



ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Slovenia

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Nada Stropnik and Valentina Prevolnik Rupel
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Contact: Emanuela TASSA

E-mail: Emanuela.TASSA@ec.europa.eu

*European Commission
B-1049 Brussels*

European Social Policy Network (ESPN)

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Summary/Highlights

Long-term care has not yet been systematically regulated in Slovenia. The absence/lack of appropriate measures/services has had a negative impact on the quality of life of both the cared-for and the carers. The policies related to long-term care are developed at the state level and administered/organised at the local level. Institutional long-term care in Slovenia is considered to be well-developed (Hlebec et al., 2014). In 2012 and 2013, the number of home-based long-term care beneficiaries was similar to the number of persons in institutional long-term care (Jacovič, 2015).

Paid sick leave to care for a sick child may last up to six months, and even longer in extreme cases (like severe brain damage and cancer). Parental leave is extended by 90 days in the case of a birth of a child in need of special care. (Other) carers' cash benefits include the right to work part time and have the social security contributions paid, partial payment for lost income, allowance for care of a child needing special care, and payment received by the home care assistant. Attendance allowance is the only cash benefit received by the person who is cared for. Carers are also entitled to in-kind benefits, like a higher tax allowance for a child with disabilities and free training of home care assistants. The cared for are entitled to exemptions from payment for social services and personal assistance. Information on benefits is provided as well.

Equal access to long-term care is not guaranteed to everybody in need of such care, and some people are even excluded from the system that is segmented and non-transparent. Formal community based services are still underdeveloped and there are differences in accessibility to community and home based services between regions and urban vs. rural areas (SPC and EC, 2014).

Parents of children with disabilities have several options/instruments which help them reconcile family and work obligations and remain in the labour market. The most important is that they have the right to work part time and have the social security contributions based on the proportional part of the minimum wage paid from the state budget for the hours not worked, and they are entitled to partial payment for lost income.

The home care assistant considerably contributes to the quality of life of adult persons with disabilities, particularly those who prefer to stay in their homes because they "believe that institutions cannot offer adequate intimacy, individuality, solidarity, personal communication, homeliness and heartiness« (MLFSAEO, 2015). Financial constraints prevent the increase of adult home care, although the cost of institutional care has been evaluated to be higher. Generally speaking, the burden of care for dependent relatives remains a woman's issue.

Institutional care in Slovenia is satisfactory and prevalent, but home-based long-term care, both formal and informal, needs to be improved, developed and extended. The coordination of the provision of community (mobile) nursing and home long-term care is not satisfactory (Hlebec et al., 2014).

The fragmented system of long-term care as well as the over-reliance on institutional care needs to be reformed. To significantly improve the conditions for the reconciliation of long-term care and work, there should be a statutory right to care leave with sufficiently high income compensation and guaranteed return to (full-time) work. The entitlement to partial payment for lost income should be extended to parents of all children with disabilities (Šega, 2015). The situation of urgent occasional need for care of a dependent person should be regulated for employed persons. In general, more flexible employment arrangements are needed for employees with long-term care obligations. There is also a clear need for training of, and more support to, informal carers, like respite services, an allowance compensating for (a part of) the cost of respite services, social security insurance of informal carers, etc. The collection of data on long-term care in Slovenia should be systematic and better organised.

1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

Due to population ageing, there has been an increasing need for the establishment of a long-term care system in Slovenia; however, long-term care has not been systematically regulated yet.¹ The absence/lack of appropriate measures/services has had a negative impact on the quality of life of both the cared-for and the carers.

Currently, the regulation of long-term care for various groups of recipients and for various long-term care benefits is scattered among several systems of social care and thus non-transparent. The largest role in long-term care is shared by the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities, which have regulated long-term care under various acts, like those on pensions, health care, and social and family care.

Nagode et al. (2014, pp. 32-37) distinguish between four types of long-term care provision:

- **Institutional in-patient long-term care** provided by old people's homes, special social care institutions, centres for training, work and care, occupational activity centres, and institutions for education and rehabilitation of children with special needs;
- **Institutional long-term day care** provided by homes for the elderly, centres for training, work and care, and occupational activity centres;
- **Home-based long-term care** provided by/through community (mobile) home care services, partial payment for lost income, family assistant, assistance at home, personal assistance, and housing communities in the area of mental health; and
- **Long-term care cash benefits:** direct payments provided under different schemes, including the Social Care of Mentally and Physically Handicapped Persons Act, Pension and Disability Insurance Act, Social Care Act, Social Assistance Benefits Act, Exercise of Rights to Public Funds Act, War Veterans Act, Disabled Persons of War Act, and the Parental Protection and Family Benefits Act.

