

Public formal care comprises institutional care in public homes for the elderly, day care and home care services, and cash benefits for dependent persons who need care by a third person. The coverage of these services is extremely low; in 2016 only 0.5% of the elderly were covered by public institutional care, 1% were covered by day care and home care services, and about 7% received cash benefits. There are permanent waiting lists for admission to institutional care and for day care services in larger cities. With a low volume of supply of formal care services, public spending is also low; in 2017 only 0.45% of GDP was spent on all LTC services and benefits for the elderly.

In recent years the private sector has increased the supply of LTC services, mainly in institutional care: however, high prices are not affordable for the majority of dependent persons. Quality of care has been secured by the setting of norms and standards and by the licensing of all organisations that supply services in both the public and private sectors.

With a low supply of LTC services dependent persons rely mostly on informal care, either from family members or from lower-skilled workers through private arrangements. The employment situation in this area is rather critical, due to the constant emigration of the qualified labour force abroad and a ban on new employment in public institutions.

Demographic projections for 2030 and beyond point to the rapid ageing of the Serbian population; in 2030 about one fourth of the population will be 65 or older (11.4% will be 75 or older, and 6% will be 80 or older), while the size of the working-age population will shrink. Estimates of epidemiological trends also indicate a possible increase in the prevalence of chronic diseases, which will have a negative effect in terms of disability among older people. These trends will involve increased demand for formal care, as the number of dependent persons rises. They will also involve a decrease in the supply of informal care from family members, as activity and employment rates will increase due to the expected demographic changes.

The government needs to address the current shortcomings in LTC care and to plan for future demands in a comprehensive manner. A new national strategy for ageing should be adopted without delay, with a detailed framework for LTC policy. The focus should be on maintaining the potential for independent living by the elderly and on preserving their health. The cornerstone of formal care should be day care and home care assistance, which has to be affordable for all the elderly. The role of public health is equally important, in the form of advocating healthy life styles and an active ageing approach.

1 Description of the main features of the country's long-term care system

In Serbia the social protection sector does not have an active role in designing comprehensive long-term care (LTC) policies. The needs for LTC services are addressed separately by health care and social care institutions, without any systematic form of integration and collaboration among providers.

In 2016 19.2% of population belonged to the elderly population group (65 years or older), while the share of those aged 80+ was 4.4%. There was an almost even spatial distribution: 51.8% of the elderly resided in the south Serbia region, and 48.2% in the north Serbia region (NUTS 1). There are no precise data on the number of people of all ages with disabilities who need permanent LTC. The last Census data (2011) show that around 18.1% of the older population (65+) needed some type of assistance for performing daily activities, while 4.9% needed more intensive care (assistance for personal hygiene, feeding, dressing, etc.). Around 70% of the elderly lived in households where all family members were older than 65, and about one quarter of them lived in single-member households.

The social protection law (2011) defines measures which cover the need for LTC support: (1) institutional care; (2) financial benefits for persons who need assistance from a care-giver; and (3) day care services.[1] The first two benefits are covered from the national budget, while day care services are mainly funded by local government budgets. The approval and monitoring of service delivery are delegated to the local centres of social work (CSWs hereafter).

Institutional care is provided through a network of public and private institutions, which provide accommodation for elderly persons in homes for the elderly. In 2016 there were 43 state institutions, with an even spatial distribution. In the same year only 0.5% of the country's elderly were covered by public institutional care. The state covers operational and maintenance costs, the salaries of health care staff and part of the salaries of other employees in public institutions; funding is secured from the Ministry of Labour, Employment, Veterans and Social Policy (hereafter the MoLEVSP) budget. Beneficiaries with minimal or no income are exempted from payments; in other cases they pay part of cost or the full price. There is an option for persons without sufficient financial means to cover accommodation costs to mortgage their assets (land, a house or a flat) and CSWs may lease these assets in order to cover the costs: however, this practice is not common. In 2016, 55% of residents in public institutions paid the full price, 24% received co-financing, and for 21% expenses were covered from the budget.[2] Accommodation prices vary depending on the accommodation type. In 2017, in four homes for the elderly in Belgrade, prices for monthly accommodation ranged from EUR 237 for a four-bedroom (joint bathroom and toilet) apartment to EUR 540 for a single-bedroom apartment.[3]

The number of private homes for the elderly is increasing rapidly; in 2016 their number almost doubled compared with 2015, to 119 licensed homes for the elderly, with a capacity for 4,195 persons. Monthly accommodation prices are in the range EUR 300-1,000. In 2016, private homes provided accommodation for 6,298 users (34% more than in 2015); 64% of the latter were 80 or older and 31% were 65-79 years of age. Only 19% of users paid accommodation costs from their own resources, 62% covered the costs with the help of family members, while for 19% the costs were fully covered by

[1] RS Official Gazette 24/2011.

