



COUNTRY REPORT

SLOVENIA

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Introduction

Slovenia is a post-socialist country, which has started the development of its PHS sector already during the transition process, by retraining unemployed textile workers for care jobs. However, the bulk of care and household-related work continues to be performed informally, by family members and neighbours, in the unpaid sphere. This is stimulated by public policies that emphasize family care, thus relocating care for the elderly into the private sphere and encouraging the development of commercial services.



Factors Supporting the Growth and Development of the Field of PHS

The **employment rate** in Slovenia is 75.4 per cent and therefore slightly higher than the EU average (73.2 per cent) for persons aged between 20 and 64. The youth employment rate in Slovenia, at 35.2 per cent, is almost at the level of the EU average (35.4 per cent). In comparison, the senior employment rate at 47 per cent is much lower than the EU average (58.7 per cent). The long-term unemployment rate (per cent of unemployed) has been rising since 2009 and peaked in 2014 at 54.5 per cent, but has subsequently fallen to 42.9 per cent in 2018 which is below the EU average (43.4 per cent).¹ However, at 71.7 per cent, the female employment rate among adults (of age 30–54) is among the highest in the EU.² Nevertheless there are about 200,000 family members and 20,000 neighbours (around 10 per cent of the Slovenian population) taking care of chronically ill or/and elderly persons in need. The burden of informal care for dependent relatives remains therefore particularly a female issue. More women than men are inactive or in part-time employment due to family responsibilities or because they are looking after children or incapacitated adults.³

As of April 2013, **not all employers are obliged to register vacancies** with the Employment Service of Slovenia (ESS), so the structure of vacancies registered with the ESS no longer reflects the actual structure of demand. Nevertheless, the data show that in the period of economic boom, the ESS recorded an above-average growth in the number of job vacancies for jobseekers who have completed primary school or less. In 2015, the share of vacancies for this level of education among all vacancies registered with the ESS was 22.7 %, and by 2019 it had risen to 29.1 %. These are mostly less demanding, low-paid jobs. For example, in 2019, for this education level, employers most often looked for cleaners, workers for simple work in manufacturing, drivers of heavy trucks and tractors, masons, workers for simple work in high/low construction, security guards, kitchen helpers, waiters, etc. The share of

¹ OECD (2019).

² Eurostat (2019).

³ European Commission (2018a), forecasts on employment due to the Covid-19 crisis see: Employment Service of Slovenia (2020).

vacancies for the primary level of education is higher than 40 % in agriculture, construction, transport and storage, and in other miscellaneous business activities, which also includes employment agencies for other employers. When hiring workers with primary education, there is also more fixed-term employment. In 2019, there were 76.5 % of fixed-term vacancies for the primary school level, while the share of fixed-term employment for all other levels was 67.6 %, e.g. 59.9 % for tertiary education level. Due to the **lack of domestic workers**, foreigners are often the ones working in these jobs.

Although the Slovenian government estimates the share of **undeclared work** at only 6 % of all employed persons in Slovenia,⁴ the International Monetary Fund estimates the size of the shadow economy at between 10.1 and 24.1 % of the GDP, depending on the calculation method.⁵ For 2008, the total level of informal employment was estimated at 14 % of the extended labour force.⁶ An important factor is the attitude of the Slovenian population regarding the **acceptance of undeclared work**. According to the Eurobarometer 2014, the level of risk of being detected in Slovenia is the lowest among all EU countries – only 14 per cent of the respondents said that there is a high risk of being detected by tax or social security institutions in the case of not declaring one's income.⁷

According to the **demographic projections** from EUROPOP2018, the population of Slovenia is projected to slowly decrease to 1.96 million in 2060. Thereby, the age structure of the population is expected to change significantly. In 2018, 19.4 per cent of the population was aged 65 or above, while in 2055 this share is projected to be at nearly 32 per cent.⁸ An above average share of elderly people already experience social exclusion; as the elderly population continues to swell, the problem could become even more acute. Among the elderly population there is a large share of owner-occupied housing among the elderly population. There is an above-average number of people living on farms, in detached houses or in oversized apartments. They are seriously deprived of some long-term care services.⁹

A recent study calculated that 104,000 people aged 50 and over were **receiving informal care** in 2013 (13% of the population of that age group). In terms of unmet needs, the same study estimated that 35,000 people aged 50 and over had at least one limitation in carrying out activities of daily life (ADL – basic daily tasks, and within those instrumental activities of daily life (IADL)) but received no help (either formal or informal) in 2013. The estimated number would be higher if IADL were taken into account.¹⁰

Personal care or practical assistance to a family member living in another household, a friend or a neighbour is regularly provided by 6.56 % of respondents aged 50 or more (i.e. approximately 48,000 people), while regular personal care assistance in the same household is provided by 6.13 % of respondents (i.e. approximately 37,000 people).¹¹

In very broad terms, one may attest to the **overall care situation** that whilst care needs are growing (population aging, small families, deinstitutionalisation of care; changes in inter-

⁴ European Commission (2017).

⁵ Medina/Schneider (2018).

⁶ Hazans (2011).

⁷ European Commission (2017).

⁸ Statistical Office of the Republic of Slovenia (2019).