Institutional long-term care in Slovenia is considered to be well-developed (Hlebec et al., 2014). It is organised through the network of institutions for elderly and people with special needs. According to the Association of Social Institutions of Slovenia (SSZS, 2015), the coefficient of covered needs for institutional care (calculated according to 5% of the target group, which is the elderly aged 65 years and over) was over 92% (with regional variation between 75% and 101%) in 2015. There were also 848 safe flats and 390 places in day care.

In 2012 and 2013, the number of home-based long-term care beneficiaries (20,446 and 20,744 respectively) was not considerably lower than the number of persons in institutional long-term care (20,974 and 21,902 respectively) (Jacovič, 2015), although home care has only recently been seen as an important part of long-term care.

The policies related to the long-term care are developed at the state level and administered/organised at the local level. The network of institutions for the elderly and people with special needs is set at the national level, where the concessions to private providers are also awarded. The Government adopts the criteria for exemptions from

¹ "The act regulating this area was being prepared for several years; the last draft was publicly discussed in 2010« (Nagode et al., 2014, p. 4). "In recent years, no changes have been introduced in (...) long-term care" (IMAD, 2015, pp. 50-51).

payment for social services (which are then financed by the state or the municipality), but the municipalities may decide on additional exemptions from payment.

There is a legal maintenance obligation between spouses, and between parents and children. Parents are obliged to maintain their child up to the age of 18 years, or up to the age of 26 years if the child continues his/her education. The adult child is obliged to maintain his/her parent who does not have enough resources for living and is not able to acquire them, unless the parent had not fulfilled his/her maintenance obligation towards the child due to an unjustifiable reason (Marriage and Family Relations Act, 2015, Articles 50a and 124). The persons obliged by law to maintain their close relatives have to (co-)finance care services according to the principle of subsidiarity and their ability to pay. There is no legal obligation to provide physical care to dependent relatives. Parents' duties related to their children are generally regulated by the Marriage and Family Relations Act (2015), with no specific reference to children requiring long-term care.

1.2 Description of carers' leaves

1.2.1 Parental leave

Parental leave is extended by 90 days in the case of a birth of a child in need of special care.

The income compensation rate is 100%. Due to the temporary² financial consolidation measures, it is currently 90% of the beneficiary's average monthly gross wage (social security insurance base)³ in the 12 months prior to the leave if that average exceeds the minimum wage (Act Amending the Parental Protection and Family Benefit Act, 2015, Article 2). The minimum wage compensation is set at 55% of the minimum wage and the maximum compensation is temporarily 2 times the average wage in Slovenia⁴⁵ (normally it is 2.5 times the average wage in Slovenia).

Everyone covered by parental protection insurance (which is part of social security insurance) just prior to the first day of the leave is entitled to parental leave with wage compensation. Since 2005, in order to provide cover for previously insured persons who happen to be unemployed just before the start of the leave, anybody who was insured for at least 12 months in the three years before the start of the leave is now also covered.

Parents decide which of them will take this additional leave. Another person who actually nurses and cares for a (disabled) child is entitled to parental leave, reduced by the number of days the mother and the father have already used. If the mother is below 18 years of age and has the status of an apprentice, a pupil or a student, one of the grandparents (who himself/herself is insured for parental leave) may take leave with the mother's and the father's consent.

1.2.2 Sick leave to care for a family member

The duration of sick leave to care for an immediate co-resident family member depends on the health condition and is judged individually considering the course of the illness. Exceptionally, if required due to the health condition of the sick child, the duration of sick leave may be extended to up to six months, or even longer in extreme cases (severe

² Valid until the year that follows the year in which economic growth exceeds 2.5% of GDP and the annual increase in the employment rate in the age group 20-64 years exceeds 1.3 percentage points.

³ Not all income on which the contributions were paid is counted into the basic income, e.g., in-work benefits and other income received in addition to basic earnings.