[2] RIPH, 2017, 'Report on work of institutional care for the elderly in public sector in 2016'.

[3] RIPH, 2017, 'Report on work of institutional care for the elderly in private sector in 2016'.

family members.[4] It has been observed that some of the users are retired Serbian citizens who previously worked abroad, and who could afford more expensive services.

Financial support of the elderly by their children is regulated by the family law, which defines the right of a parent (who is unable to work and has insufficient financial means) to receive monthly financial support from a child or a relative, depending on the financial capability of the family member to provide such support.[5] Enforcement of this right is through formally signed contracts or by court procedures. The latter practice is not common, as parents are usually reluctant to bring such matters to court. Care for elderly parents or disabled family members is a social norm and as such it is commonly provided. Employed persons are entitled to five days of paid leave for the care of a sick family member (a child, a spouse or a parent) as defined by the labour law.[6] The right to sick leave, defined by the health insurance law, cannot be exercised for the care of a sick parent.[7] Local communities (hereafter, LCs) are responsible for the provision of day care services and home care assistance for their residents. Since the beginning of 2000 these services have been developed with broad support from international donors. Home care assistance is commonly provided as 2-3 hours per day for performing daily activities (personal hygiene, feeding, house cleaning, etc.). Funding of the services is secured by the local administration's budget and partially through the National Employment Service 'public work' programmes and MoLEVSP support for underdeveloped communities; beneficiaries usually pay only a token element. Such pricing arrangements have resulted in low coverage, as in a number of LCs budgets have been constrained; delivery of services covers only a minimal number of beneficiaries with the lowest incomes. Beside home care services, some communities provide day care in communal settings, and five communities have 'meals-on-wheels' programmes. In recent years the private sector has become more involved in the provision of day care services; presently there are 47 licensed private providers, although the number of providers is larger.

Some LCs fund additional programmes for their elderly residents, in the form of free passes for swimming pools, free recreational and education classes and free sight-seeing tours. Pensioners clubs, which exist in almost all LCs, are also places which provide settings for socialising, cultural programmes and educational and art workshops.

Financial assistance for all dependent persons covers cash benefits 'for the care of a third person'. The cash benefits are paid to the dependent person or to the parent or the guardian. The benefits are not means-tested and beneficiaries do not have an obligation to report on how it is spent. Dependent persons exercise rights under two provisions, subject to employment status: (1) the pension and invalidity law regulates cash benefits for dependent persons who are employed or retired, with benefits funded and administered by the Pension and Invalidity Fund;[8] and (2) the social protection law regulates cash benefits for dependent children, young people and unemployed older dependent persons. The benefits are administered by the MoLEVSP and financed by the national budget. There are two categories of cash benefits for disability, subject to status: (1) the basic cash benefit – eligibility conditions include physical and/or mental impairments that affect the ability to carry out everyday activities, and severe sight and hearing impairments; and (2) the increased basic cash benefit – eligibility conditions refer to 100% physical disability of one organ or to health status with multiple physical and mental impairments with a disability level of 70% or more. Benefits in 2016 were in the range EUR 138-230, depending on disability status. These benefits can be combined with the other financial and in-kind benefits.

[4] Ibid.

[5] c18/2005 72/2011.

[6] RS Official Gazette 75/2014.

[7] RS Official Gazette 106/2015.

[8] RS Official Gazette, 75/2014.

State health care institutions provide free health care for all persons aged 65 or more. In 2016, 96% of public nursing homes had permanent medical staff; 67% of private nursing homes had permanent medical staff, with the costs of their services covered by accommodation fees; the remaining private homes had contracts with health care institutions, and some of them charged additional fees for health care services.[9]

There is a marked imbalance between formal and informal care provision, with an extremely low coverage by formal in-kind services and a relatively low adequacy of cash benefits. Without adequate formal support, dependent persons rely almost exclusively on the support of family members. This means that caring family members either stay outside the labour market or undertake the strenuous burden of two jobs, one in employment and the other as carer.