⁹ IMAD (2016), Statistical Office of the Republic of Slovenia (2019).

¹⁰ European Commission (2018a).

¹¹ Srakar/Nagode (2018), Nagode/Srakar (2015).

generational solidarity, etc.), the number of caregivers (both formal and informal) is declining and informal caregivers (family members) are overworked.

In the **service sector** (assistance and attendance) more younger people are needed, as the share of older employed women is increasing sharply. A larger share of male caregivers is needed. Care is not a low-skilled job, but it is low-paid and low-valued in the society.



Definition and Development of PHS Instruments

In Slovenia, the PHS sector is fragmented. There are various services such as social service, personal assistance, family assistance, community nursing and others more.

Home help in Slovenia

Home help is intended mainly for the elderly who live in their own home, but are no longer able to fully care for themselves due to illness or other age-related problems, while their relatives or neighbours are unable to do so to a sufficient extent. **Home help replaces the need for institutional care** to enable the individual to stay in the home environment for as long as possible.

Home help is the responsibility of municipalities, as the municipality selects a provider, who then provides the service within the public service network. The service provider can be a public institution or a concessionaire. Municipalities also co-finance home help, at least 50 %, and on average more than 70 % of the total costs. The average price of the service **for the user** is between 5 and 6 euros per hour.

The person in need fills out a request form for home help and submits it to the relevant local home help provider (organisation). Upon receipt of the application, home help coordinator visits the applicator to make an assessment of his/her situation, and then together they define the services needed.¹²

The Rules on Standards and Norms of Social Welfare Services include the following sets of tasks:¹³

Assistance with basic daily chores, including

- assistance with changing clothes, assistance with washing, feeding, performing all basic life necessities, maintaining and caring for personal orthopaedic devices

¹² Slovenian Ministry of Public Administration (2015).

¹³ Slovenian Ministry of Public Administration (2015).

Assistance in the household, including

- delivering at least one prepared meal or purchasing food and preparing one meal, washing the dishes, basic cleaning of the residential part of the rooms by removing waste, making the bed and basic maintenance of the bedroom

Assistance at preserving social contacts, including

- establishing the social network with the environment, volunteers and relatives, accompanying the beneficiary at the performance of urgent obligations, informing institutions on the condition and needs of the beneficiary and preparing this person for institutional care

Social inclusion¹⁴

In any period of life, inclusion in various non-formal and formal social networks is important for the individual. Quality social relationships for the elderly are a protective factor in maintaining life optimism, satisfaction, meaning in life, and social support.

There are several classifications of social support, the most common being the following types of social support:

- instrumental (material) support or practical help refers to help in the material sense (lending money, tools, help with household chores, etc.)
- information support is information that people need in the event of a major life change (relocation, job search, etc.)
- emotional support is helpful in case of major or minor hardships and problems in life (loneliness, death of a loved one, divorce, family problems, etc.) and socializing (conversation, intergenerational socializing, trips, visiting, etc.)

At a very late age, practical help (a source of concrete help in their daily lives) and emotional support are especially important, which can only be satisfied in various (social) relationships. Only in a genuine human relationship can an individual satisfy the need for understanding, maintaining well-being, socializing, intimacy, connecting with society and current events in the world, and mutual support. In this way, the greatest hardships of the (old) man are reduced - loneliness and exclusion.

Social impact¹⁵

Successful social inclusion results in a positive social impact: better health, happiness, psychophysical condition of included people and therefore consequently less burden on the health system.

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Home nursing care services (home nursing care within health centres – health insurance). The health care system also provides **community nursing care services** in the home environment that for all persons in a family from birth to death:

¹⁴ Zimšek Kralj (2020), The Association of Societies for Social Gerontology of Slovenia (Zveza društev za socialno gerontologijo Slovenije), oral information on 23rd November 2020.

¹⁵ Mihec (2020), oral information on 30th November 2020.

1. **Curative care services** are ordered by a personal physician according to the patient's needs and mostly relate to procedures like wound care, taking blood samples, vital signs and others.
2. **Preventive services** are provided by community nurses at their own discretion according to the health status of family members. Assessment criteria are set at the national level. (infants, young children, chronically ill, blind and partially sighted...)

Personal assistance is noninstitutional support for persons with disabilities, the purpose of which is to integrate people with disabilities into their usual living, working, educational and general social environment and thus improve their independence, and active inclusion in society. With the enactment of the *Personal Assistance Act* on 1 January 2019, the right to personal assistance became a statutory right.

An important PHS instrument is the **assistance and attendance allowance**. It is a cash benefit which is granted to Slovenian residents who need assistance in meeting their basic needs, especially the elderly. These needs are assessed by the Disability Insurance Institute of the Republic of Slovenia, to whom the request for assistance and attendance allowance is submitted by the general physician or the person in need himself/herself. The allowance is not means tested and there are three different rates of assistance and attendance allowance, ranging from EUR 150 to EUR 430.19 per month.¹⁶

Community nursing is carried out by community nurses, on instructions from a family physician. It covers the medical care of a patient at home (or in a social institution), like wound care, injections, taking samples for laboratory examination, etc. Community nursing services **are fully covered by compulsory health insurance**. Community nurses are employed by healthcare centres that are geographically spread across Slovenia. Currently, there are 57 public healthcare centres at the primary level.