⁴ The average wage was EUR1,555.89 in 2015.

⁵ Valid until the year that follows the year in which economic growth exceeds 2.5% of GDP and the annual increase in the employment rate in the age group 20-64 years exceeds 1.3 percentage points.

brain damage, cancer or other particularly serious worsening of the health status) (Health Care and Health Insurance Act, 2015, Article 30).

Sick leave is paid at 70% of average earnings in the preceding calendar year for the first 90 days, and 80% afterwards. The minimum payment is equal to the guaranteed wage (EUR 237.73 per month). The payment cannot be higher than the wage which the person would receive if he/she were working (or the social security insurance base) (Health Care and Health Insurance Act, 2015, Article 31).

People covered by health insurance are eligible to take leave to care for an ill child, own or adopted. The same right is held by an insured foster parent or a guardian when they actually nurse and care for a child, as well as by the insured spouse or partner who actually nurses and cares for a child of his/her spouse or partner (Health Care and Health Insurance Act, 2015, Article 30).

1.3 Description of carers' cash benefits

1.3.1 Partial payment for lost income

Partial payment for lost income (regulated by the Parental Protection and Family Benefits Act, 2015, Articles 83-86) is received by one of the parents (or other person performing the parental role) who terminates employment or starts to work part-time in order to care for:

- A child with seriously disturbed mental development or a serious motor handicap, or
- Two or more children with moderately or heavily disturbed mental development, or a moderate or heavy⁶ motor handicap.

Both the child(ren) and the parent have to have permanent residence and actually live in (i.e., be citizens of) Slovenia. The right lasts until the child is 18 years old. It is a right based on universal principles.

In 2016 and 2017 the full benefit amounts to EUR 734.15 per month⁷ (or a proportion of it according to hours worked). The social security contributions have to be paid from this amount.

1.3.2 The right to work part time and have the social security contributions paid

The parent (or other person fulfilling the parental role) who is taking care of a child below the age of 18 years with a severe physical disability or a moderate or heavy mental disability, has the right to work part time. The hours worked must be equal to or longer than half full-time working hours.⁸ Social security contributions based on the proportional part of the minimum wage are paid from the state budget for the hours not worked (Parental Protection and Family Benefits Act, 2015, Articles 50-55). The employer may not disagree with such a request.⁹

1.3.3 Allowance for care of a child (needing special care)

The allowance for care of a child is intended to compensate for a part of the increased costs of maintenance and care of a child requiring special care. The benefit amounts to

⁶ Please note that the gradation of the disability seriousness used here is: heavy, moderate, serious.

⁷ This is around 93% of the minimum wage in 2015 and 2016, and around 47% of the average wage in 2015 and January 2016.

⁸ The same applies to self-employed persons who pay their own social security contributions for at least 20 hours a week.

⁹ The employee has to notify his/her employer about the start date of part-time work thirty days in advance.

EUR 101.05 per month and is higher for the child with a serious disturbance in mental development or a seriously physically disabled child (EUR 202.17 per month). (Decision on uprated transfers that are set in nominal amounts and on the percentage by which other transfers to the individuals and households in the Republic Slovenia are uprated from 1 July 2011, 2011). It is exercised on the basis of the opinion of a medical commission and is received as long as the reasons persist or until the child reaches 18 years of age (up to the age of 26 if the child continues his/her education).

The right is held by one of the parents (or other person performing the parental role) if both the child(ren) and the parent have permanent residence and actually live in (i.e., be citizens of) Slovenia. The child is also entitled to the attendance allowance¹⁰ (see section 1.3.5).

1.3.4 Home care assistant (for adult persons)

The Social Care Act (2012) regulates the continuation of the partial payment for lost income after the child reaches the age of majority.¹¹ Adult persons suffering from a severe mental development disorder or a severely physically impaired adult person requiring assistance in all basic daily activities (henceforth: person with disabilities), and who are entitled to institutional care, may opt for a home care assistant instead. This right is based on universal principles for all those in need of care.

A home care assistant can be a person who either lives in the same permanent residence as a person with disabilities or is one of his/her family members (father/mother, son/daughter, brother/sister, uncle/aunt, grandfather/grandmother or other person counted as a family member according to the Exercise of Rights to Public Funds Act (2015)). It can only be a person who deregistered from the Unemployed Persons Register, or a person who left the labour market or shifted to part-time employment, in order to become a home care assistant.