Demographic and epidemiological projections up to 2060 point to an increase in the size of the elderly population and a potential increase in the prevalence of chronic diseases that are the main causes of disabilities. By 2030 the population cohort aged 65+ will increase in absolute numbers by 13% and their share in the total population will be higher by 5.2 p.p. compared with 2016; the share of the population aged 80+ will also increase by 1.6 p.p.[10] The old-age dependency ratio (65+/20-64) will increase from 31.4.6% in 2016 to 42.8% in 2035, while the caring dependency ratio[11] (65+/40-64) will increase from 54.3 to 68.7. With the increasing proportion of the elderly, the prevalence of chronic disease will also increase: estimates by the WHO are that in Europe by 2030 disabilities caused by Alzheimer's disease and other forms of dementia will increase by 17%, while age-related vision disorders will increase by 6.6%.[12] The ageing of the Serbian population will cause a shrinking of the size of the working-age population, which will in turn affect labour market trends. The projections show that in 2030 the employment rate (ages 15-64) will be higher by 6 p.p. and the activity rate by 3.5 p.p.[13] These trends will continue till 2060. These developments will inevitably involve an increase in the number of dependent persons and will also decrease the capacity of family members to provide informal care.

2 Analysis of the main long-term care challenges in the country and the way in which they are tackled

2.1 Assessment of the challenges in LTC

At the end of 2016, 8,191 persons were accommodated in state institutions: 83% were 65 or older (65.8% women), and 41% were 80 or older (70.7% women).[14] In December 2016 the public and private sectors together accommodated 12,058 persons, about 85% of whom were 65 or older. **LTC coverage of the Serbian elderly population is very low, as only 0.76%** of them were able to secure accommodation in homes for the elderly, including **0.5% covered by the public sector.** The geographical distribution of private homes for the elderly is uneven: 79% of capacity is located in the north Serbia region, with the majority (60.2%) located in the city of Belgrade (NUTS 2), although only

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[9] RIPH, 2017, 'Report on work of institutional care for the elderly in public sector in 2016'; 'Report on work of institutional care for the elderly in private sector in 2016'.

[10] Fiscal Council, 2013, 'Projections of Serbia population 2010-2060'.

11 Lipszyc, B., Sail, E., Xavier, A., European Commission, Directorate-General for Economic and Financial Affairs, Economic Papers 469 | November 2012, Long-term Care: Need, use, and expenditure in the EU-27 (http://ec.europa.eu/economy_finance/publications/economic_paper/2012/pdf/ecp469_en.pdf).

[12] WHO, Projected DALYs for 2005, 2015 and 2030 by WHO region under the baseline scenario (http://www.who.int/healthinfo/global_burden_disease/projections2002/en/). Accessed in February 2018,

[13] Nikolic, I., Bajec, J., Pejin Stokic L., 2018, *Employment in the focus of better development,* Serbian Academy of Science and Art, Monograph: Economy: Employment and Labour in XXI century in Serbia.

[14] RIPH, 2017, 'Analysis of planned and realised volume of services in public stationary care institutions in 2016'.

22.7% of all those aged 65+ live in Belgrade.[15] Utilisation of LTC is also much higher in Belgrade than in other regions, which proves that affordability is one of the factors that influence demand. The higher supply and demand for these services in Belgrade can be explained by two main characteristics related to Belgrade residents. Firstly, women's activity and employment rates are higher in Belgrade than in other regions – in 2015 women's activity rate in Belgrade was 5.6 p.p. higher than the rate in southern and eastern Serbia (NUTS 2), while the employment rate was higher by 5.1 p.p. Consequently, women are not in a position to sustain the necessary time to care for a dependent family member. Secondly, the affordability of LTC is greater in Belgrade, as Belgrade pensioners had 25% higher pensions than the national average (2016), and the average wage in Belgrade was 25.5% higher than the annual national average wage.[16]

Around 500 persons are on waiting lists for placements in 20 public LTC institutions, mainly in the larger cities. A review of utilised capacity in the public sector shows a shift in demand towards services for disabled persons with a higher grade of disability, and that the current supply structure does not correspond to the new trends. In 2016 there was spare capacity for the care of persons with minimal disability problems, while at the same time there were waiting lists for those with higher levels of dependency.