Community nursing includes nursing care, while home help and assistance and care allowance concern care services to provide basic life activities.

Health care in institution (homes for the elderly) is provided by registered graduated nurses, nurse assistants and caregivers, who are determined according to the criteria of care complexity.

Primary-level health care allows the first contact with a doctor to diagnose and treat acute and chronic diseases, promote health and a healthy lifestyle, prevent disease, counsel and educate patients. Community nursing care is also provided at the primary level (1 community nurse per 2600 inhabitants). Under current legislation, the primary-level network is formed and implemented by the municipality. The primary level consists of health centres and health stations that are linked to the nearest health centre.

In agreement with homes for the elderly, **health centres** provide primary health care in the homes for the elderly (300 residents in a home for the elderly qualify for a team of a doctor and a nurse).

Medical care and rehabilitation are provided in a home for the elderly. These services are intended for those users who, because of their health condition, need more advanced ser-

¹⁶ European Commission (2018a); Slovenian Government Office for Legislation (2019).

VICES. The team includes a registered nurse, a nurse assistant, a caregiver, a physiotherapist and an occupational therapist. Depending on the complexity of the procedure, there are four categories of user complexity.

In addition to health care, the **primary level also includes pharmacy service**, which can only be provided by public pharmacies and private pharmacists with a concession. The purpose of pharmacy service is to ensure a quality and efficient supply of medicines and other products to support treatment and maintain health, and to advise patients and healthcare professionals on their safe, correct and effective use. The pharmacy service also provides pharmaceutical treatment for maintaining health and achieving the expected clinical, humanistic and economic outcomes of treatment.¹⁷



Landscape of Users

In 2015, there were around 57,365 persons in Slovenia (7.14% of the total population) who had at least one activity-of-daily-living (ADL) restriction and received only informal care or no care (home help) at all.¹⁸

The beneficiaries to **home help** are:¹⁹

- persons older than 65 years who due to their age or age-related symptoms are not capable of a completely independent life;
- persons with a disability status under the Act Concerning Social Care of Mentally and Physically Handicapped Persons who are according to the assessment of the competent commission not able to live independently, if the level and type of their disability requests occasional care at home;
- other persons with disabilities who have the right to assistance and care for performing most functions for life;
- chronically ill and persons with long-term health disorders who do not have a disability status, but are according to the assessment of the competent social work centre incapable of an independent life without the occasional assistance of another person;
- very ill children or children with severe physical or severe or profound mental disorder, who are not included in an organised care.

Also entitled are persons whose psycho-physical capabilities enable them to function at home and keep in satisfactory mental and physical condition with occasional organised help from other persons.

¹⁷ Republic of Slovenia (1992b).

¹⁸ IER, results of international survey – SHARE (2020).

¹⁹ Slovenian Ministry of Public Administration (2015).

The number of users of home help steadily increased from 3,909 in 1998 to 7,783 at the end of 2018 and at that time 1.7 per cent of the Slovenian population older than 65 years received home help.²⁰

The number of **assistance and attendance allowance** beneficiaries has risen slightly since 2008 to 32,281 beneficiaries in 2017. Of these, 738 beneficiaries received the higher rate (EUR 418,88),²¹ 10,665 the medium rate (EUR 292,11) and 20,230 the lower rate (146,06) and a pro rata amount of assistance and attendance allowance was paid to 648 persons.²²



Financing of the Main Instruments and Associated Prices

Primary health care, nursing care, and healthcare services provided by the teams within homes for the elderly, are financed from the **health insurance** (Health Insurance Institute of Slovenia).²³

- An allowance in the form of financial means for **long-term care** is awarded to individuals who meet the terms set forth in the *Pension and Disability Insurance Act*,²⁴ which states (Article 99 – Beneficiaries): The right to assistance and attendance allowance is granted to those entitled to old-age pension, early old-age pension, invalidity pension, widow's pension, or survivor's pension residing in the Republic of Slovenia, who require continuous assistance and attendance from other people at basic daily chores.
- The **assistance and attendance allowance** is financed by the Pension and Disability Insurance Institute of the Republic of Slovenia, which has spent EUR 79 million on it in 2017.²⁵
- **Home help** is jointly financed from the client's own funds (to this end the user may obtain assistance and attendance allowance) and from municipality budgets. The local Centre for Social Work may grant partial or full exemption from payment. Full or partial exemption from payment is determined based on the basis of a cap on spending and the ability of users (or their families) to pay for the services. Where the user payment does not cover the cost of the home help provided, the remaining amount is paid by the municipality or central government.²⁶
- **Community nursing** is funded by healthcare insurance.²⁷

²⁰ Nagode (2012), Nagode et al (2019), <https://www.irssv.si/index.php/raz-porocila/socialne-zadeve#dolgotrajna-oskrba-in-varstvo-starej%C5%A1ih>

²¹ The rates were lower in 2017 and were adjusted in 2019, but there are no data for 2019.

²² Pension and Disability Insurance Institute of Slovenia (2018).

²³ ZZS (2020).

²⁴ Republic of Slovenia (1992c).

²⁵ European Commission (2018a).