The home care assistant is entitled to a partial payment for lost income amounting to EUR 734.15 per month (in 2016 and 2017), or a proportional share thereof, if working part time. The municipality pays (deducts) social security contributions from this amount, so that the home care assistant receives only the net amount.

The person with disabilities and the persons obliged by the Marriage and Family Relations Act (2015, Articles 50a and 124) to maintain him/her (usually the spouse/partner and/or grown up children who are no longer supported by their parents, except the home care assistant herself/himself) have to refund, according to their ability to pay¹², (a part of) the home care assistant's gross payment to the municipality. The principle of subsidiarity applies: the first source is the attendance allowance, then the cared for person's funds, and finally the other persons' funds. If all these sources are not enough, the difference to the gross payment of the home care assistant is borne by the municipality.

A home care assistant must participate in training programmes as required by the Social Chamber.

1.3.5 Attendance allowance

No matter which type of care they receive, persons cared for can be entitled to the attendance allowance, which is a monthly cash benefit. This is the only cash benefit received by the person who is cared for. Persons who - due to old age, illness or disability - urgently need another person's assistance are entitled. It is intended for covering part

¹⁰ See: <http://www.varuh-rs.si/medijsko-sredisce/aktualni-primeri/novice/detajl/prejemanje-dodatka-za-nego-otroka-s-posebnimi-potrebami-ne-izkljujuje-socasnega-prejemanja-dodatka/?cHash=690723931edcf2a3ccee38f3caec0296> (accessed 23 March 2016).

¹¹ Alternatively see: http://www.mddsz.gov.si/en/areas_of_work/social_affairs/home_care_assistant/ and http://www.mddsz.gov.si/si/delovna_podrocja/sociala/druzinski_pomocnik/.

¹² See section 1.4.1 for the definition of ability to pay.

of the costs caused by permanent changes in the health status of the beneficiary, due to which the recipient is unable to satisfy most or all of his/her basic needs and thus requires permanent care and help by other persons. Permanent residence in Slovenia is the condition for entitlement.

The allowance (*dodatek za pomoč in postrežbo*) is regulated by the Pension and Disability Insurance Act (2015). It amounts to EUR 146.06 per month for the person who needs assistance in satisfying most of his/her basic needs; EUR 292.11 for the person who needs assistance in satisfying all of his/her basic needs; and exceptionally EUR 418.88 for persons with the most serious disabilities¹³ (Decision on assistance and attendance allowance rate, 2013).¹⁴

A person with disability, receiving a disability allowance (EUR 288.89 per month) and needing assistance in basic daily activities, may claim the right to attendance allowance (*dodatek za tujo nego in pomoč*) under the Act on Social Care of Mentally and Physically Handicapped Persons (2011).¹⁵ The criteria for the attendance allowance set in the Pension and Disability Insurance Act (2015) reasonably apply. This allowance amounts to EUR 82.54 per month for the person who is unable to satisfy most of his/her basic needs; EUR 165.07 for the person who is unable to satisfy all of his/her basic needs (Decision on uprated transfers that are set in nominal amounts and on the percentage by which other transfers to the individuals and households in the Republic Slovenia are uprated from 1 July 2011, 2011).

The person is entitled to only one (kind of) attendance allowance.

1.3.6 Tax allowance

The tax allowance is considerably higher for a dependent child requiring special care than for other children (Personal Income Tax Act, 2015). In the tax year 2016, it amounts to EUR 8,830.00 (Rules Determining Tax Allowances and the Tax Scale for personal Income Tax Assessment for 2016, 2015). The right is held by one of the parents (or other person executing the parental role) for a child below 18 years of age, or longer (up to age of 26 years) if the child continues education at the secondary or high level. If the high education lasts five or six years, or if the child has not completed education in the foreseen time frame due to longer illness or injury, the tax allowance may be prolonged accordingly.