Day care and home care services are provided in almost all LCs in Serbia. However, their coverage is very low; in 122 LCs in 2015, 15,604 elderly people were covered by these services (about 25% of beneficiaries were from Belgrade); **the corresponding coverage rate was 1.1%** of the total elderly population in Serbia. In a number of cities there are waiting lists for these services.[17]

Households which need these services very often engage less-skilled unemployed women, through private arrangements, as their fees are more affordable. There are no exact data on the number of such arrangements; however, this practice is well known.

Basic cash benefits are in the range EUR 86.4-131.6, depending on the funding source, while the increased rate of benefits was EUR 233; about 19% of elderly beneficiaries received the latter in September 2017. Comparing the 2016 annual national average wage with cash benefits, the increased rate of benefit was 58% of the average wage, while the lowest basic benefit was about one fifth of the average wage. In 2016 around 96,635 elderly persons received cash benefits; 79% from the Pension and Invalidity Fund (the PIO Fund hereafter) and 21% from the MoLEVSP. **The estimated coverage rate for the elderly population is 7.14%;** this percentage could be used as a proxy for the actual percentage of dependent elderly persons with a severe disability.

The adequacy of the benefits is low, as they do not fully compensate for the costs of engaging a third person for daily care.

The quality of services provided by social care organisations is secured by a set of regulations which cover norms and standards, both structural and functional. All institutions which are registered for these services have to be licensed by the MoLEVSP: the licence is issued for a six-year period and can be withdrawn if compliance with the regulations is breached. In January 2018 inspectors closed 212 private homes for the elderly.[18] The list of the licensed institutions is published on the website of the ministry. The Chamber of Social Care Workers manages the licensing of professional staff and publishes the relevant lists.

The Republic Institute for Social Protection collects annual reports from the organisations which provide institutional care for the elderly. The analysis for 2016 shows that licensed organisations in the private sector had complied fully with the standards and norms. On

[15] RSO, 2017, Demographic Yearbook, 2016.

[16] RSO, 2018, Employment and wages in 2016.

[17] Team for Social Inclusion and Poverty Reduction (SIPRU), Mapping Social Care Services within the Mandate of Local Governments in the Republic of Serbia 2016.

[18] http://www.minrzs.gov.rs/usluge-socijalne-zastite.html.

the other hand, a number of public institutions were not adapted to all standards and norms. Due to the government ban on new employment (2014) the number of staff has been decreasing and in 2016 it was 12% lower than the level specified by the norm. In 11 institutions for the elderly (25% of the total) accommodation capacity was not in line with standards, i.e. these homes still had rooms with five or more beds (the standard is a maximum of four beds per room). The analysis shows that public institutions had a much broader spectrum of daily activities for their residents, from physical classes to cultural and educational programmes, whereas such programmes are not frequently available in private institutions.

The quality of day care and home care services is maintained by employing properly educated staff, which is a condition for licensed services. As the supply of these staff is low, dependent persons and/or their families often engage non-qualified persons, through an informal labour market. There are no assessments of the scope of these arrangements.

The extremely low coverage rates for formal LTC services in Serbia indicate a high reliance on informal care. In 2016 one quarter of the Serbian population was at risk of poverty or social exclusion, and for that reason it is questionable whether these households can afford to hire outside help. Without proper formal support, dependent persons and their family members are faced with physical and mental hardship which affects their well-being. Coping with such a situation may be stressful and cause mental health problems. In 2016 41.4% of all suicides in Serbia were committed by elderly persons (65+), which was an increase of 5.3 p.p. compared with 2013.[19]

LTC policy should support measures which prolong independent living by the elderly. Day care services should have a leading role in maintaining independence and preventing admission to institutional care. These services also assist family carers to better organise their life and stay in employment. In 2015 around 8.8% of inactive persons (not in education or retirement) who had chosen not to work were persons who selected 'care of children or adult a disabled person' as the reason for their inactivity, 96% of whom were women.[20] There is a severe shortage of formal day care services in Serbia, which is made up for either by care by family members or through undeclared work by unskilled persons, mostly women. The private sector in this area is growing, but its services are not affordable for the majority of the elderly. The public sector should reassess the current organisation of the supply of services and establish an efficient pricing system which will secure the long-term sustainability of day care services and increase their supply. Support for the elderly on low incomes must also be integrated in the future design of delivery of public day care.