²⁶ European Commission (2018a).

²⁷ European Commission (2018a).

Service providers and co-financing

- Home help is the responsibility of municipalities, as the municipality selects a provider, who then provides the service within the public service network. The service provider can be a public institution or a concessionaire. Municipalities also co-finance home help, at least 50 %, and on average more than 70 % of the total costs. The average cost of the service was 17,88 euro per hour in 2018. The average price of the service for the user was 5,48 euros per hour. There were and still are large differences across municipalities as regards both the cost of the service (from 13,5 to 23,5 euros) and as well as the price for hour of service paid by users (from 0 to 9 euros).²⁸
- **Protection allowance** can be claimed by persons who are permanently unemployed or permanently incapable of work or over 63 years of age (women) or 65 years of age (men). The condition is that they are entitled to cash social assistance or that their income or family income exceeds the threshold for obtaining cash social assistance but does not exceed the threshold for childcare allowance. The amount of protection allowance depends on the threshold for the protection allowance and one's own income. As of 1 August 2019, the threshold for childcare allowance for a single person is EUR 591.20, and the maximum amount is EUR 189.02. The competent Centre for Social Work manages the procedure for granting the protection allowance. The allowance is paid monthly as per granting decision.

Personal assistance is provided by personal assistants who are employed by a personal assistance provider under an employment contract under the law governing employment relationships or under a contract for services or as a sole proprietor. Personal assistants undergo **training** in accordance with the law. In September 2019, 2,028 personal assistants provided personal assistance services to 923 beneficiaries. When providing personal assistance, the beneficiary (i.e. the user) has control over the organisation and design of personal assistance services according to their own needs, abilities, living circumstances, conditions and wishes. If they are unable to manage their assistance, the tasks of the user are taken over by their legal representative.

Personal assistance is provided to everyone, regardless of their income and wealth, if they meet the following conditions:

- having such a disability that they need help in performing activities related to independent personal and family life, integration into the environment, education and employment,
- being a Slovenian citizen with permanent residence in the Republic of Slovenia or an alien who has permanent residence in the Republic of Slovenia,
- being between 18 and 65 years old,

²⁸ Hlebec (2015), Nagode et al (2019).

- they live or would like to live in a separate or joint household outside of full-time institutional care, and
- they need help for at least 30 hours a week.

Depending on their needs, **a person may be entitled to one or more personal assistants**. If the entitled person claims personal assistance before reaching the age of 65, they remain entitled to it even after reaching that age. A deaf, blind or deafblind person who only needs help with communication and accompaniment, but does not meet the age limit, even if they do need help for less than 30 hours a week, can obtain personal assistance for 30 hours a month. Instead of personal assistance, a person may choose a cash benefit in the amount of the assistance and attendance allowance for performing most of the basic life necessities, as set out in the law governing pension and disability insurance.

The **right to personal assistance is decided by the Centre for Social Work**. To this end, it shall appoint a commission consisting of two experts or two social protection representatives or one social protection representative and one user representative. The two experts visit a person at their home to interview them about the necessary personal assistance services, then prepare an opinion on the number of hours and scope of personal assistance, and submit the opinion to the competent Centre for Social Work.

Funds for financing personal assistance services and funds for the communication allowance are provided in the budget of the Republic of Slovenia. If a user is entitled to an assistance and attendance allowance or to other cash benefits due to the need for care and assistance, the user co-finances personal assistance with the selected personal assistance provider amounting to half of the specified benefit.

In order to exchange views with personal assistance providers and the Ministry of Labour, Family, Social Affairs and Equal Opportunities, and to highlight their problems, **personal assistants organised a union called the Personal Assistance Union (SOA)**. In this way, they want to be an active partner in exercising the right to personal assistance in Slovenia and actively participate in the amendments to the Personal Assistance Act, which are being prepared by the said Ministry.

Institutional assistance and attendance refer to personal services only, while home assistance and assistance at home are provided as services for performing all or most of basic life necessities for the blind and partially sighted and persons with a reduced ability to move (at least 70 percent, i.e. bedridden). Nursing care is provided by community nurses.

Institutional assistance and attendance are **oriented towards persons with health issues** who are not able to carry out basic life activities on their own or need help to do so.

Beneficiaries of home help are also determined by the Social Protection of Mentally and Physically Handicapped Persons Act.²⁹

The **assistance and attendance allowance** is oriented towards:

- persons who urgently need assistance and attendance for performing all or most of the basic life necessities,
- blind or partially sighted persons,
- persons with a reduced ability to move (at least 70 percent, i.e. bedridden).



Work Arrangements

Paid care work in private households can be legally performed as **self-employment**. This requires the self-employed person to register with the social services and to acquire a concession for elder or childcare, or to register as nannies at home. A private person needs a work permit for the provision of social welfare services of the Ministry of Labour, Family, Social Affairs and Equal Opportunities. A concession for home help is announced by municipalities only for the implementation of public programmes or child care or to register as in-home babysitters. The ESS finances National Vocational Qualifications programmes to train social carers (EU programmes and funds). The employment agencies help hard-to-employ people to gain professional qualifications in social care and finance their social contributions for the first year through programmes of public work.