1.4 Description of carers' benefits in kind

1.4.1 Exemption from payment for social services

The users of social services (and the persons obliged by the law to maintain them) have to pay for most of the social services according to their ability to pay.¹⁶ They also have to refund to the municipality (a part of) the gross payment to the home care assistant. Cash social assistance beneficiaries and disability allowance beneficiaries are fully exempt from payment, except for institutional care. The other users of social services may be, partly or fully, exempt upon means-testing (Social Care Act, 2012, Article 100). If the total

¹³ These are the persons who require a 24-hour laic supervision and the obligatory professional assistance.

¹⁴ The opinion as to whether a beneficiary requires constant assistance and attendance for performance of all or only a majority of his vital necessities, whether he/she is blind or partially sighted, or whether or not he/she requires constant supervision, or whether his/her ability of movement has been reduced by 70%, is issued by the national board of examiners or another medical expert of the Pension and Disability Insurance Institute. (Pension and Disability Insurance Act, 2015 Article 102).

¹⁵ Alternatively see: http://www.mdds.gov.si/en/areas_of_work/social_affairs/compensation_for_a_handicap/ (accessed 28 January 2016).

¹⁶ The ability to pay is defined as the income exceeding 1.3 times the minimum income for the individual or family (Decree on the criteria for determining exemptions from the payment of social assistance services, 2015). For minimum income amounts see Stropnik (2015).

amount paid by the user and the liable person¹⁷ does not cover the costs of the services, the difference between the value of the services and both payments is covered from the local municipal- or central government budget.¹⁸

1.4.3 Trainings

Home care assistant must participate in training programmes as required by the Social Chamber of Slovenia. The programmes are free of charge.¹⁹

1.4.4 Personal assistance (counselling and support)

According to the Social Care Act (2012, Article 13), personal assistance includes (among other elements) counselling and guidance as a support to the person who is not able to live independently. The purpose of personal assistance is to contribute to the maintenance and development of the person's social abilities.

1.4.5 Information on benefits

Information on benefits is provided by the Centres for Social Work as well as through the leaflets and websites of institutions/ministries responsible for various aspects of long-term care.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

In 2013, there were 60,312 recipients of long-term care services and cash benefits (Table 1). The data on their distribution between types of care suggest that the number of recipients of long-term care services in institutional care was similar to the number of recipients of long-term care services at home (22,000 and 21,000, respectively). The number of those who had not received services, but only cash benefits, was 17,000 or 28.5% of all long-term care recipients in 2013. "The actual number of recipients of cash benefits in the context of long-term care is much higher (a little more than 40,000), but the final number of recipients follows the rule of double counting, i.e. if the recipient receives both a service and a cash benefit, he or she is counted only in the service; if the recipient receives two cash benefits, he or she is counted only at one, etc." (Jacović, 2015).

¹⁷ Pursuant to the Decree, a liable person is a natural person who is not a family member but is bound to the beneficiary by a maintenance obligation under marriage and family relations regulations and other legal or natural person obliged to pay the costs of institutional care for a beneficiary under an enforceable instrument or legal transaction.

¹⁸ In the case when long-term care services are (co)paid by the municipality or central government, these payments will be marked on the recipients' properties (house, flats, land) and will be considered in inheritance (inhibition of alienation or burdening) – the ownership of the properties will be granted to heirs when the payments are repaid to the municipalities. The inhibition on alienation or burdening is issued only for real estate that is not used as the permanent residence of the user.

¹⁹ See: <http://www.szso.si/OmainDP.asp> (accessed 22 February 2016).

Table 1: Recipients of long-term care, according to type of provision, 2012-2013

Type of provision	2012	2013
Institutional inpatient long-term care	20,974	21,902
Institutional long-term day care	444	485
Home-based long-term care	20,446	20,744
Long-term care cash benefits	17,261	17,181
All	59,125	60,312

Source: Jacovič, 2015, Table 2.

In 2014, there were 6,888 users of the social care part of home care altogether. As much as 61.3% of recipients of the social care part of home care were 80 years of age or over, and 66.1% of the recipients were women. The municipalities reported that there were 500 potential users of the social care part of home care who were eligible according to their needs, but were unable to use this care due to financial constraints (SPIRS, 2015).

In 2015 there were 390 places available in day care for persons aged 65 years and over who were not capable of independent living. The goal set in the new Resolution (Resolution on the National Programme of Social Care for the Years 2013-2020, 2013) is to increase this number to 3,000 places by 2020.