The current under-supply of LTC services generates low employment and low wages in this area. Serbia is faced with a constant brain drain of skilled nurses and physicians; some estimates suggest that around 2,000 medical professionals have left the country in the last few years.[21] The National Employment Service keeps an open call for jobs for medical nurses in Germany; most of the job offers are for work in nursing homes for the elderly.

With very low coverage rates for all services and benefits, public spending is minimal; **in 2017 around 0.46% of GDP was allocated for formal care** benefits and services for the elderly population in Serbia. Institutional care in public institutions is mainly financed by users; in 2016 65% of the residents of public homes for the elderly paid for accommodation from their own resources. In 2017 0.023% of GDP was spent from the national budget on the public institutional care of the elderly.[22] There are no official data

[19] RSO, 2017, Demographic Yearbook 2016.

[20] RSO, LFS 2015.

[21] http://www.021.rs/story/Info/Srbija/161961/Odlasci-lekara-i-medicinskih-sestara-u-Nemacku-imaju-razmeru-egzodusa.html.

[22] MoELVSP, Data for expenditure on institutional care, 2017.

on out-of-pocket payments for private homes for the elderly, but a rough estimate for 2016, based on the available data, shows that dependent persons and/or their relatives spent EUR 13.8-17.7 million on such private services.[23]

Funding of day care and home care services is, on the other hand, secured predominantly from local and national budgets, with users paying only token fees. In 2015 funding of these services was structured in the following way: 83% of costs were covered by local government, 7% by the national budget, 3% from donations and 7% by users. In Belgrade the Gerontology Centre provides services for 2,677 persons, who pay a small monthly fee of EUR 10, while the city administration covers the rest of the expenses. In 2015 about 0.027% of GDP was allocated to public day care services for the elderly.

Cash benefits are funded mainly (77.1%) by the PIO Fund, as the majority of beneficiaries are covered by the Fund's insurance payments. **In 2017 around 0.41% of GDP was spent on all cash benefits for 'care of a third person' for the dependent elderly.**

2.2 Assessment of reforms

There are no recent or planned reforms to address the challenges arising from shortcomings in the accessibility and adequacy of LTC services. Even though a rapid ageing of the population has been recorded in the last decade and will continue in the future, no policies have been adopted that address the problems of LTC for the elderly. The government adopted a 'National strategy on ageing 2006-2015'[24] in 2006, but without a related action plan: although the strategy has expired a new document has not been prepared.

2.3 Policy recommendations

Demand for LTC services has been growing steadily during the last decade, but the formal supply of services has not responded adequately to this trend. The private sector is expanding, however, with a very uneven spatial distribution and with relatively high prices which are not affordable for the majority of dependent persons. In order to address existing shortcomings and future challenges, public institutions should undertake a set of measures which will contain demand and provide an adequate and affordable supply of services. LTC policies should focus on the following areas.

- Preventive measures should be adopted to reduce the risks of developing long-term disability. The Serbian population is highly exposed to the risk factors (high blood pressure, obesity, etc.) which are linked to diseases that cause severe disabilities. Public campaigns which promote and support healthy living are a necessary tool for reducing future demand for LTC services.
- The present health care system is not well structured to answer the growing needs of the older population. Waiting times for health interventions for conditions which affect the ability to live independently are on the rise. In 2016 the waiting time for surgery for age-related cataracts was 324 days, with the number of patients up by 17% from the previous year; the waiting time for hip- and knee-replacement surgery was 378 days, 30 days more than in 2015.[25] The health care sector, both preventive services and medical treatment, need to adapt to current and future epidemiological trends.

[23] Authors' own calculations.

[24] http://www.srbija.gov.rs/vesti/dokumenti_sekcija.php?id=45678, accessed on 24.06.2015.

[25] RIPH, 2017, Analysis of planned and realised volume of services in public stationary health care in 2016.