Community nursing is fully covered by intermediary public employment. The community nurse can perform the community service as a concessionaire, the concession is announced by the municipality. The tender for concessions is linked to the public service and the coverage of the population with community nurses (2600 inhabitants). Social caregivers working in the field of home help are also state employees. However, the public system of home care is insufficient to meet the demand. Consequently, the majority of elderly persons requiring assistance are entirely **dependent on their families**. Some of them are cared for in homes for the elderly (institutional care). Additionally, there is a visible trend towards **commercialization of care services** and the number of commercial social services and self-employed social carers is currently increasing.

However, these policy measures are also creating a rising number of **“new self-employed”**³⁰ with unstable work relationships, low wages, and jobs with high insecurity. All of this has consequences for the segmentation and precarisation of low qualified care work as well as for the quality of services.³¹

Undeclared employment complements this situation. As the demand for elder care services in particular is growing, there is a quiet tolerance of informal market of care work despite the state’s programmes for prosecution of the grey economy. Quite often, the contact between clients and informal care workers is established through the public services: homes for the elderly, social work centres or public services for home assistance redirect applicants

²⁹ Republic of Slovenia (1983).

³⁰ Apitzsch/Kontos (2008).

³¹ Hrženjak (2012).

for home assistance to the informal care market. Elderly persons can access assistance and attendance allowance if their application is approved by the Disabilities Committee. This represents a stimulus to the informal care market, because it enables to get a wider scope of services for a lower price in comparison to the commercial companies and public home care provision.

However, as a result of insufficient public capacity for home assistance the bulk of the PHS are still delivered by families and neighbours, on a voluntary basis³² (informal care). Many informal services (everything that is provided outside institutions) are provided by family members (and/or relatives), sometimes even by neighbours, and at the same time we are talking about the grey economy in this field. There is an opportunity for a more entrepreneurial solution as the demand for social care services is growing.

Institutional care is being transformed into community care through the process of deinstitutionalisation. It is essential that all stakeholders take part in this process and transition.

All social protection services (which are not in the public sphere and are not classified as health care) can be provided with less red tape, because such services are usually agreed for between the provider and the user (client).³³



Landscape of Intermediaries and Quality Management

The **home help** procedure is a professionally managed process and a formally organised form of practical assistance in-home, including professional care workers, direct care providers, beneficiaries and family members. The service comprises two parts: The first part is the establishment of eligibility to the service, the preparation and conclusion of the agreement in the scope, with the duration and method of service implementation, the organisation of the key environment members and the implementation of introductory meetings between the service provider, the beneficiary or the family. The second part of the service includes the service management, coordination of service providers and their guidance, cooperation with the beneficiaries at the implementation of the agreement and in complicated living situations of the beneficiaries, and direct implementation of the service at the beneficiary's home according to agreed contents and in the agreed scope. Supervisory consults for direct care providers are also part of the service, i.e. at least eight hours per year, and at least 10 hours per year for professional workers or professional co-workers³⁴ (cf. Rules on the standards and norms for social services, Article 6).³⁵

³² Hrženjak (2012).

³³ Hrženjak (2012).

³⁴ Slovenian Ministry of Public Administration (2015).

³⁵ Republic of Slovenia (2007).

The qualifications of formal carers involved in home care are also determined in Article 6 of the same rules. Professional standards apply for nurses, medical technicians, and caregivers. The qualifications of personal assistants is governed by the Personal Assistance Act.³⁶

With regard to home assistance, carers have to obtain a national professional qualification (if they lack suitable education).³⁷

Social caregivers are those who perform social care services at home and not providers of these services (they are employed by a public service provider). (Rules on the standards and norms for social services, Article 6, page 14).

To make sure that rights and obligations (e.g. employment standards) of stakeholders in the provision of high quality services are ensured, rules on the standards and norms for social services exist³⁸ just as the Personal Assistance Act (*Zakon o osebni asistenci (ZOA)*).³⁹



Landscape of Employees and Degree of Professionalisation

According to data from the first Slovenian national survey of home help informal carers (of users of home help) are 60 years old and in majority they are women (62.6 per cent), who have completed high school (69.3 per cent) and can manage with their family income (78.1 per cent). They provide a substantial amount of informal care to persons in need of care who mostly reside in their own households (61.1 per cent). The majority of care recipients have two or more long-term physical or psychological impairments, illnesses or disabilities that limit them in daily life activities, and about 30 per cent have severe memory problems.⁴⁰

Migrant women are also present in the PHS sector. The majority of women who clean private homes of Slovene families are “internal” and “new” migrants from the former Yugoslavia, particularly from Bosnia and Herzegovina. Cleaning work is exclusively done by women, who are in majority middle-aged, divorced, or single, with completed or incomplete elementary education, some of them with vocational training. In some cases, families are following the same line of work for generations. Many of them are unemployed, retired on account of disability, or employed in labour-intensive, poorly paid jobs, such as cleaning, service, care work, assembly-line work, and retail clerking. Therefore, cleaning, the most unregulated, disrespected, and physically demanding work in the area of informal paid care work, is fully structured according to the intersectionality of “other” ethnicity, female gender, and economic poverty, which is largely transmitted from generation to generation.⁴¹

³⁶ Republic of Slovenia (2017a).