Short-term institutional care for the elderly aged 65 years and over, as well as palliative care, are underdeveloped; the goal set in the Resolution is to assure 1,100 places for elderly aged 65 years and over and 300 places for palliative care in specialised institutions.

Currently, not only is equal access to long-term care not guaranteed to everybody in need of such care, but some people are even excluded from the system that is segmented and non-transparent. There are differences in accessibility of community and home based services between regions and urban vs. rural areas. "Formal community based services are still underdeveloped" (SPC and EC, 2014, p. 221).

The home care assistant considerably contributes to the quality of life of adult persons with disabilities, particularly those who prefer to stay in their homes because they "believe that institutions cannot offer adequate intimacy, individuality, solidarity, personal communication, homeliness and heartiness" (MLFSAEO, 2015).

There is no national policy regarding informal care in Slovenia. Informal care largely depends on family members, mainly spouses and daughters, followed by other family members and neighbours. Women predominantly carry the highest burden in providing informal care, while in recent years non-governmental organisations have played an increasingly important role. Informal care mainly includes instrumental activities of daily living, while basic activities of daily living are provided as a combination of formal and informal care. The proportion of care provision divided between formal home care services and informal care depends on whether users live alone or with a family. Those who live alone receive more home care services from formal carers (Hlebec et al. 2014).

According to the Employment Relationships Act (2015), the employee may propose a change in the work schedule in order to reconcile professional and family life, and the employer – if opposed - has to justify his decision in writing, taking into consideration the needs of the work process (Article 148). The employee has the right to at least three additional days of annual leave if caring for a disabled child (Article 159). Parents of school-age children have the right to take at least a week of annual leave during school holidays (Article 163).

In 2014, 63.6% of women aged 20-64 years and 71.6% of men of the same age were in employment (Labour Force Survey data). According to the European Quality of Life

Survey 2012, around 28% of women and around 27% of men in Slovenia were able to vary the start and finish times of their work. Around 67% of both women and men were able to take a day off at short notice when needed. More than one in five persons (both men and women) was involved in caring for their elderly or disabled relatives (9.5% of women and 7.5% of men more than twice a week).²⁰

The possibility of caring for a sick child as long as it is necessary undoubtedly removes obstacles for carers to remain in the labour market. Parents of children with disabilities have several options/instruments which help them reconcile family and work obligations and remain in the labour market. The most important is that they have the right to work part time and have the social security contributions based on the proportional part of the minimum wage paid from the state budget for the hours not worked. However, they are not guaranteed a return to full-time work.

In the most severe cases one of the parents who had terminated their employment or started to work part-time in order to care for their children with disabilities is entitled to partial payment for lost income. This benefit has been received by a constantly increasing number of parents. There were only 164 beneficiaries in 2003 and 713 in 2015. In 2015, EUR6.4 million were spent for this purpose (MLFSAEO). Currently (in April 2014) more than 12% of 734 beneficiaries are fathers.²¹ Around 84% of beneficiaries had terminated their employment while the rest remain employed for 20-35 hours per week.²² The number of beneficiaries would be higher if the benefit were not limited to parents of children with the most serious disabilities (in case of only one child with disabilities). Some parents and experts argue that the entitlement should be extended to parents of all children with disabilities, while the amount of payment would be linked to the seriousness of the disability (Šega, 2015). They name two reasons: firstly, all parents who terminate their employment or start to work part-time need financial support; and, secondly, an improvement in the situation of a child now results in the termination of entitlement although the child still suffers from at least a moderate disability.²³

The allowance for care of a child needing special care has been received for around 6,000 children in Slovenia, and EUR8.5 million were spent for this purpose in 2015 (MLFSAEO).

2.2 Assessment of overall package of measures and interactions between measures

Currently, the work-life balance measures for working-age people with dependent relatives are fragmented and the result of the development of several systems of social care. Institutional care in Slovenia is satisfactory and prevalent, but the home-based long-term care, both formal and informal, needs to be improved, developed and extended. Some drawbacks of home-based care compared to institutional care have been identified. According to Hlebec et al. (2014), the coordination of the provision of community (mobile) nursing and home long-term care is not satisfactory.²⁴ Care in the institutions is better integrated, which results in better access to various services, like physiotherapy, for persons in institutional care, compared to those using home care.