- Existing measures for assuring the quality of LTC services should be enhanced by strengthening the capacities of the inspection sector.
- Serbia has a high share of informal employment (21.8% in the third quarter of 2017), with informal home care services usually provided by lower-skilled women through undeclared work.[26] LCs should increase the supply of day care services and facilitate the transition of this labour force to legal employment, with the provision of training and licensing programmes. It is necessary to lift the ban on new employment in the public sector and to increase the number of employees in social care institutions in accordance with the norms. The government needs to adopt a policy for preventing a shortage of skilled labour due to labour migration.
- Day care and home care services should be a cornerstone of LTC, as they will support independent living by the elderly and reduce the burden on family members. It is important to introduce economic pricing of public day care services, which will boost their funding and sustainability and also allow the higher participation of beneficiaries with different income levels.
- Future financing has two main challenges. The first one is increase of coverage with the residential care and consequently increase of the resources earmarked for these purposes. The second one, which is interrelated with the coverage increase, is financial support for low-income dependent persons and their families.
- The government needs to prepare and adopt a new national strategy for ageing with a developed framework which will embrace current national conditions, health care and social care policies and future demographic projections, and translate them into LTC policy. Timing is essential as it will take several years for the desired impact of the new policies to be felt.

3 Analysis of the indicators available in the country for measuring long-term care

Public/state institutions

MoLEVSP

- Social profile of LCs. The web-interactive base for the 2011-2014 period.
- Monthly reporting – coverage data and financial outlays.
    - 'Dodatak za pomoc i negu drugog lica': cash benefits for 'care of a third person'. Data on number of beneficiaries and levels of cash benefits.[27]
    - 'Podaci o obradi troskova smestaja lica': data for expenditure on institutional care (including data on number of accommodated persons).[28] 'Spisak licenciranih domova za stara lica i spisak izdatih zabrana za rad': list of licensed organisations for institutional care of the elderly and list of issued prohibitions to work.[29]

[26] RSO, 2017, LFS 3rd quarter.

[27] https://www.minrzs.gov.rs/visine-socijalnih-davanja-8007.html.

[28] https://www.minrzs.gov.rs/visine-socijalnih-davanja-8007.html.

[29] https://www.minrzs.gov.rs/aktuelno/domovi-za-stare-sa-licencom.html.

Republic of Serbia Statistics Office

- Statistical year book, annually[30] – coverage data.
    - 'Broj ustanova za smestaj starih lica, broj korisnika, broj zaposlenih': number of LTC institutions, number of users, number of employed staff.
- 'Procene stanovnistva po starosti i polu': population estimates, by age and gender.[31]
- Pension and Invalidity Fund
    - Monthly bulletin[32] – coverage data and financial outlays.
        - 'Korisnici naknada za pomoc i negu drugog lica': beneficiaries of cash benefits for care of a third person, number of persons, levels of payments.
- Republic Institute for Social Protection

The Institute collects annual reports on institutional care of the elderly in the public and private sectors; reporting is based on a standardised questionnaire. The Institute analyses and publishes joint data annually.[33]

- Izvestaj o radu licenciranih ustanova za smestaj starih lica, javni sektor': report on work of licensed institutions for accommodation of the elderly, public sector.
- Izvestaj o radu licenciranih ustanova za smestaj starih lica, nejavni sektor': report on work of licensed institutions for accommodation of the elderly, private sector.

Both reports cover a number of data and indicators: number of institutions and employees (by professional attainment); number of beneficiaries (by age, gender, marital status, education, employment status); type of payments (by source); duration of stay; reasons for entering and leaving the institution; degree of disability and grade of support; quality indicators: educational profile of employed staff, number of complaints received.

Civil society organisations and NGOs

- Team for Social Inclusion and Poverty Reduction (SIPRU)
- Mapping Social Care Services within the Mandate of Local Governments in the Republic of Serbia 2016 (http://socijalnoukljucivanje.gov.rs/en/), published every four years. Data on utilisation of day care and home care services in local communities.

[30] http://www.stat.gov.rs/WebSite/Public/PageView.aspx?pKey=711&URL=http://pod2.stat.gov.rs/ElektronskaBiblioteka2/Pretraga.aspx?pubType=1.

[31] http://www.stat.gov.rs/WebSite/Public/PageView.aspx?pKey=162.

[32] http://www.pio.rs/lat/mesecni-bilten.html.

[33] http://www.zavodsz.gov.rs/index.php?option=com_content&task=view&id=160&Itemid=157.

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2018a, Data on cash benefits for care of a third person, October 2017 (https://www.minrzs.gov.rs/visine-socijalnih-davanja-8007.html);

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