³⁷ Republic of Slovenia, The National Examinations Centre (2006).

³⁸ Republic of Slovenia (2007).

³⁹ Republic of Slovenia (2017a).

⁴⁰ Hlebec (2018).

⁴¹ Hrženjak (2012).

Regarding home help, professional education is implemented in the scope as determined by the branch collective agreement for each group of service providers.⁴²

Wages

The base wage grade in public sector is determined by law for every work position.

In 2020 the Slovenian gross monthly minimum wage was EUR 940.58.⁴³ According to the Statistical Office, the average monthly gross earnings for “residential care activities” were EUR 1,371.17 (EUR 921.67 net) and the average gross hourly wage EUR 8.23 (EUR 5.53 net).⁴⁴ In the arena of undeclared work, the prices are determined based on the demand, and in our experience amount to EUR 5 to 15 per hour.

Social Dialogue in the Field of PHS

In 2016 social partners in Slovenia were involved in discussions regarding the long-term care and healthcare systems reform, pension reform, older workers, lifelong learning and activation measures, mini labour market reform and the apprenticeship bill.⁴⁵

The employer organisations are:

- Chamber of Commerce and Industry of Slovenia (GZS)
- Association of Employers of Slovenia (ZDS)
- Employers’ Association of Craft and Entrepreneurs of Slovenia (ZDOPS)

The trade union organisations are:

- Association of Free Trade Unions of Slovenia (ZSSS)
- Confederation of Trade Unions of Slovenia (KSS PERGAM)
- Confederation of New Trade Unions of Slovenia (KNSS)

Policy Process

In Slovenia there is no comprehensive system for long-term care; as a result of the fragmentation of financing it is non-transparent and the sources are not used efficiently. The right to services and cash receipts for those who depend on assistance of others are determined by

⁴² Slovenian Ministry of Public Administration (2015).

⁴³ Eurostat (2020).

⁴⁴ Statistical Office of the Republic of Slovenia (2020).

⁴⁵ Eurofond (2018).

multiple laws, which do not have the same eligibility standards. In some segments there is an overlap between services and receipts; in others, many needs remain unmet. Consequently, in the past ten years out-of-pocket payments have been increasing rapidly, much faster in fact than in health care, which exacerbates the accessibility issue. However, separate expenditure on services provided by households increased faster than their expenditure on health services. The need for long-term help from other people can therefore strongly reduce the disposable income of individuals and their families. In the long term this can become a heavy burden on informal caregivers in the family, which reduces their productivity and availability on the labour market, leads to early retirement, increases poverty, and leads to excessive use of the more easily available health services.⁴⁶

In the past, the care sector was entirely under the jurisdiction of the state, while in the beginning of the 1990s Slovenia adopted the concept of the welfare mix, encouraging public–private partnerships. It enabled a partial increase in the range and types of care services, but simultaneously caused a chronic shortage of workers in the care sector. In contrast to the Mediterranean countries, where these shortages are covered by a migrant workforce, Slovenia tried to solve this like in Scandinavian countries, with programmes of **active employment policies to create new, flexible employment opportunities**. These tended to focus on women, especially the elderly and those with low education, who had lost their jobs in the bankrupt textile industry at the beginning of the 1990s (and again in the 2009 economic crisis) and were subsequently re-trained as care-givers.

In 2001, a new profession of “social carer” (professional worker/co-worker in accordance to the Social Protection Act (*Zakon o socialnem varstvu (ZSV)*)⁴⁷ was introduced with the aim to encourage more **self-employment** in the care sector. The employment agencies help hard-to-employ people to gain professional qualifications in social care and finance their social contributions for the first year through programs of public work.⁴⁸

Home help was implemented 1992 on the state level with the adoption of the Social Security act. Nevertheless, fragments of such service existed before that on local levels in various organizational forms.⁴⁹ After 2006 the service is not developing in line with strategic plans in Slovenia; a modernisation of the service is needed.⁵⁰

Until few years ago, Slovenia had no national policy that would deal with **family carers** directly. There were some acts, which indirectly concerned family carers (The Act on Pension and Disability Insurance–APDI 1999) (*ZPIZ-2*)⁵¹ – mentions the right to an allowance for assistance and attendance; the Health Care and Health Insurance Act–HCHIA (*Zakon o zdravstvenem varstvu in zdravstvenem zavarovanju (ZZVZZ)*)⁵² – means the right to compensation for care-giving to a close family member, with whom the insured lives in a common household) and only one (Act Amending the Social Security Act (SSA-C))⁵³ that enables **family carers as family assistants** to get, under specific rules, a financial compensation. However, if it comes to it, this compensation is so low, that it doesn’t influence the decision of fam-

⁴⁶ IMAD (2016).

⁴⁷ Republic of Slovenia (1992a).

⁴⁸ Hrženjak (2012).

⁴⁹ Hlebec (2015); Nagode (2012).

⁵⁰ Nagode et al. (2019).

⁵¹ Republic of Slovenia (1999).

⁵² Republic of Slovenia (1992b).