²⁰ For all these data, see Statistical Annex in Synthesis report on Work-life balance measures for persons of working age with dependent relatives.

²¹ This information was provided by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. For comparison's sake, this share of fathers is higher than the share of fathers among the beneficiaries of the parental leave (with full earnings compensation), which has been around 7% since 2012 (MLFSAEO).

²² This information was provided by the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

²³ To the best of our knowledge, there has been no study on the quality of life of parents who (partially) left the labour market in order to care for their disabled children.

²⁴ There is an obvious reason for that: home care is provided by persons from various sectors. Community (mobile) nursing services are provided by nurses who are either employed by the primary health care centres or are holding a concession. Social long-term care at home is provided mainly by Centres for Social Work, homes for the elderly and private agencies holding a concession, but also by family assistants and personal assistants (Hlebec et al., 2014).

Measures for the reconciliation of work and care obligations for persons caring for children with disabilities have a longer tradition and are more favourable than those for persons with dependent adults. It is also a financial constraint that prevents the spread of adult home care, although it has been evaluated that the cost of institutional care exceeds the one of home care.

Generally speaking, the burden of care for dependent relatives remains the women's issue. If they opt for leaving the labour market, they receive compensation that is lower than the current minimum wage, which may put them under threat of poverty and social exclusion. In addition to that, they are not guaranteed a return to (full-time) work.

2.3 Policy recommendations

Acknowledging forecasts of an ageing population, the fragmented system of long-term care as well as the over-reliance on institutional care needs to be reformed in order to be sustainable.²⁵

In order to significantly improve the conditions for the reconciliation of long-term care and work, there should be a statutory right to care leave with sufficiently high income compensation. The entitlement to partial payment for lost income should be extended to parents of all children with disabilities, with the amount of payment linked to the seriousness of disability (Šega, 2015). The carers should be guaranteed return to work once the need for care ceases.

The situation of urgent occasional need for care of a dependent person should be regulated for the employed persons: a temporary shift to part time work with guaranteed return to full time work, (lost) income compensation and/or payment of social security contributions for hours not worked, etc. A short-term care-leave without prior notice (for organising assistance and support when an acute care situation of a close relative occurs), like the one in Germany (Bäcker, 2015) would be most helpful.

In general, more flexible employment arrangements are needed in practice for the employees with long-term care obligations. Namely, according to the Employment Relationships Act (2015: Article 148), the employee may propose a change in the work schedule in order to reconcile professional and family life, and the employer has to provide his arguments in writing, taking into account the needs of the work process.

There is also a clear need for training of, and more support to, informal carers, like respite services, an allowance compensating for (a part of) the cost of respite services, social security insurance of informal carers, etc. (Drole et al., 2015).

There is a great need for a better organised, coordinated and systematic collection of data on long-term care in Slovenia, for both national policy and international comparison purposes.²⁶ Policy makers, researches and practitioners would need for more data, more accurate and detailed data as well as publicly easily available data on all aspects of long-

²⁵ The key challenges related to the long-term care, identified by the project on Active and Healthy Ageing in Slovenia (2016), include:

- guaranteeing equal access to long-term care to everybody in need of such care;
- guaranteeing equal conditions for entitlement;
- a greater extent of inclusion of informal care into the system;
- providing more support to informal carers;
- establishing an appropriate, effective and sustainable system of the financing of long-term care.

²⁶ In 2012, the Statistical Office of the Republic of Slovenia had appointed an inter-institutional working group that included representatives of the main actors providing data on long-term care (Statistical Office of Slovenia, Social Protection Institute of the Republic of Slovenia, Institute of Macroeconomic Analysis and Development, Ministry of Labour, Family Social Affairs and Equal Opportunities, Ministry of Health, Slovenian Community of Social Institutions, National Institute of Public Health, Pension and Disability Insurance Institute, Institute for Economic Research and Health Insurance Institute of Slovenia). Its task was "to establish the conditions for systematic statistics and monitoring of performance and development of long-term care in Slovenia" (Nagode et al., 2014, p. 4).

term care. Nagode et al. (2014, p. 41) miss the data broken by five-year age groups, the linkage between data, regular statistical data on mobile care services and data on persons employed in long-term care. Also, the information on the needs for care services and the extent of informal long-term care is rather poor.

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