⁵³ Republic of Slovenia (2014).

ily carers to care for an old family member. More information about the institute of “home care assistant” or family assistants you can find in Social Protection Act.⁵⁴

An important document for family carers of old people was adopted in Slovenia in April 2006 – the **National Social Protection Programme 2006-2010** (ReNPSV06-10 2006).⁵⁵ One of its goals is to offer support families and social networks at caring for people who require assistance. Another important document is the Slovenia’s Development Strategy 2006-2013 (SRS 2005)⁵⁶, with its fourth priority: flexibility of employment. The third new document is **The Strategy of care for the elderly till 2010 - Solidarity, good intergenerational relations and quality ageing of the population** (SVS 2006).⁵⁷ This strategy was adopted by Slovenian government in September 2006. It is the only Slovenian document of this kind, in which different ministries joined together and set the goals regarding ageing population. One of the strategic orientations is the family policy in which two of the tasks are: 1. to give **adequate training and services on the local level** (day care, respite care) to the families who care for an elderly family member with disabilities; 2. to support measures allowing more **flexible working arrangements** for family carers (the right to part-time work without the danger that the carer would lose social security). In 2017, the Longevity Strategy was adopted.⁵⁸

The Law on long-term care and long-term insurance is currently being prepared, and also the National plan for mental health in Slovenia that will include family carers of elderly people.⁵⁹

In January 2014, the Government of the Republic of Slovenia adopted the Action Programme for Persons with Disabilities from 2014 to 2021. The purpose of the programme is to promote, protect and ensure the full and equal enjoyment of human rights of persons with disabilities and to promote respect for their inherent dignity. It is a programme of measures for all persons with disabilities, regardless of the type of disability or age, in all areas which have a significant impact on their lives (promoting awareness and informing, living and integration, accessibility, education, labour and employment, finance and social security, health and healthcare, cultural events, sport and leisure activities, religious and spiritual life, self-organization of people with disabilities, violence and discrimination, ageing with a disability).⁶⁰



Commonalities across Countries

Slovenia exhibits the typical characteristics of a familist welfare regime. The willingness of family to care is very high. The Eurobarometer study has shown that almost two-fifths of Slovenes have a preference for family care in cohabitation with elderly family members or

⁵⁴ Republic of Slovenia (1992a).

⁵⁵ Republic of Slovenia (2006).

⁵⁶ Šušteršič (2005).

⁵⁷ Ministry of Labour, Family, Social Affairs and Equal Opportunities (2006).

⁵⁸ Republic of Slovenia (2017b).

⁵⁹ Ramovš et al. (2009).

⁶⁰ Social Protection Institute of the Republic of Slovenia (2014).

family members with disabilities.⁶¹ Half of the respondents said that caring for elderly people is for them personally one of the main tasks of the family.⁶²

In the past, the care sector was entirely under the jurisdiction of the state, while in the beginning of the 1990s Slovenia adopted the concept of the welfare mix, encouraging public–private partnerships. It enabled a partial increase in the range and types of care services, but simultaneously caused a chronic shortage of workers in the care sector. In contrast to the Mediterranean countries, where these shortages are covered by a migrant workforce, Slovenia tried to solve this like in Scandinavian countries, with programmes of active employment policies to create new, flexible employment opportunities. These tended to focus on women, especially the elderly and those with low education, who had lost their jobs in the bankrupt textile industry at the beginning of the 1990s (and again in the 2009 economic crisis) and were subsequently re-trained as care-givers.

In 2001, a new profession of “social carer” was introduced with the aim to encourage more self-employment in the care sector.⁶³



Promising Practices

Within an effort to tackle undeclared work, the government introduced in 2015 the concept of personal supplementary work (PSW), in the Prevention of Undeclared Work and Employment Act (ZPDZC-1). PSW includes for example assistance with housework and other minor works for natural persons, collection and sale of forest fruits and herbs, hand-made cottage industry and handicrafts.

This was accompanied by the introduction of a voucher system. The voucher is used to cover the social insurance costs of the individuals working under the personal supplementary work regime. The voucher costs EUR 9 per month. EUR 7 out of the EUR 9 are intended for old age pension insurance contributions and EUR 2 for health insurance contributions. The annual personal income from personal supplementary work may not exceed two average monthly wages for the preceding year. Individuals must be registered with the relevant national agency and are under these circumstances insured for work injury and occupational disease and recognised for entitlement to pension and disability insurance.⁶⁴

Long-term care pilot projects:

In April 2018, the Ministry of Health published the public tender entitled: The “Implementation of Pilot Projects Supporting the Transition to the Implementation of the Organic Law on Long-term Care”. It is a test project for new solutions for long-term care, targeting persons who are older than 18 years of age and are permanently dependent on care by others. The main purpose of the pilot project is:

⁶¹ CCE (2002), in: Hvalič Touzery (2007).

⁶² Ramovš et al. (2009).

⁶³ Hrženjak (2012).

⁶⁴ Slovenian Ministry of Labour, Family, Social Affairs and Equal Opportunities (2014).

- implementation and operation of a uniform entry point,
- testing of a new rating scale to establish an assessment of long-term care eligibility,
- training of new staff,
- providing free new services for the community,
- testing of process electronic support.

The project, which is co-financed by the cohesion funds, is being implemented in three pilot environments: Celje, Krško and Dravograd.

In addition, the Ministry of Health, published a public tender in June 2019 entitled “Transformation of Existing Networks and Entry of New Service Providers to Perform Community Services and Programmes Intended for the Elderly.”⁶⁵ The purpose of this project is:

- co-financing of development of new services for the community,
- access to new services, which enhance the possibilities for the elderly, who are included in the project, to remain in their home environment for as long as possible or to maintain their physical and mental fitness and retain the highest possible degree of self-supply despite any disabilities, illnesses, or fragility,
- adaptation and transformation of the existing institutional networks,
- entry of new service providers or professions to perform community services and programmes intended for the elderly,
- process computerization.

⁶⁵ Ministry of Health (2019).

Glossary

Formalisation: In the context of informal care work, the European Commission describes how “formalisation of informal care takes place either through payments and associated social security (pension and health insurance), training/ certification of skills schemes and finally legislation (recognition of status and rights to being assessed as a carer)”. In the same article, the EC associates “any type of formal work” with the following features: payments (preferably regular and predictable); an employment contract and social security (such as being protected by regulation); training and validation of skills; and finally broader legislation which recognises the importance of the role and offers assurance of a certain minimum standard of rights.”⁶⁶

Immigration: “Immigration” is the action by which a person establishes their usual residence in the territory of a Member State for a period that is, or is expected to be, of at least 12 months, having previously been usually resident in another Member State or a third country (Regulation (EC) No 862/2007 on Migration and international protection).⁶⁷

Migration Chain: The terms “chain migration” or “migration chain” refer to “a process in which initial movements of migrants lead to further movements from the same area to the same area. In a chain migration system, individual members of a community migrate and then encourage or assist further movements of migration.”⁶⁸

Professionalisation: “Professionalisation means granting workers of a certain sector employment and social protection rights that are equivalent to those enjoyed by employees working under employment contracts regulated by law, including a decent wage, regulated working hours, paid leave, health and safety at work, pensions, maternity/paternity and sick leaves, compensation in the event of invalidity, rules governing dismissal or termination of the contract, redress in the event of abuse, and access to training; whereas household and care sector can be professionalised through a combination of public finance (tax breaks), social finance (family allowances, aid to businesses, mutual societies and health insurance, works councils, etc.) and private finance (payment for services by private individuals).”⁶⁹

Regularisation: In the context of (illegal) migration, “regularisation” is defined by the European Union (EU) “as state procedure by which illegally staying third-country nationals are awarded a legal status”; a synonym that is rather used in the USA and less in the EU is “legalisation” (AE: “legalization”).⁷⁰

Regular Profession: In the context of work and professions, the EU defines a “profession” as “regulated (...) if [one has] to hold a specific degree to access the profession, sit special exams such as state exams and/or register with a professional body before [one] can practice it.”⁷¹

⁶⁶ European Parliament (2008).

⁶⁷ Eurostat (2018).

⁶⁸ European Commission (2018b).

⁶⁹ European Parliament, European Council (2016: 6).

⁷⁰ European Commission (2009).

⁷¹ EU (2019).

In Slovenia, the ZPPPK Act⁷² stipulates that a regulated profession is a professional activity or group of professional activities for which access is directly or indirectly determined by laws or other regulations regarding special professional qualifications, especially in with regard to the use of a professional title which is restricted by law or regulation to holders of a particular professional qualification.

The Republic of Slovenia has regulated professions or legally regulated professional activities, for which the conditions for work are determined by laws and by-laws listed in the register of regulated professions or professional activities in the Republic of Slovenia.⁷³

Undeclared Work: In the EU, the term “undeclared work” denounces “[a]ny paid activities that are lawful as regards their nature but not declared to public authorities, taking account of differences in the regulatory systems of the Member States.” The Member States have adopted a variety of different definitions focusing upon non-compliance with either labour, tax and/or social security legislation or regulations: If there are additional forms of non-compliance, it is not undeclared work. If the goods and services provided are unlawful (for example, the production/trafficking of drugs, firearms and persons, or money laundering), it is part of the wider criminal economy, such as the “shadow economy” (often defined as including both the undeclared economy and the criminal economy), and if there is no monetary payment, it is part of the unpaid sphere.⁷⁴

Undocumented or Irregular Migrant: The EU defines a “undocumented” or “irregular migrant” as “a third-country national present on the territory of a Schengen State who does not fulfil, or no longer fulfils, the conditions of entry as set out in the Regulation (EU) 2016/399 (Schengen Borders Code) or other conditions for entry, stay or residence in that EU Member State.”⁷⁵

Unpaid Sphere: The term “unpaid sphere” refers to activities that are lawful as regards their nature but not declared to public authorities and without monetary payment.⁷⁶

⁷² Act on the Procedure for the Recognition of Professional Qualifications for the Pursuit of Regulated Professions (Zakon o postopku priznavanja poklicnih kvalifikacij za opravljanje reguliranih poklicev) (Uradni list RS, No.39/16 and 47/19) (ZPPPK).

⁷³ Records of regulated professions or regulated professional activities in the Republic of Slovenia

⁷⁴ European Commission (2018b).

⁷⁵ European Commission (2018c).

⁷⁶ European Commission (2018b).

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